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 for the Centers for Medicare and Medicaid Services under President Obama and founder of United States of Care, which is dedicated to making health care accessible to all Americans. He talks about the short and open enrollment period underway right now and the political kryptonite of GOP efforts on the federal and state levels to undermine the ACA and how voters are fighting back.

Lori Robertson also checks in, the Managing Editor of FactCheck.org who looks at misstatements spoken about health policy in the public domain, separating the fake from the facts, and we end with a bright idea that's improving health and well-being in everyday lives. If you have comments please 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 former CMS Administrator, Andy Slavitt on Conversations on Health Care.

Mark Masselli: We're speaking today with Andy Slavitt, Board Chair of the United States of Care a nonpartisan, nonprofit organization dedicated to expanding health care to all Americans. He is former Acting Administrator for the Centers for Medicare and Medicaid Services under President Obama. Mr. Slavitt serves as senior advisor to the Bipartisan Policy Center, frequent contributor on health policy to JAMA, USA Today, CNN, Fox and MSNBC. He earned his BA at Wharton School of Business, his MBA at Harvard Business School. Andy, welcome back to Conversations on Health Care.

Andy Slavitt: It's good to be here.

Mark Masselli: We're weathering the change of climate, and speaking of change of climate, lots have happened politically. In spite of the attempts by the current administration and a number of state governors to eliminate the ACA, you say it's become the kryptonite of those attempting to derail it, and certainly all eyes are still on Kentucky where conservative Matt Bevin was unseeded by Democrat, Andy Beshear. Many people are sort of looking at what Bevin did on the ACA, which didn't seem to sit well with voters there. I'm wondering what these trends both in Virginia and Kentucky bode for health reform.

Andy Slavitt: Well Matt Bevin, I think was before Trump when it came to health care. I think he was the first one to come out and publicly start to say we need to be cutting back on people's health care. He ended a very

successful exchange. He started to try to cut people out of Medicaid expansion. People have a very interesting relationship when it comes to their health care and the way politics interferes with their health care. People fundamentally want some things very simple, which is they just want to be able to take care of their families, somebody gets sick if they need to use a doctor, and if someone threatens their ability to do that, as Matt Bevin has done, as Donald Trump has done as largely a Republican party in Washington has done. People get very agitated because health care -- being able to afford health care is what keeps you in the middle class. Any threat to that is a really, really big deal. The people who are seen to be threatening to take away people's health care, as I think we saw in the 2018 election, and as we saw in this -- was in Kentucky, and I think in some several other places really do that at their own political peril.

Margaret Flinter: Well, Andy, you came into the national spotlight quite dramatically a few years ago, having been brought in to help fix what was then the nascent online health insurance portal healthcare.gov. It had a rocky start, you did a good job resolving it. But here we are in the middle of open enrollment. The current administration has really pretty dramatically shortened the open enrollment period. The marketing budget just about eliminated which was really how people heard about the opportunity to use the exchanges. What's been the impact of this on consumers? And what if anything can be done to minimize this impact during this open enrollment period?

Andy Slavitt: Well, I'm so glad you ask 95% of the uninsured don't know the date that the open enrollment period ends, December 15th. Only 5% of the uninsured are aware of that. What that means is if it's December 16th, and they want to get coverage, they're going to have to wait another year unless there's an event in their family. The good news is that, the average American, every plan that they buy, if they buy an ACA plan will have preexisting condition coverage protection, will cover 10 essential benefits, will outline insurance companies from setting lifetime caps and limits. In fact, the average premiums have dropped, so there's a lot of good news if people were made aware of it, that people do have to be a little bit aware and that Trump has introduced these junk plans, which I think deceptive marketers are trying to sell as ACA plans under Trump's guidance. I think people should just be careful if you want to make sure you avoid that just go to healthcare.gov and people will be able to get their coverage.

Mark Masselli: Oh, that's very important message. As you've been thinking about the Affordable Care Plan, certainly one of the areas that has gotten people riled up is the individual mandate. Obviously, the Trump Administration eliminated the mandate that's led to fewer people purchasing coverage. I wonder if you could talk about the other value added benefits and strengths of the Affordable Care Act and certainly

highlight some of the weaknesses and maybe where do you see opportunities for improvement?

Andy Slavitt: It's a really important question, and five years after the ACA rolled out it will actually have data that we can point to. What we've seen across the country is reduction to premature deaths, early diagnosis of cancer, reductions in heart rates, reduction in disparities between African-Americans and white which is sort of amazing, increase in homeownership. A lot of these big broad outcomes, which shouldn't be surprising to us, if what we're really doing is saying that there are people who are marginal income, who were not able to afford insurance. We know the numbers 20 million more people are insured. There's been a psychological change as well in this country.

The bargain for the American public used to be, if you get sick or if you can't afford coverage, that's just too bad. That has changed to, it doesn't matter if you've ever been sick before, if you've got a preexisting [inaudible 00:06:42], if you lose your job, if you change jobs, you'll still be able to get health care coverage, that's a dramatic change. It's a change in the bargain of how it works. It used to work -- designed to work for insurance companies and people had to wrap their lives around it. Now it's supposed to work for people, insurance companies are supposed to wrap their life around it.

Now any major piece of legislation should get it about 80% right then after a few years, let's take the things that didn't work and let's adjust them. I think the major political disappointment with the ACA is this Congress just refused to act on any of the things that it saw that could have fixed. Not only that, it actually try to make political hay out of anything it found that was wrong, and tried to use that to repeal the entire law and including the good parts. We're not going to get it perfectly right, and there are bills in the Congress right now if Congress chose to act on point to one by Representative Lauren Underwood, that would actually cut premiums in half for people who are making up to $150,000 and it would cover three or three million more people. It's a really good bill, it's as a common sense bill.

One of the things we're going to have to do as a country is come to grips with the fact that we can't work on things. We've got to be willing to work on things that make the public better. I had this conversation directly with Paul Ryan. He pointed out some things he didn't like about the ACA and I pointed out that he and the Congress would sit back and point to things they didn't think were working as well as they should, when they could have actually done some things about them. The law could be working for many, many more people.

Margaret Flinter: Well Andy, I am really glad to have you sight all of those dramatic positive impacts on the health of the American people as a result of the ACA. But after your term as CMS administrator, you launched a

whole new organization called the United States of Care, a nonpartisan think tank that was really dedicated to expanding health coverage for all Americans. You're also a senior advisor to the Bipartisan Policy Center, and this push to engage people on both sides of the aisle has really characterized your work. What are the policy initiatives that you see as having the potential to find common ground in this quest to make sure that Americans can achieve those great outcomes we just talked about?

Andy Slavitt: Yes, as soon as we stop being willing to get into a room and listen to one another, the sooner it becomes even more difficult to get anything done. I think United States of Care, its core believes that it needs to be Democrats nor the Republicans that should decide but it's actually the American public. The American public, regardless of political affiliation is quite unified. They want to access a regular source of care. They don't want to be forced to choose between paying for medical expense and any other need in their life. They want this done once and for all. They don't want to pass by one party and undone by the next party. There are areas of common ground, mental health, both party can claims to be care about and be focused on mental health, addiction and the addiction crisis. It was in question for a while but children's health insurance, changing the way we pay for care, value based care.

I think we have to remember that is upon some of these things that eventual progress is likely to get built. If tomorrow there was a cure 100% cure for child with leukemia, the country would demand that we figured out a way to pay for it. It took us all through the 80s before we finally pass legislation to take on HIV. But when we did it, we have dramatically reduced death. I would invite Congress, we need to fund mental health in a much more significant way. We will reduce misery, we're seeing suicide rates dramatically higher, suicide rates among 10 to 14 year olds has tripled in the last decade. I think both parties to be able to get around that and put some money to that, there's nothing wrong with fixing pieces of it that are broken while we work on bigger solutions.

Mark Masselli: We're speaking tonight with Andy Slavitt, Former Acting Administrator for the Centers for Medicare and Medicaid Services, Board Chair of the United States of Care and founder of Town Hall Ventures. Andy, I really liked your optimism. The political question, I guess is that are there any places is around the country, any states, which are always the engine for innovation where they're coming together on issues that might be a bellwether for things that might happen in Washington?

Andy Slavitt: It's a great question. Colorado would be a great example. The new governor signed a bipartisan piece of legislation that in a fact is a buy-

in option for Medicaid. It is essentially a public option and public private option. As you said earlier about Massachusetts, the model my come from a state. Minnesota has a split legislature governor and they passes significant health care bill. In fact, United States of Care tracks 14 different wins for the American public during the last legislative cycle. Now remember, this is coming off of the 2018 election, which was health care elections, and we sought 14 different states to make influence more affordable to outlaw to price medical bills. These things are -- they are more popular when we focus not on the political to and fro, but on the real effects of people's lives. The closer people are to seeing the effects the better we are. That's why we recognized we're at a time of massive disagreement in this country.

I also believe if we listen better, we would understand that there is a lot more commonalities, the politicians that are behind it at the time. I can give you an example, if you say to a Democrat, we need to increase access to care and reduce costs, they'll nod their heads. But if you say to a Republican, we need to reduce costs and increase access to care, they'll nod their heads. Even among the political class there are a common set of points to point to and the better job the American public does of speaking up on these issues the more likely it is that we're going to see something eventually happen that is permanent.

Mark Masselli: I just wanted to add one coalition to the list that you did which are community health centers which famously had Ted Kennedy and Orrin Hatch, both on the same side of the aisle both supporting on it, so.

Margaret Flinter: That's exactly right.

Andy Slavitt: Yeah, there's even a building consensus around the cost of prescription drugs that's becoming harder and harder for the traditional champions of Republicans have historically, particularly when Hatch was head of Senate Finance Committee was the big defenders of and even with some of the rhetoric out of the White House. It's becoming much more difficult to justify one way prescription drug cost. As I've written, drug prices are the new gas prices when it comes to electoral politics.

Margaret Flinter: Andy, I had the pleasure of reading your very compelling piece in The Journal of the American Medical Association not too long ago and you were framing a look at the big threats to achieving the Triple Aim in health care lower cost, better outcomes, better patient experience. But you frame those threats one of the major ones being health disparities, which of course is something we see every day. But also corporate revenue streams and this politicization of health care and the issue of prescription drugs comes up over and over again and

you've certainly sounded the call that unless we address these underlying issues we're not going to see meaningful change going forward. Maybe just talk a little bit about what should people be looking at that might be doable?

Andy Slavitt: Why haven't we gotten closer to achieving the Triple Aim since they were -- and is well called out a decade ago. I was thinking until we focus as a country on the elephant in the room, which are the things that are really causing us as a health care system not to make progress until we overcome those barriers I don't think we get there. The first one I think is the story of our health care system is the disparities in care because many of us get actually fine care. If you can self-advocate and you've got enough money or employer sponsored coverage, you can do far, far better. What your skin color is what your income is, and what your zip code is, has a dramatic impact on what kind of health care you're going to get.

What can we do about that? Stop telling me how the average patient is doing in your hospital. Tell me how the bottom quartile is doing and tell me how the top quartile is doing, and tell me how you're going to improve care for the bottom quartile because guess what people in the bottom quartile, they don't have any more complex medical conditions. They have more complex lives, going to a follow-up appointment when they can arrange childcare, figuring out what the doctor's instructions were when they don't speak English as their first language. Guess what the good news is? These are the very solvable problems. There should be no reason why black women are four times more likely to die in childbirth than white women, yet it happens, so we have to focus on that.

In terms of revenues, I mean I think if we're really honest with ourselves even institutions to put forward to support Triple Aim, they wake up every day thinking about one thing how to bring in more dollars, that is far and away the biggest driver of the decisions that people make, because if you were so focused on the dollar you would treat people with less expensive resources, and nurses and community health workers and things like that. There are things we can do all payer systems and other kinds of approaches which I think help that.

Then the politicization I think the fact that we have major lobbies, like the pharma lobby that spend $400 million a year, people who are really not out for the best interest of the public health of this country that are very, very powerful today to run a race in this country. There’s only 60 competitive districts in the country left and then in those districts, it's about $10 million to run a race. Until we solve the politics, we're not going to get all the way there.

Mark Masselli: Speaking politics and health care we’re coming up to the Iowa

caucuses and certainly the Democratic field, their conversations animated by health care and you've got a number of camps, Medicare for All, you've got the opt-in for Medicare for All and you have advocating that we need to improve and build on the ACA. How is the United States of care engaging in these conversations as well?

Andy Slavitt: I think Democrats are universally all doing one thing very well and as a field they're doing one thing, which I think is a really important failure. What they're doing well is each Democratic candidate believes that every single American and every single American family should have access to health care for their family. What they're not doing well is they are arguing about that principle point, which everyone agrees about. They're spending 90% of their energy arguing about how they would actually get there. The what is much more important than the how, because you have Trump as President who's trying to use the courts to get rid of the ACA and get rid of preexisting condition coverage protection.

Somehow Democrats know that it is more important to point out the Trump is a climate denier than to argue about whether or not some element of the green new deal is better or worse, and that's what the democrats are doing on health care. They are allowing Trump to effectively have the argument changed by allowing him to get off the hook for the very things that Andy Beshear in Kentucky pointed out. When the sky is gray, let's not spend all our time arguing over whether we prefer to be powder blue or sky blue, let's get it blue.

Mark Masselli: Yeah.

Andy Slavitt: While the primary process is in part about talking about these distinction, that should be 10% or 20% of conversation on health care, not 90%, because the Democratic president will have one decision to make which is will they push for and sign anything that comes across their desk that guarantees coverage for the American Public and health care regardless of whether it was their first idea, because the Congress is going to create what the next bill looks like. All of these distinctions will not be as important as whether or not you got someone sitting in the oval office who's willing to go [inaudible 00:19:10] for the American public, and that's where they should be resting the argument.

Margaret Flinter: We've been speaking today with Andy Slavitt, the Former Acting Administrator for the Centers of Medicare and Medicaid Services, and now the Board Chair of the United States of Care, an organization that's dedicated to expanding health care to all Americans. You can learn more about his ongoing efforts to impact American Health Policy by going to United States of Care.org and remember, you can follow him on twitter @ASlavitt and @USofCare. Andy we want to thank you for your continued service for your fierce dedication to

innovation and health care and for joining us again, on Conversations on Healthcare.

Andy Slavitt: Thank you guys so much, it was a pleasure.

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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: Senator Bernie Sanders continues to make the misleading claim that, "The average family of four spends $28,000 a year on health care." That's the projected average cost for employer sponsored health insurance for typical families of that size, but the employee paid about 44% of that total amount in 2018 while the employer paid the other 56%. About half of the US population receives insurance through work. Sanders has claimed that his Medicare for all plan would, "Eliminate the $28,000 a year that the average American family today is forced to pay to insurers." But the figure Sanders sighted is not the cost paid by the Family.

The Sanders campaign told us he was referring to the Milliman Medical Index. The index showed that the average cost of covering a typical family of four with an employer sponsored Preferred Provider Organization plan was $28,166 in 2018, and $28,386 in 2019. However, that is the combined cost to employees and employers. We did find evidence that at least some families of four may pay well over $20,000 for their own health insurance on the non group or individual market.

In July, the online health company e-Health Inc, published a report on the average cost among its customers who applied for an Affordable Care Act compliant plan on e-Health.com without the help of government subsidies. The total annual premium plus deductible for a four person family was $25,000. That's my fact check for this week. I'm Lori Robert 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'd like checked, e-mail us at chcradio.com, we'll have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

Andy Slavitt

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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. Asthma is one of the leading causes of trips to the emergency room for children. There are often a correlation between high density low income neighborhoods and more trips to the hospital for treatment and intervention. When officials at Boston Children's Hospital noticed a spike in asthma outbreaks in certain neighborhood clusters, they decided to do something about it. They launched the Community Asthma Initiative, they realized that if you could treat the environment in the patient's home that might reduce the need to treat the patient in the emergency room.

Dr. Elizabeth Wood: The home visiting efforts work with children and families that have been identified through their hospitalizations and emergency room visits of having poorly controlled asthma and also it's a teachable moment.

Mark Masselli: Dr. Elizabeth Wood heads the program and says the first step is to identify the frequent flyers, those kids who make repeated trips to the emergency room. Then they match with the community health worker who visit their home several times.

Dr. Elizabeth Wood: They work on three areas understanding asthma itself, understanding the medications and the need for control medications, and then working on the environmental issues.

Mark Masselli: Families are given everything from HEPA filter vacuum cleaners to air purifiers, and the homes are monitored for the presence of pests or rodents. The result has been pretty dramatic.

Dr. Elizabeth Wood: What's remarkable is that there was a 56% reduction in patients with any emergency department visits, and 80% reduction in patients with any hospitalization.

Mark Masselli: While this program is expensive, there is a return on investment in reduced hospital cost in healthier of children. The program has been so successful, it's been deployed in other hospital communities around the country. The community Asthma Initiative, a simple re-shifting of resources aimed at removing the cause of disease outbreaks in the community, leading to healthier patient populations. 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.

Andy Slavitt

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 podcasts. If you have comments, please e-mail 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.

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