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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 change is coming to the Department of Health and Human Services as Secretary Kathleen Sebelius.

Margaret Flinter: Problems with the launch of the federal exchange heathcare.gov have continue to be attorney issue. But, the President command his secretaries Sebelius for extraordinary work and noted that despite the miry challenges at the launch of the website she and her team did manage to turn things around and the numbers speak for themselves. We've exceeded the signup goal of seven million and Mark I think it's about 7.5 million have signup at last count for insurance.

Mark Masselli: And counting. She really did over sea a monumental shifting in Health Care in this country and in spite of the technical challenges she did exceed the administrations signup goals, President has tapped White House Budget Office Director Sylvia Mathews Burwell to take over the Department of Health and Human Services pending conformation from the senate.

Margaret Flinter: She's also held high positions at several foundations in the past including the Walmart Foundation, it's really thought very highly on most circles.

Mark Masselli: The change of guard comes at a timely juncture before the mid-term election kick into high gear the Health Care Law certain to play a central role in the campaign as it has over the last four or five years.

Margaret Flinter: Well, it will be interesting to see exactly what the picture that is painted is, you know, not only that the number of folks who sign up on the exchanges exceed the administrations expectations but there is another interesting number to factor in and estimated 7.8 million Americans gain their health coverage directly through insurance carriers and that number is a big boom for the insurance industry and think they will be feeling pretty positive.

Mark Masselli: I think you're right, Margaret, and it turns out millions of Americans who might not have qualified for a tax subsidy on the insurance exchange gain coverage through private insurers so in all the number of newly covered Americans could be far more significant than originally thought.

Margaret Flinter: And it's important to know, Mark, where the exchanges did function very well, California and New York are two and our home state of Connecticut all are held up is models of effective state based exchanges and other states may want to emulate them. Connecticut in particular are access health Connecticut system is being

adopted by the state or Maryland which had problems from the start and is now scrapping their system and favor to Connecticut plan that really work very well.

Mark Masselli: Our guest today is the man behind the curtain, behind the Connecticut exchange Access Health CT Kevin Counihan, who has a long history in the insurance exchange arena and can provide some unique insights into what made the Connecticut exchange work so well and why other states are looking into adopting our system.

Margaret Flinter: Lori Robertson, Managing Editor of FectCheck.org will be checking in with another missed statement about Health Care Policy that's been spoken in the public domain.

Mark Masselli: But no matter what the topic you can hear all of our shows by going to CHC Radio and as always if you have comments please email us at CHCRadio.com or find this Facebook or Twitter because we love hearing from you.

Margaret Flinter: We'll get to our interview with Kevin Counihan 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 Health Care Headlines. Sebelius is out as Secretary of the Department of Health and Human Service, stepping down from her leadership post after the rocky rollout of the online insurance marketplaces under the Affordable Care Act. Her resignation was met with praise from President Obama who said that in spite of the many challenges that the launch of healthcare.gov her team manage to turn things around in November and right at the rocking health care portal. Sebelius has chosen replacement as Sylvia Mathews Burwell appointed just last year as the director of White House Budget Office or appointment must passed master from a senate confirmation hearing.

In a meantime the numbers continue to climb the number of Americans who gained health coverage under the Affordable Care Act. I mean online exchanges and another 7.8 million Americans appeared to have gain coverage privately through insurance brokers directly during the open enrolment period, those who founded and qualify for subsidies were more likely to seek conference of the government run exchanges, and what about the cost of running those exchanges? The nonpartisan, Congressional Budget Office has determined cost for the continued implementation and provisions under the Affordable Care Act are considerably less for the coming years, about 104 billion dollars less over the next 10 year period. The Patient Protection and Affordable Care Act is expected to cost 36 billion in 2014 that's five billion less than previously anticipated. They're here and they're quickly proliferating E-cigarettes that is in the trend is disturbing, the rapidly expanding E-cigarette market those electronic cigarettes with a fake light at the end of the tip emitting nicotine vapor into the lungs of those who

inhale with flavors like bubble gum and such, it's quickly infiltrating a young vulnerable population who must have restrict antismoking laws which do not govern as latest smoking fed. Law Makers once again have called for action by the food and drug administration to regulate the electronic cigarette industry issuing a Congressional report that showed increase marketing of E-cigarettes directly to youths, so far the cigarette industry has spent about 60 million dollars and targeted campaigns aimed at young people with such things as rock concert sponsorships. The study showed a direct correlation between exposures to those ads for E-cigarettes and the numbers of young people who take up actual smoking. I am Marianne O'Hare with this Health Care Headlines.

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Margaret Flinter: We are speaking today with Kevin Counihan, Chief Executive Officer of the Connecticut Health Insurance Exchange, also known as Access Health CT. One of the most successful of the 16 set up under the Affordable Care Act. Before Mr. Counihan was the President of Choice Administrators in California, the nation's leading developer of Health Insurance Exchanges, Mr. Counihan served as the Chief Marketing Officer for the Common Wealth of Massachusetts Health Insurance Connector Authority where he facilitated the states rollout of near universal coverage in 2006 prior that he was the senior of VP of the top health plan. Mr. Counihan urges under graduate degree from the University of Michigan and is MBA and finance from North Western Universities, Kellogg School of Management. Kevin, welcome to Conversations on Health Care.

Kevin Counihan: Thank you, Mark. It's a pleasure.

Mark Masselli: You know March mad, this is over and I think it's fair to say Connecticut one free national championships, the men and the women and I think on the exchange site of the Connecticut Access Health CT. So, tell us what work, what didn't work?

Kevin Counihan: The things that I think we did recently well was we got a basically stable system that's mind numbingly complicated up and running defects had been corrected so when we flip the light switch on October 1st we get something where people could go on to the website, comparison shop they could enroll for coverage and their eligibility can be established with the insurance companies. We strip back about 30% of our desired functionality in order to make sure that we could deliver something that was less than what we wanted but being done more consistently. So, I think we did that reasonably well.

I think number two is standardizing plan designs for the three metal tears was extremely helpful for consumers because consumers find buying health insurance to be very confusing and complicated and by freezing the variable around plan design they knew they were buying the same coverage was extremely helpful to consumers. I think another element that work well was marketing and outreach for example the work that we did training about a thousand brokers having over 300 personal assistants, having a

call center which took in 22% of our applications and it was clearly a statewide particular where we are.

Margaret Flinter: Well, Kevin you've had such significant experience in this arena leading up to your time here in Connecticut both in Massachusetts with the 2006 Health Care Law and then in California with Choice Administrators I would imagine if you had chance to see what works on a macro level and a micro level and I think that made it all the more surprising to me that a state like Massachusetts ran into so much trouble on this round why was this so much more complicated than what Massachusetts roll out back in 2006 and I'm also going to ask you to explain what you mean by metal tears for our listeners?

Kevin Counihan: Well, first let me begin with the second questions. So, the metal tears are which were gold, silver and bronze represent the richness and the extents of the insurance plans. So, a gold plan is richer and has richer coverage than silver which is more expensive and richer coverage have been bronze. I think in general the states that were -- maybe a little ambitious in terms of services that they wanted to provide out of the gate in general it had a little easier time than those that were a little bit more ambitious. Then that's just connector actually was a very good example of the policy principles of Health Reform but the web poll itself was much more like E-health or relatively simple. When I say relatively because it was still complicated but relatively simple way for people to shop and compare and to enroll. But it did not have the complexity of integrated eligibility determinations whereby an individual in real-time could be determine for either Medicaid coverage, subsidy coverage, or unsubsidized commercial coverage. So, those different complexities of the Affordable Care Act really make it a much different animal than what the connector had.

Mark Masselli: I like the sort of concept that you started off with it's you noted that the consumer is that the heart of all these and they find this purchasing process to be complicated and so your module was to keep thing simple and certainly there were right strategic but it also came down to procuring the right technology both the hardware and software and what let you to developed the system the you way did in Connecticut and talk to us a little bit about the technology platform that you are utilizing.

Kevin Counihan: So, you really hit it, Mark, which is that what really most consumer activities it's best to default to simplicity. Now buying health insurance by definition is not simple and people to buy health insurance, they tend to be very suspicious of just about everybody in the value change. If they just don't understand why this should be as expensive it is but if you can make something as simple as possible and make it us consumer friendly as possible it brings much more credibility to the purchase in process and consumer has more trust in what they're buying if they think they can understand it. So, it's important not only from a technology perspective to keep thing simple but also from a marketing perspective to keep thing simple. So, that was sort of a module that we had, so we wanted do fewer things consistently well. And default to those things that were most valued by the customer. So, for example we outsourced and have outsourced a lot of functionality which other states have not done whether it's premium

in billing to their consumer whether it's commission payments to the broker, whether it's the call center, whether it's the vendor for administering small business exchange, we've outsourced all those things to other vendors, because our view is we want to focus on the thing that makes the most difference to the consumer, which is an easy and satisfying shopping experience. And to that regard the debt around this is encouraging, so for example based on the most recent months survey of consumers who've enrolled in our platform, we have a 92% overall satisfaction rate but within that 70% of enrollee said that they would be either extremely likely or very likely to recommend Access Health CT to a friend or colleague, that's a really critical metric, because that type of viral marketing or support or reference by a friend or family member goes much further than any advertisement anyone could run.

Margaret Flinter: Absolutely. Kevin, you reference something that I was just about to ask you about and that's an area that I think has been fairly confusing perhaps because of the changes in dates and deadlines around the small business mandate. So as I understand it now the Affordable Care Act mandate on small business offering coverage was delayed until 2015 and it will eventually require a companies with more than 50 employees to provide access to insurance coverage for their employees but still quite a bit a confusion about that so, how have you approach the small business community and the exchange in Connecticut, have there been viable options for that sector of the population?

Kevin Counihan: We were one of five states that had a viable small business insurance exchange up and running on October 1st and we did it as I said by outsourcing it. We do get up and running by October 1st. Our enrolment in the small business exchange has been disappointing to me. Now, clearly the market gets confused every time the Federal Government for example the first mediate, it all send a message kind of cascading that this is either not functional or is being deferred or being delayed or but I think that there's a whole lot more that we need to do to be more effective in providing products to small businesses. And we are very close to finishing a new plan to do just that.

Mark Masselli: We are speaking today with Kevin Counihan, Chief Executive Officer the Connecticut Health Insurance Exchange also known as Access Health CT. One of the most successful of the 16 State based insurance exchanges set up under the Affordable Care Act. Kevin, Health Care Law isn't just about providing insurance coverage and access to care, it's also about improving population health and hard to see the power of health data and I understand you're working on a project with the Robert Wood Johnson Foundation, follow this newly insured residence so they are key majors so talk to us a little bit about the key majors you will be looking at in the health data and how do you see this analysis impacting health and health equity moving forward?

Kevin Counihan: A point of saying that the Affordable Care Act is more than just about providing access to insurance is 100% correct. And we are in the final approach of a finalizing a research vehicle that we're going to be making 3,000 phone calls to residence in our state to assess several things. So, one is going to be insurance status.

So, we need to determine what the impact of the over 200,000 people that we've enrolled has been on the uninsured level in our state. So, the national average of the uninsured in the country is 18%. And we know that the third of the uninsured reside in three states, Florida, Texas and California. Now, only one of those states California has expanded Medicaid coverage as well as putting up a viable exchange. But in our State we began with an uninsured level of 8% or about 286,000 which again is relatively low. Now, as low as the 2.8% of Massachusetts, no, but no other state is. But, we believe that we're going to make a significant in the level of the uninsured in our State after these researched is done. The second is one the impact and improving knowing the gap on (inaudible 14:47). So, for example we know based on other state that it's not State of Connecticut but not I think that data has been done by State. But there is roughly 14% disparity in care access in our state between Caucasians and Non-Caucasian so roughly 90% of Caucasians in Connecticut have routine access to health insurance coverage where about 76% of Latinos and African-American and other Non-Caucasians groups do. So, narrowing that 76 to 90 is clearly going to be a major focus of this research and understanding and effectively made any dense in doing just that.

Third is going to be understanding people's health care knowledge, so for example just because you've enrolled somebody it doesn't mean they know how to use the coverage and a lot of the terms that we all take for granted whether it's co-pay, deductible coinsurance all that stuff, the newly insured don't take for granted. Not only that they don't even understand what those terms mean and they find them very confusing. So, we want to be able understand in a sense to health insurance literacy. And we wanted start tracking to see how many people are starting to take advantage of the incentive to get primary care visits which is you know are free and to incent people to have those routine checkups that my view and I would be interested in your folks view as well is that implementation of this lies for four to five year process. It's going to be evaluated and judge right or wrong you know every single week without a lot of data by the way but that doesn't seem to matter these days. But we all have to I think have goals in mind for what we want to be for example, my goal I would like to see our uninsured level be about 3% in five years. And I think that very tangible and it's very -- very realistic.

Margaret Flinter: Well, I really applaud the focus on making sure that you're doing a research early on because this is a unique moment in history, (inaudible 16:41) give some of this natural history research when they had their Medicaid Program where people were assigned on a random basis to see what difference does coverage make and the fact that you're looking at the patient and the consumer experience and literacy is really critical so we'll look forward to those results. And, Kevin, I can't help to think that the country certainly is weary of groups that are in conflict with each other and when we -- here the states are beginning to look to each other for help with their best practices and looking at adopting those best practices versus creating things from the ground up will all that expense and risk, it's great to hear that you're thinking that you can maybe export the Connecticut exchange, I think you've refer to as exchange in a box and you mentioned earlier that at least one state is looking to adopt the software that you created for the Connecticut exchange and those are the folks and Maryland. Tell us about this collaboration and maybe expand this to what your thoughts are, you

should look around the country with a lot of other states that may decide to do their own state exchange, what sort of level of collaboration and best practice building that going on?

Kevin Counihan: Well, our experience with this stuff so far is that a lot of it has to do with pride and ego and we've talk to probably six or seven states right now, and this is all about 2016. I think, we all feel that we've spoke it's just with you know you work so hard on something and when it doesn't work but you know you take it kind of personally or you think you know and then somebody else did work building this system in this application to be frank, Margaret was actually not that much fun and our whole team said if we could have outsourced this to another state and used our technology we would have done it in New York, minute. So ,we have to come with one state as you said with the State of Maryland and we have a sign deal with them, it's a very aggressive timeline to get them on November 15th open enrollment thing, they're also using (inaudible 18:29) which is the same folks that built our system. And we're helping them on a variety of different operational and marketing and technical issues and you know, we are very hopeful that this is going to work.

Mark Masselli: You know one of the challenges for exchanges across the country we are dealing with the foreign language issues, were there any best practices out there for folks who got it right in speaking multiple languages?

Kevin Counihan: From my perspective I think we're just beginning to compile those best practices. I think that we're still learning on this, I think it's one of the reason that's going to take several years. We know for example that certain populations are very suspicious of government because they're afraid that it might lead to deportation or other types of things and so there is sort of an institutional or cultural resistance to several programs. We've learn the importance of the family, we know that the average uninsured nurse state is a 39-year-old Hispanic male living in Bridgeport. And we know that the best way to reach that 39-year-old Hispanic male is through his mother because the mother tends to be extremely influential more than friends. So, there is a lot of subtlety you know, it's funny like we've got a person on staff that's dedicated to Hispanic outreach and she often remind us that you're dealing not with one segment community, you're dealing with 14 community, and they don't talk to each other. So, you have to deal with this communities individually, you have to do it in a way that's culturally expectable, usually it's best to be done from the ground up meeting with people that are in the community that are known and respected. I think one of the things that we've learnt is the traditional government one size sits all top down approach is really not that effective anymore. Our community and our country is so diverse that a bottom up community based approach is both cheaper and probably were effective.

Margaret Flinter: We've been speaking today with Kevin Counihan, Chief Executive Officer the Connecticut Health Insurance Exchange also known as Access Health CT. You can learn more about their work by going to accesshealthCT.com. Kevin, thank you for the great job you've done and thank you for joining us on Conversations on Health Care today.

Kevin Counihan: I would like to thank both of you for your tremendous support.

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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: Well, President Barack Obama went too far in saying the Affordable Care Act meant everybody would have basic Health Care. The law doesn't create a universal health care system everyone will not have insurance. In fact a 31 million are expect to remain uninsured according to the nonpartisan congressional budget office. Obama made the comment and announcing that 7.1 million Americans had sign up for insurance on the federal and state marketplaces through March 31st, the end of the open enrolment period that figure was later updated to 7.5 million. Obama boost to the progress made but then said that the Affordable Care Act "is making sure that we're not the only advance country on earth that doesn't make sure everybody has basic health care". But, under the ACA the US is still one of just a few advanced nations that don't have universal coverage. The law does greatly reduce the number of uninsured in United States. The Congressional Budget Office estimates that there will be 25 million fewer uninsured because of the law as early as 2016. But that still leads 31 million uninsured, somebody chose to pay the tax penalty rather than buy insurance others will get an exemption due to financial hardship or other reasons, such as qualifying for Medicaid but living in a state but didn't expand the program. Obama said in his remarks that the goal that's no American to be without health care and that the goal is achievable, it maybe but not with this law and that's FactCheck for this week. I am Lori Robertson, Managing Editor on 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 chradio.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 to everyday lives. Much emphasis has been paid of late to the dangers of destructed driving, numbers of states have an active laws banning texting and driving which has led to a number of traffic death across the country. But what about distracted walking, a recent in depth study conducted by safekids.org showed some pretty startled link statistics, older teens now account for

over half of all pedestrian deaths of children and one of the main cooperates distracted working.

Kate Carr: So, 25% increase on teen fatalities and that's what alarm us and we did an observational study where we collected data from over 34,000 observation. We saw that one in five high school students were distracted by using their mobile device.

Mark Masselli: Kate Carr is President and CEO of safekid.org. She decided there needed to be a camping to promote better awareness to reduce the trend and they created a moment of silence.

Kate Carr: This camping is a reminder to especially teens, there are 50% of the fatalities put that device down, create a moment of silence when you're crossing a street or you're on a sidewalk or in a parking lot around cars, put you device down.

Mark Masselli: She realizes that kids especially teens will not be separated from their mobile device but if they could just put them down while walking across the street engage in a moment of silence, the number of teen pedestrian deaths would be greatly reduced. A simple slogan based campaign to raise awareness about the dangers of distracted walking that has potential to save the lives of child pedestrians, now that's 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.

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