Lynn Quincy, Director of the Health Care Value Hub, Consumers Union

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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret, some positive motion from a normally stalemated Congress, the Senate voted to approve $2 billion in additional money for the National Institute of Health.

Margaret Flinter: Well that's the second year in a row that Congress has increased funding to the NIH. They had seen a steady decline in funding for the past 10 years and that put a lot of long-term research protocols in jeopardy.

Mark Masselli: Without that funding the US was bound to lose its edge in leading the world in medical research. It's certainly a step in the right direction Margaret.

Margaret Flinter: Well in addition to $1.4 billion for Alzheimer's research, another $300 million is being earmarked to the President's Precision Medicine Initiative. This seeks to advance the research of genomics and other emerging disciplines that are going to make the treatment of disease a more personalized approach, that's really about launching medicine into the new frontier, but that's not going to happen without considerable resources Mark.

Mark Masselli: The cost of healthcare is continuing to rise and increasingly it's surprising many American health consumers out of accessing necessary care something our guest today is quite focused in on.

Margaret Flinter: Lynn Quincy is a long time senior researcher at Consumers Union that's the consumer watchdog agency that's focused on ensuring that American consumers are getting the products they are paying for, and that those products don't cause them harm.

Mark Masselli: Many consumers are finding it increasingly difficult to afford out-of-pocket cost for healthcare services.

Margaret Flinter: And they are also focused on the extremely high rate of medical errors which leads to an estimated 400,000 deaths per year as we have talked about other times on the show. Lynn Quincy will be talking about the new venture they have launched at Consumers Union – the Healthcare Value Hub, that's aimed to helping consumers get the best value from their healthcare purchases and get better care as well, so we look forward to that conversation.

Mark Masselli: Lori Robertson stops by, the Managing Editor of FactCheck.org, looks at 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 chcradio.com.

Margaret Flinter: And as always if you have comments, please email us at chcradio@chc1.com or find us on Facebook or Twitter; we love hearing from you. Now let's get to out interview with Lynn Quincy 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. The Senate Panel responsible for approving healthcare spending bills has reached a bipartisan agreement on spending request including $1.4 billion for Alzheimer's research and $300 million for the President's Precision Medicine Initiative, $262 million for the CDC's Prescription Drug Overdose program also approved as well as money for the Substance Abuse and Mental Health Services Administration. Senate Democrats had asked for $600 million to confront the crisis which is led to 28,000 overdose deaths in 2014 alone.

Meanwhile, while State Health Plans are supposed to cover addiction recovery services for all customers as an essential benefit, an independent analysis of these plans shows two-thirds of them across the country fall far short. The National Center for Addiction and Substance Abuse analyzed addiction treatment services required in the 2017 essential health benefits benchmark plans and none offered any kind of comprehensive offerings for addiction services. The report found these services were frequently excluded from overall coverage.

A summer time, that time when you wander out-of-doors through nature and find yourself checking for ticks at the end of the day, it's the ones you miss that cause a big problems though that [Inaudible 00:03:44] New England island of Nantucket is entertaining and novel approach, 40% of the island's residents have contracted Lyme disease in recent years due partially to a large deer population. But an MIT scientist has crafted an interesting approach, genetically modified mice that are resistant to the bacteria that causes Lyme infection, mice are further down the tick of food chain but are vital link to the spreading of the disease.

The scientists proposes testing the release of these mice in a small or uninhabited island first to see if it works before releasing the genetically altered mice on the main island the trick will be to find out Lyme resistant gene and breed enough mice with this trait to scale up the project and the effect. I am Marianne O'Hare with these healthcare headlines.

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Mark Masselli: We are speaking today with Lynn Quincy, Director of the Healthcare Value Hub at Consumers Union, the policy and advocacy organization long time publisher of Consumer Reports which provides unbiased information on consumer products including in healthcare Ms. Quincy served as Senior Health Policy Analyst at Consumer Union testing the new health insurance disclosure form and tax credit explainers and advocating for better health insurance literacy strategies. Prior to joining Consumer Union she was the Senior Researcher at Mathematica Policy Research Inc. Ms. Quincy also held senior positions with the Institute for Health Policy Solution and with Watson Wyatt Worldwide. She holds a Masters degree in economics from the University of Maryland. Lynn, welcome back to Conversations on Healthcare.

Lynn Quincy: I am very pleased to be with you.

Mark Masselli: Yeah. It's been four years world has gone by, I mean my God since the passage of the Affordable Care Act but before the insurance marketplace's plans have been developed you offered some research and analysis to support the creation of consumer friendly products for consumers to access online as well as to utilize to their best advantage. And you had four years now together a lot of data in the insurance marketplaces and I am wondering how those plans lived up to your expectations.

Lynn Quincy: Well I think this mostly a good news story. We have 20 million people newly insured through the various aspects of Obama Care including Medicaid, the marketplaces that we are going to talk about and allowing young adults to stay on their parent's coverage. And that's a huge accomplishment and there have been some recent studies that have conclusively documented the link between having coverage and having better health. Coming back to the marketplace specifically, we have seen a lot of progress since the poor launch that frustrated so many consumers and I think it's still perhaps their dominant impression, for a several years now things have been working very smoothly. And they are also doing a lot, both in the state marketplaces and the federal marketplaces to make the consumer experience better and make it easier for them to reliably distinguish from among [PH] plans. They are looking at increasing the prevalence of something called the standard plan design which would

mean cost-sharing wouldn't vary so much across products and that would make it easier to compare different plans.

Margaret Flinter: Want to talk for a moment about perhaps less exciting element of the whole issue of insurance for all Americans and that's a new consumer experience brought to us by the Affordable Care Act the tax forms that consumers now have to file in order to obtain the subsidies that underwrite the cost of purchasing mandated health coverage, tell us how that experience is playing out.

Lynn Quincy: The tax credits are crucial to getting the new coverage, over 80% of those enrolling through the marketplace use these credits and on average they are covering three quarters of the premium. So they are really bringing down the cost of getting insurance coverage, and that's a huge reason why we have people in insurance that otherwise wouldn't be. Now, the bad news story is that researchers estimate that only 50% of those who are eligible for these tax credits are actually applying for them, so there's a lot of people there who could be getting a lower-cost insurance coverage but aren't for some reason.

Now this is new with Obama Care and it is a tax credit which means you are dealing with tax forms. Some of the biggest headaches that consumers are facing is that they have to document their income because you do have to show how much you earn. And I think what becomes particularly hard is when someone has an income that's fluctuates a lot during the year and it's very hard to predict what their income will be. But on the whole it is a good news story because they make coverage available to people when it otherwise might be financially out of reach.

Mark Masselli: Lynn you have taken on a new role at Consumers Union as Director of the recently launched Healthcare Value Hub, new center that helps advocates and others address high health care costs, lack of transparency and uneven quality. Health care costs continue to rise more than we want them to, they have been higher than people's salaries have gone, how do we address multi-trillion dollar question of controlling the cost of healthcare?

Lynn Quincy: The issue of healthcare spending that increases at a rate that far exceeds the general rate of economic growth, far exceeds the rate of wage increases, this is a problem, it's been with us for over 20 years but we haven't yet systematically as a nation addressed this issue. And it's past time to do that, and it's a big initiative here at consumer reports because it is not sustainable and it causes so much financial distress for both consumers and businesses and state government crowding out dollars they need for their other programs. I think that this is an addressable problem but it is a little

bit of a long game, we have a bias in this country to thinking that the marketplace is going to solve our problem. But when you really, researchers have taken a hard look at that presumption when it comes to healthcare prices and the market actually does a terrible job of pricing things appropriately, of ensuring you have the resources that you need, of controlling for quality. So we have to I think bring a sort of market and regulatory approach to this problem and we are just beginning to own up to that fact. But we some work to do in terms of coming together as a nation to actually enact those solutions.

Margaret Flinter: Well Lynn one of the areas that you are focused on the Healthcare Value Hub is the lack of price transparency and maybe that's changing somewhat under the Affordable Care Act, but drug cost something that actually most Americans deal with regularly as opposed to hospitalization are really crippling consumers in some cases, and we have seen this fairly recent but very dramatic trend of just outrageous price increases for some of the most common drugs and what we used to think of as cheap drugs on the market. Maybe you could talk with us about this lack of price transparency particularly for pharmaceuticals certainly for ambulatory hospital or diagnostic care as well, how are you focus on improving transparency for the consumer in this area and what can consumers do to get a better value for their drug and other healthcare purchases?

Lynn Quincy: So this is a really important question. Price transparency across the board is a crucial leg of this effort to address high healthcare spending because right now prices are very opaque, and not just for drugs but for everything. We have this great graphic, we call it the drug price in supply chain and it shows how convoluted in hitting these various prices are. There is a list price that's publicly published but that's not the price anybody pays, we have discounts and other things applied to that price and then the final price is actually hitting. And there are a lot of efforts around the country to expose that prices, expose sort of a, do a price justification where not only do we learn what the true price is but what led to price.

In the case of drugs we had to do that through congressional investigations, journalistic investigation and that's shouldn't be how we get Information about what the prices are for our crucial healthcare products that we need. There needs to be a much more routine and reliable approach to getting to price transparency this is an important initiative that's part of our work on healthcare costs, we are working on that at the state level and when the opportunity presents itself at the federal level, but I actually think we will make progress at the state level before the federal.

Lynn Quincy, Director of the Health Care Value Hub, Consumers Union

Mark Masselli: We are speaking today with Lynn Quincy, Director of Healthcare Value Hub at Consumer Union, the policy and advocacy organization, long time publisher of consumer reports dedicated to providing unbiased information on consumer products including in healthcare. Lynn I was thinking as you are talking about price transparency we had Steven Brill on, Margaret a while ago talking about this and certainly there have been a lot of advocates but you know I want to talk about another transparency issue that's truly deadly consequence and a recently released report placed medical mistakes and errors as the third leading cause of death in this country. And we just had Toby Cosgrove on from the Cleveland Clinic who have really made a concerted effort to be as transparent on all of these but it is a profound problem within the healthcare system. And you recently filed a report on the scope of the problem and your analysis counted more than 400,000 deaths per year, talk to our listeners about your report and how do we address this issue of transparency.

Lynn Quincy: It does not be seem to be widely understood that the quality of care provider by hospitals is actually very uneven. People have a perception that we have the best healthcare in the world, and sometimes that's true for certain segments of care highly technological care that we provide, but in other ways it is not true. We have a graphic that shows the deaths from the hospital acquired infections and that's just one type of medical harm exceeds the deaths from drunk driving 7-1, and that's shocking for people. The report that you referenced is we didn't do our own assessment of how often these various forms of medical harm occur, I think the reason that this conversation doesn't happen often enough is that people are confused about the various forms of medical harms, how is a hospital acquired infection different from a hospital acquired conditions. And so the report is designed to provide a taxonomy so we could understand the forms of medical harms.

We looked to see what information existed that showed for each of these types of medical harms, how often did they occur, and the big thing about that table is how many holes there are, and how often we don't know how often medical harm occurs. So for example, diagnostic errors are very rarely counted, this is hard, we need to do it, we would like reliable timely data but of course it's not in the hospital's interests to report it reliably because they could possibly look bad. And so we need to figure out how to encourage them to report reliably get them to correct where corrections are needed without penalizing them so much that they failed to report or they hide these rates of infections.

Margaret Flinter: Well Lynn, while more Americans have health insurance than ever before many are still putting off accessing health services they really need because the deductibles on the plans are just so high, and the good news is then of course also that

preventive services are available with regardless of deductibles. And you know certainly we have seen some of the most popular plans offered by the insurance companies are associated with very high out-of-pocket costs or high deductibles, you are quite concerned about this trend, so perhaps you can share your analysis of this issue with us.

Lynn Quincy: We really face a crisis in terms of high rates of healthcare spending. And a huge way in which industry has responded to these crises is to make high deductible health plans more and more prevalent. And these plans are justified by saying that, if we give consumers skin in the game by making them pay out of their own pocket, they can put pressure on the marketplace. The hope is that they will become these very smart shoppers and that will put pressure on providers to provide a better value to price their products competitively and so on. Our report look at across a whole bunch of new research that shows this is not how it plays out in reality consumers aren't armed to do price shopping. And in fact they are often not inclined to price shopping they have other considerations in mind, the system isn't set up to allow them to do price shopping and they are very confused by cost-sharing and when it applies and when it doesn't. And even though these primary preventive care services are free, consumers don't realize that, and they even cut back when they are faced with the high deductible, they cut back on high-value services such as that. So it's time to stop placing the burden on consumer and pretending that they are going to solve a problem that really should be solved by other actors in our system. We need to replace high deductible health plans with more consumer friendly benefits design so they do go and get the care they need. And we need to attack the problem of high prices from the other direction, we need to go directly to providers, evidence is growing very strong about different new ways of paying providers to ensure that we get better value from them. So high deductible health plans overpromise in this time to replace them with something.

Mark Masselli: You know Lynn, consumers out there probably have two things on their minds, one is, what are you working on right now that will protect them against predatory pricing and outcomes but also, what can they do themselves to ensure they receive the best value and the best quality care?

Lynn Quincy: We have done a lot of focus group work with consumers and they start with the assumption that these high healthcare costs is like the weather, there is nothing they can do about it, but there are things we can do about it. So the first thing I would do is get mad and put pressure on policy makers and regulators to be part of the solution. One of the first things they should do is try to stay healthy that will make them, they have better quality of life and reduce their costs, some of the ways they can do that is by getting the word out about these free preventive services, so there's not

affordability barriers you can go and get these preventive services. And if they need healthcare and they can't afford it, don't put it off so that the problem gets worse, but instead asked for financial help. If you haven't yet explored the availability of financial help in terms of getting health coverage through the exchanges explore that. If you are seeking hospital care but worried that you won't be able to afford it, a lot of hospitals have a charity care policies or payment plans and they should always-always ask for the best deal they can get from the hospital.

There is things that consumers can do when they are choosing health insurance to get a consumer friendly plan designs, they can ensure that the drugs they take are covered by the plan and the providers that they use regularly are in the plane's network, all of those things will help keep their cost down. And finally, if they receive a high bill or an unexpected bill they should complain to their local insurance regulator, many people don't realize they have someone in the state that's regulates insurance, and we have a little tool that helps get you to the right regulators in your state.

Margaret Flinter: We have speaking today with Lynn Quincy, Director of the Healthcare Value Hub at Consumers Union, the policy and advocacy arm and long time publisher of consumer reports. You can learn more and access all of their reports by going to healthcarevaluehub.org and you can follow her on Twitter @LynnQuincy. Lynn, thank you so much for the work you do and for joining us on Conversations or Healthcare today.

Lynn Quincy: I was very pleased to be able to join.

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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: At a congressional hearing, on the impact of environmental regulations on farming, Rep. Steve King of Iowa underestimated what scientists know about the relationship between farming practices and water quality. King said, scientists don't know about the quality of water in the US when the Buffalo roamed because there were no water quality tests then. Pre-1900 water quality data is relatively scarce, but experts can use sediment cores from water bodies to evaluate past water quality.

King also implied that this lack of baseline data prevents scientists from knowing whether applications of crop fertilizer are too much. But experts say they don't need 19th century data to know fertilizers have negatively impacted water quality. There was water quality monitoring in 1800s, for instance chemists developed methods for evaluating water pollution from sewage and response to outbreaks of cholera and typhoid fever. And in the late 1800s, Massachusetts carried out what's been called the Great Sanitation Survey with more than 40,000 water samples collected. However, scientists can use sediment cores from water bodies, to evaluate the water quality of the past.

In modern times, water quality monitoring increased substantially in the 20th century, especially after the Clean Water Act passed in 1972 and many reports and papers have concluded that 20th century crop fertilizer use has negatively impacted water quality in the US. 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 chcradio.com. We will have FactCheck.org's Lori Robertson check it out for you here on Conversations on Healthcare.

(Music)

Margaret Flinter: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. According to the World Health Organization some 35 million people suffer from some form of dementia and 65 million people are expected to develop dementia by the year 2030 with relatively few treatments available, and still no cure on the horizon. Often when cases become more advanced, patients are unable to live on their own, they maybe in nursing homes, maybe sedated. But study show those dementia patients who remain more active who stay outside the clinical setting are more likely to have a much better quality of life, and that's the basis for a first of its kind Dementia Village in the Netherlands, built in a small town outside of Amsterdam. Hogewey an enclosed village built to look and feel exactly like a normal village but designed to house patients with advanced dementia.

Yvonne van Amerongen: One of the things that are very important to people with dementia is that they don't understand what's happening around them. We try to help people understand what's happening.

Margaret Flinter: Co-founder Yvonne van Amerongen says the enclosed village provides a safe and pleasant environment for them to live where they can walk,

socialize, remain engaged. The village was built on 4 acres with 23 connected housing units where patients are group based on their earlier personal lifestyles whether it was based on interest in the arts or music, academics, gardening. And the director says it ensures that they maintain social connections.

Yvonne van Amerongen: Those people you live with should be people that could be your friends, those people probably have the same ideas on life.

Margaret Flinter: Residents are free to walk throughout the compound, there are stores to shop and restaurants to dine in, and the director says relatively no need for excess medications or restrains that are so commonly used in dementia wards. The village is neat and orderly, easily navigable and pleasant, a planned and closed residential community designed to maximize quality of life for dementia patients, creating a life with dignity for patients who might ordinarily be institutionalized, sedated or restrained, now that's a bright idea.

(Music)

Margaret Flinter: This is Conversations on Healthcare, I am Margaret Flinter.

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

Conversations on Healthcare, broadcast from the campus of WESU at Wesleyan University, streaming live at www.wesufm.org and brought to you by the Community Health Center.