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Mark Masselli: This is Conversations on Health Care. I am Mark Masselli.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret, we have reached a milestone here at Conversations on Health Care; this is our 300<sup>th</sup> show. It seems just like yesterday, well not actually just like yesterday, but it does seem like we launched the program pretty recently.

Margaret Flinter: Well, it was back in 2009 and we remember the nation was very focused on the health care debate. We felt strongly that creating a forum for discussion on these incredibly interesting and important issues was just the right thing to do.

Mark Masselli: Our first guest was the Speaker of the House, Nancy Pelosi, and we have had a lot of bright and top thought leaders in health reform and health policy. So it's been a good run.

Margaret Flinter: In addition to Nancy Pelosi, of course, we had Senator Tom Daschle, public health leaders like Don Berwick and Tom Frieden of the CDC, technology innovators and thought leaders like Eric Topol and Esther Dyson, and even some of our youngest game changers like Intel Science Fair Winner Jack Andraka who represents such a smart and hopeful group of young innovators who are poised to really transform health care and science in the future.

Mark Masselli: So much has changed in such a few short years, Margaret. This show has proven to me time and time again how fortunate we are to have so many great minds shepherding the health care industry into the 21<sup>st</sup> Century.

Margaret Flinter: I am very grateful to all of our guests for sharing their knowledge and wisdom with us, and we in turn get to share it with you, our listeners, what a privilege.

Mark Masselli: We still look forward to welcoming many more guests to the show in the coming months and years. Health care both here and around the globe is still rife with much uncertainty. Epidemics like Ebola, HIV and malaria still must be eradicated, and we are entering an era of care coordination, pay for performance, and a new focus on transparency on health data.

Margaret Flinter: And that's something that today's guest is very knowledgeable about. Mollyann Brodie is the Executive Director of Public Opinion and Survey Research at the Kaiser Family Foundation, so we look forward to our conversation with her.

Mark Masselli: And Lori Robertson, stops by as she does every week, the Managing Editor of FactCheck.org, always on the hunt for misstatements spoken about health policy in the public domain. But no matter what the topic, you can hear all of our shows by going to [www.chcradio.com](http://www.chcradio.com).

Margaret Flinter: And as always, if you have comments, please e-mail us at [chcradio@chc1.com](mailto:chcradio@chc1.com), or find us on Facebook or Twitter at CHC Radio. We love to hear from you.

Mark Masselli: And you know we couldn't do what we do without our great producer Marianne O'Hare with this week's Headline News.

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Marianne O'Hare: I am Marianne O'Hare with these Health Care Headlines. California has become the fifth state in the nation to pass sweeping right-to-die legislation signed recently by Governor Jerry Brown, but few approaching end of life will be able to access that option. The law states those terminally ill patients who wish to seek physician assistance in ending their lives will have to be of sound mind to be able to administer the drugs themselves and to get approval from more than one clinician. The law still leaves out a wide range of people who might want to be covered, people with progressive debilitating diseases that don't have an obvious six months to live prognosis, people with dementia the fastest growing health threat in the U.S.

California's Governor Brown has also signed another notable measure, a bill protecting children in foster care from being heavily medicated with antipsychotic drugs. Overprescribing these powerful drugs is a national reality plaguing children in foster care systems across the country. The California legislation which covers more than 60,000 children and teens in foster care, will allow public health nurses access to medical records to monitor the foster children who are prescribed psychotropic drugs, identify group homes that rely on most on these meds and potentially require them to take corrective action.

Johnson & Johnson has begun a clinical trial of a two-shot Ebola vaccine in Sierra Leone. The world already has one successful Ebola vaccine with Merck and NewLink Genetics product proving 100% effective in a clinical study in Guinea in July.

I am Marianne O'Hare with these Health Care Headlines.

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Mark Masselli: We are speaking today with Mollyann Brodie, Ph.D., Senior Vice President for Executive Operations and Executive Director of Public Opinion and Survey Research at the Kaiser Family Foundation. She oversees all aspects of

the foundation's public opinion and survey efforts, including the monthly Kaiser Health Tracking Poll. Dr. Brodie is President of the American Association of Public Opinion Research. Her research is published in multiple medical journals including the Journal of American Medical Association, the New England Journal of Medicine, and Health Affairs. Dr. Brodie received her MS in Health Policy and Management, and a Ph.D. in Health Policy from Harvard University. Mollyann, welcome to Conversations on Health Care.

Dr. Mollyann Brodie: Well, thank you so much for having me.

Mark Masselli: You know, I think most of our listeners know that Kaiser Family Foundation is a nonprofit, nonpartisan health research organization. You also partner with a number of news organizations for public opinion research and analysis. Tell our listeners in this ongoing endeavor how research from the Kaiser Family Foundation helps shape U.S. health policy.

Dr. Mollyann Brodie: Yeah, that's a good question. You know, our mission here is to make sure that the real life experiences and views and opinion of people, real people, are part of the policy debates and discussion. So we try to insert facts and analysis into these discussions that can often be quite contentious. We try to make sure the voices of people, especially those groups that might not always be heard around the political tables, the uninsured, those who are most likely to have highest health care needs, those with lowest incomes or other disadvantage populations, we just try to make sure that their voices and their experiences and their opinions are part of the debates and discussions going on in Washington.

Margaret Flinter: Well Mollyann, the American public, those real people that you reference have certainly been given a lot of health policy to consider. Outline for us, if you will, some of the chief areas of public opinion research that's being examined by the Kaiser Family Foundation, and how has perception and/or acceptance or not of the health law evolved over these past few years at the level of the American public/

Dr. Mollyann Brodie: We have been tracking the views of the American public for decades now, but on a monthly basis since the law was passed in 2010. As I said before, we mainly focus on the real life experiences and their views, and we mainly focus our survey work on access to health care and the financing and affordability of that care. Now what I would say about the Affordable Care Act is that what characterizes opinion on that act is in fact its stability over the five years. There has been so much contentious debate, and there has been a Supreme Court case, and there have been some Presidential elections and mid-term elections, but what we mostly see in terms of public opinion is its stability, and in fact that from the very beginning, it's been viewed through a partisan lens, and in fact that persists today. About 45 of us have an unfavorable view of it,

about 41 have a favorable view, but what that divide really masks is an incredibly deep partisan divide.

So Democrats have always liked the law, they liked it from the very beginning in 2010 and they still like it today. Republicans have never liked the law. They have always had unfavorable views of the law. They had that from the very beginning in 2010, they still hold that today. Those of us in the nation who call ourselves independent, well, we sort of look like we have middle of the road opinions on the law, but when we push the independents to say whether they lean Democrat or lean Republican, we find that they share views on the ACA that completely mimic their more partisan colleagues. So if you can imagine data points for every month over the past five years, they virtually look like horizontal lines. So about half of people say they haven't had any personal impact with the ACA, but among those who have, about a quarter say it was a negative impact, and about one in five say it's been a positive impact, and that really defers again depending on your partisan leanings.

Mark Masselli: If you have teased out and when you start to break this down into its constituent pieces about coverage for kids up to 26 and no preexisting conditions, do you see a difference if you take out sort of the partisan element?

Dr. Mollyann Brodie: Yeah, you know, it's interesting. One of the things we saw early on is that many of the component parts of the law are actually quite popular, and quite popular on a bipartisan basis. So people like the idea of kids under the age of 26 or young adults being able to stay on their parents' plan, they like the idea of insurance companies having to not be able to exclude people because of preexisting conditions. The couple things that people don't like nobody likes to have to be told to purchase something. So the individual mandate has been a component that's always been unpopular, even on a bipartisan basis.

Mark Masselli: Sure.

Dr. Mollyann Brodie: Views of the law overall are as much a reflection of people's views of the Presidential administration and of how things are going in politics than they really are about health policy issues per se.

Margaret Flinter: Well, one thing that's certainly very personal to people is cost, and certainly out-of-pocket costs are on the rise for many American health consumers, and certainly the mandate to purchase insurance and then to choose based on your financial responsibilities and deductibles and co-pays of course have been really challenging for a lot of people. What are you seeing in your polling about the American public's feelings about this shift in cost and financial responsibility when it comes to health care and how might public opinion shape future pricing?

Dr. Mollyann Brodie: When you get down to it, what Americans worry most about in terms of health care is the cost of care, and they have historically been worried about it, they have been historically worried about the amount they have to pay for their health care services, and even though most experts and economists have said that we had kind of a historic slowdown in the rise of prices, well for average people, they still see their costs going up. Three in 10 have told us that they are not confident that they have enough money to pay for just usual medical costs, four in 10 say they are not confident they could pay for a major illness, and not surprisingly, these shares rise dramatically if we look specifically at the uninsured or those who are lower income. I think what it comes down to is that a big chunk of Americans say it is really difficult. Even insured Americans, insurance is no panacea as we know, a third of insured Americans say that it's difficult to afford their deductibles, their co-pays and their premiums.

So I think that quite frankly it is sort of the underbelly of health policy and you see that reflected in some of our more recent polling about the agenda that they would like to see the new President and Congress take up, or where they would really like to see some attention focused, and we were almost surprised to see that when we put things like the cost of prescription drugs or prescription drugs for specific medical conditions on our list, that they just jumped out to the top. I think at least some of that is that more than half of Americans take prescription drugs on a daily basis, and so it's something that's very apparent in their daily life. And so I think it's one of the reasons why that's a particular area where you see a large number of people tell us that they are worried about it.

Mark Masselli: We are speaking today with Mollyann Brodie, Ph.D., Senior Vice President for Executive Operations and Executive Director of Public Opinion and Survey Research at the Kaiser Family Foundation. She oversees all aspects of the foundation's public opinion survey efforts. Mollyann, there are still another group of people who have benefited in terms of access to health insurance and they have plans that are offering more than the Affordable Care Act, sometimes they are called the Cadillac plans, which the Obama Administration was hoping to start taxing in 2018, and there has been obviously on this side of the coin a lot of pushback on that initiative. What are you hearing about the prevailing attitude on that subject, and more broadly perhaps how do Americans really believe health care should be paid for?

Dr. Mollyann Brodie: Well, first in terms of the Cadillac Tax, I mean the name itself will help you predict what the outcome is going to be, right?

Mark Masselli: That's right.

Dr. Mollyann Brodie: We are Americans, and Americans are not very fond of taxes.

Mark Masselli: Yes.

Dr. Mollyann Brodie: But what I will say is that when we gave people more information and gave them some messages on either side of that debate, it was interesting that opinion will shift with information. So if they were told that it might lower health care costs, right, which is certainly one of the policy reasons for the Cadillac Tax, then opinion switched. On the other hand, if we use the arguments for the opponents of the tax that it's going to actually increase out-of-pocket costs more, then opposition can grow as much as to 75%. We have to remember that as much as Americans care about health care because it's such a personal issue to people. So when you ask something about how do Americans really believe health care should be paid for, I think it's tough. I know that people who have employer-sponsored insurance are in fact generally quite grateful to their employers for providing it and for helping to pay for it; they recognize that it would be very expensive for them to be trying to purchase it on their own. And we also know that it's one of the core benefits that people look for in a job, and that concept of job lock, that it's still very prevalent in people's minds. They get and keep jobs because of the insurance it provides for their families.

Margaret Flinter: Mollyann, you recently partnered with the Commonwealth Fund on the survey of primary care providers, and found that while millions of newly insured Americans had gained coverage, it had not produced a significant additional burden on those practices. Tell us more about your findings.

Dr. Mollyann Brodie: You know, we are asking them about their practice capacity, and asking them about whether they felt they had the capacity to handle patients, and there's certainly not a sense that they were getting flooded. You know, again, I think it's early on and you have a lot of states who haven't expanded the Medicaid Program, even though there has been quite an expansion it hasn't been at the rate that it might have been if all states had done the Medicaid expansion. And so at least at this early stage I think in the implementation of the ACA, primary care physicians told us that so far so good. It doesn't necessarily mean they like the ACA. What was pretty interesting about that study is that physicians' views of the law pretty much paralleled the public's views, in that physicians who called themselves Democrats liked the law and physicians who called themselves Republicans didn't like the law, and their opinions didn't seem to have much to do with actually what was happening on the ground in their practices.

Mark Masselli: Mollyann, in addition to being the (inaudible 15:13) at the Kaiser Family Foundation, you are also President of the American Association of Public Opinion Research which is dedicated to the notion that good public opinion research is essential to the healthy democracy. Could you tell our listeners more about your organization's missions and goals and how is Big Data changing the polling landscape and how is transparency playing a role in the association's work as well?

Dr. Mollyann Brodie: You know, we believe this is really exciting and challenging time for the polling industry generally. Big Data offers an awful lot of opportunities, but also some challenges, and I think that there has been some really exciting new experiments and new ways of thinking about how we actually measure opinion and how we can collect data of that opinion. At the same time, and it's one of the reasons the association has been so focused on transparency, because there are so many new methods and so many new ways of going about collecting data we feel like it's more important than ever for people to make their methods and their choices and their decisions and their assumptions transparent to readers and journalists and the people who are consuming their data so people can make judgments on their own. AAPOR has a new transparency initiative really with that goal to try to make it easier for journalist or for a potential client or for a reader to have confidence in the type of methods that were employed. In the transparency initiative, it says that they will abide by a set of rules in terms of what kind of disclosure information they make available, and I think that can give for a journalist and for others on which organizations are producing information that at least are being transparent about the kinds of choices and decisions they are making.

Margaret Flinter: It strikes me that one thing we can count on is public opinion sometimes does change overtime, and one thing I am thinking about is the firestorm that was created in the early days of the Affordable Care Act discussions around the idea of providers and patients having frank conversations about end of life issues. You have recently conducted a survey on that topic and found that maybe there has been some shift in the opinions in the medical community as well as among patients. Tell us about that.

Dr. Mollyann Brodie: You know, the firestorm that you are I think referring to is when Sarah Palin and others called a provision in the health care law, the provision of creating a death panel. Well, I can't imagine any American who likes the idea of a death panel. So the fact that there was so much opposition to that, really to that wording I don't think is as surprising. What we have recently asked is much more about end of life conversations, and it turns out that the vast majority of Americans support the idea of doctors talking to their patients about end of life decisions and choices, although quite frankly only about 17% of Americans say they themselves have never had such a conversation with their doctor. About a third tell us that they have been a part of such a conversation whether it be for their own care or for family member's care.

As the fiery language leaves the headlines and instead we talk about a really tough personal issue about the medical choices and decisions that are available at the end of somebody's life and treatment, I think that basically what we are seeing in our data is that Americans think it's important for doctors to be part of that conversation. They believe that insurance companies including Medicare should reimburse doctors for the amount of time that they spend on those kinds of conversations, and they themselves want to turn to their doctors and to other

trusted sources like their religious leaders, their friends, their family members most especially, to talk about such issues.

Mark Masselli: We have been speaking today with Mollyann Brodie, Ph.D., Senior Vice President for Executive Operations and Executive Director of Public Opinion and Survey Research at the Kaiser Family Foundation. You can learn more about their work by going to [www.kff.org](http://www.kff.org) or by following her on Twitter @Mollybrodie and @KaiserFamFound. Mollyann, thank you so much for joining us on Conversations on Health Care today.

Dr. Mollyann Brodie: You are welcome. 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 U.S. politics. Lori, what have you got for us this week?

Lori Robertson: We are going to look at a public health issue today which is firearm deaths. After a mass shooting in Oregon on October 1<sup>st</sup>, President Obama claimed that, "States with the most gun laws tend to have the fewest gun deaths." Looking solely at the numbers, the data back up Obama, but he went on to imply a causation that's impossible to prove with a scientific random study that gun control laws lead to fewer gun deaths. He said, "So the notion that gun laws don't work, is not borne out by the evidence." Let's take a closer look at the evidence. The Centers for Disease Control and Prevention publishes statistics on firearm deaths and the age-adjusted death rate, which would be the fairest measurement to compare states. For 2013, the 10 states with the highest firearm death rates led by Alaska, Louisiana, Mississippi and Alabama included nine states that got a grade of F for their gun laws by the Brady Campaign to Prevent Gun Violence, and the Law Center to Prevent Gun Violence, both groups that advocate for strong gun laws. The 10 states with the lowest firearm death rates led by Hawaii, Massachusetts, New York and Connecticut included seven that got a B or higher for their gun laws, but that's a correlation and not causation.

The states with the most gun deaths also tended to have higher rates of poverty and more rural areas that can make getting to a hospital in time difficult, and 63% of all gun deaths were suicides. When we look only at homicide rates, eight of the 10 states with the highest homicide rates and eight of the 10 with the lowest, all got D or F grades for their gun laws. Researchers at Boston Children's Hospital looked at 2007 to 2010 data and found a higher number of gun laws in the state was associated with a lower rate of gun deaths, both overall and for



homicide alone. But that reports said that it couldn't determine cause and effect. And that's my fact check for this week. I am Lori Robertson, Managing Editor of FactCheck.org.

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Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players, and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact, that you would like checked, email us at [www.chcradio.com](http://www.chcradio.com). We will 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. No parent wants to hear their young child's chronic health issues are a result of serious defects, requiring complex and risky surgery. But that was exactly the case for three-year old Mia Gonzales, plagued for years with severe life threatening respiratory issues and multiple hospitalizations. Her doctors discovered the cause was a severe aortic abnormality that would eventually kill her without intervention. Dr. Redmond Burke, Head of the Pediatric Cardiovascular Surgery at Nicklaus Children's Hospital in Miami would once have deemed her situation inoperable. So we chose a new tactic, created 3-D printed model of her actual heart to offer surgeons a chance to map out an approach to the complex surgery.

Dr. Redmond Burke: This was printed out because she was thought to be inoperable, and by having this type of model we were able to conceive of an operation that hadn't been done before connecting the small veins from her lungs up to her heart.

Mark Masselli: Dr. Burke said he carried the heart around him for weeks, analyzing the problem from every conceivable angle, sharing ideas with colleagues until they agreed upon the best surgical solution.

Dr. Redmond Burke: Her operation was extremely successful, and she is recovering very well in the hospital now and is just about ready to go home. And now her life instead of being measured in terms of days and weeks, is going to be measured in terms of years and decades.

Mark Masselli: Dr. Burke said that prior to 3-D printing technology like this they would have deemed her case too risky to chance. While scientists say creating stem cell generated 3-D printed organs for implementation is still years away, this method of deploying 3-D technology could help surgeons everywhere, create workable solutions to complex surgical problems. A 3-D printed model of a patient's organ offering surgeons a visual tool to help tackle complex surgical

dilemmas, leading to better surgical outcomes for high risk patients, now that's a bright idea.

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Margaret Flinter: This is Conversations on Health Care. I am Margaret Flinter.

Mark Masselli: And I am Mark Masselli, peace and health.

Conversations on Health Care, broadcast from the campus of WESU at Wesleyan University, streaming live at [www.wesufm.org](http://www.wesufm.org) and brought to you by the Community Health Center.