

Dr. Robert Blendon

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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, what a wild ride through this process that we call American democracy. The voters have chosen Donald Trump, that decision likely means some very major changes for the American health system.

Margaret Flinter: Well it does Mark, and the campaign was one of the most contentious maybe that we have ever seen, but in the end Secretary Clinton was certainly gracious in her acknowledgment of her loss. The President welcomed Mr. Trump to the White House for an important face-to-face meeting, and certainly made clear his commitment to a smooth transition of power. So you know I think Mark we have seen many moments of grace in the aftermath of this election and that smooth transition of power is just so essential to our democracy.

Mark Masselli: It really is, and you know many in the health care arena worked very hard to transition their practices and care delivery systems to meet the objectives of the Affordable Care Act, practices building around quality measures and outcomes. The Affordable Care Act certainly has accelerated, much progress in this quest for better health care but still there is much work that remains to be done.

Margaret Flinter: When we look back, we began to show seven years ago really the beginning of the health reform debate so that we could tap into the best minds in the industry that were focused on creating meaningful health reform really meaning just better health care for everybody. We hosted many thought leaders from the Halls of Academia to policy leaders, legislative leaders, and I honestly believe that that work is going to continue. And our guest today is one of those many great thought leaders. Dr. Robert Blendon is the Director of the Harvard Opinion Research Program. He has some very well-informed and unique insights into what the American public is looking for.

Mark Masselli: Lori Robertson also checks in, Managing Editor of FactCheck.org. But no matter what the topic, you can hear all of our shows by going to www.chcradio.com.

Margaret Flinter: And as always, if you have comments, please e-mail us at chcradio@chc1.com, or find us on Facebook or Twitter because we love hearing from you. Now we will get to our interview with Dr. Robert Blendon in just a moment.

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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. President-elect Trump has begun to assemble his transition team, addressing one of his key campaign promises to repeal and replace Obamacare. Andrew Bremberg has been tapped to lead the team. He spent two years advising Senate Majority Leader Mitch McConnell as well as Wisconsin Governor Scott Walker's short-lived Presidential campaign. The nation's top insurance CEOs gathered after the election speculating on what lies ahead. Aetna CEO Bertolini anticipates several popular aspects of the health law will remain, young adults being able to stay on their parents' plan till age 26, but they expect there will be more state-based approaches to Medicaid than was experienced under the Affordable Care Act.

For the time being though Obamacare Open Enrollment is underway, the new administration doesn't take office till after enrollment is closed on the online insurance marketplaces and insurance sign-ups are a priority in the waning months of the Obama Administration. Secretary of Health and Human Services Sylvia Burwell recently tweeted that November 9th was www.healthcare.gov's best day with 100,000 sign-ups since it began selling the 2017 Obamacare plans November 1st.

A rare and deadly fungal disease has been reported in the US for the first time. The CDC reports at least 13 cases of an infection called Candida auris have been reported. The fungus is quite dangerous in that it's resistant to most antifungal medications, comes with a high mortality rate and tends to affect those with other underlying conditions. It's been found in several other countries including the UK, Japan and South Korea.

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

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Mark Masselli: We are speaking today with Dr. Robert Blendon, Professor of Health Policy and Political Analysis at the Harvard T. H. Chan School of Public Health. He is the Director of the Harvard Opinion Research Program. He previously served as Chairman of the Department of Health Policy and Management at the T. H. Chan School of Public Health, and currently co-directs the Robert Wood Johnson Foundation, Harvard School of Public Health project on understanding Americans' health agenda. He earned his MBA at the University of Chicago and his doctorate at Johns Hopkins. Dr. Blendon, welcome to Conversations on Health Care.

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Dr. Robert Blendon: Thank you for having me.

Mark Masselli: The American people have elected Donald Trump to become the next President of the United States which is certainly going to have a major impact on the Affordable Care Act, and you have been targeting this divide of views that Americans have about health policy for some time and I am wondering if you could tell us what role did health policy play in the election and what do you think is going to happen.

Dr. Robert Blendon: So elections created an environment where political leaders can move in one direction and not in other. So the health care issue was an important but a second level issue in this election. The issues of the economy, of terrorism, of immigration appeared to be more dominant than health care. What has happened since this law was enacted is that the country, particularly people who identify either as Democrats or Republicans have become almost an ocean apart on what should happen. Democrats believe as a whole this bill is working well, when asked what should happen and not only should be implemented but now the majority of Democratic voters would want it expanded. Republicans continue to believe that this bill is really working very poorly, it was the mistake for the country in the first time. When you offer Republican voters what do they want done, most actually choose scaling it back or repealing it. This is an issue which is the equivalent of an ocean between two groups.

So it didn't decide the election but the fact that you have a Republican President, a Republican Congress is going to lead them to follow through in some part to the agenda they have expressed for six years. It didn't look as if they were going to have a chance to dramatically change it, in fact had Hilary Clinton won the discussions would be about expanding this law. So you are going to see very serious proposals by Republicans to really scale this back, change its name, make it more limited and change the Federal role, and this could have a powerful impact on the 20 million people who are directly being aided by this law. On the other side, a substantial number of Republican voters believe that this law is driving their health care costs. So for many of them if this bill is scaled back they see this as a relief for them and it's really for people from other countries sort of shocking how far apart people who live in the same communities can be.

Margaret Flinter: Well Dr. Robert Blendon, you are so well-versed in the science of polling, and in fact I learned you have been nominated for the Pulitzer Price for a series of polls that you conducted. So based on your expertise and experience with polling how was it that the polls seemed to have been so off this time around?

Dr. Robert Blendon: So in a national election only 55% of adults who live in the United States end up actually voting. So they interview people and try to figure out who will be the 55 and who will be the 45% that don't vote and what happened here is that they were wrong. They under-reported many people,

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particularly white American voters who are mostly older, who had not voted in either 2012 or the 2014 election, were very highly motivated in this election and they came out and voted at much larger numbers than the polls identified, and it had to do with the polls missing people who hadn't voted before. And one of the ways that happens is you are thinking about how do I figure out if you are going to vote so I ask you did you vote in the last election, you say no, did you vote in the election before, no, then I just sort of check even if you say you are going to vote well you are probably not going to vote, and so those people, a very substantial share of them in the Middle West that hadn't voted before voted in this election. It really is a mistake and they are going to have to go back to the drawing boards to figure out how to interview people and get a better sense if you hadn't voted before are you are going to vote this time, but essentially at least the media polling group were really taken by surprise.

Mark Masselli: You know I want to get back to your comment earlier that we are oceans apart in terms of our perspective on the Affordable Care Act, and I know you do some collaborative work with the Kaiser Family Foundation; we had Drew Altman the CEO on who shared the same perspective. But when you start to drill down on the Affordable Care Act and look at elements of it where do you see the seam of opportunity for elements of the Affordable Care Act to continue?

Dr. Robert Blendon: So what is it that Republican voters don't like? They do not like that people are required to buy insurance whose design has been set by the Federal government. There is also a requirement that businesses have to contribute, and many small businesspeople feel that that is a real threat to their business. So you say to Republican voters what bothers you, they don't say having kids on the plan till age 26 and they don't say to you that they are against preexisting conditions, what they say to you is the government shouldn't be requiring every person whether or not they want insurance or not to have it, and the government has all types of regulations about what has to go on health care and how people are going to be paid. So I am sure that protecting people under age 26 will remain. There will be some sort of protections for people with preexisting conditions, there will be some subsidies for low income people and that is what bothers conservatives. They believe those requirements are driving up the insurance costs of other people, where on the Democratic side people really think more people have to be covered. So there is again this huge divide.

Margaret Flinter: Well Dr. Blendon we look and we say well 20 million Americans have gained coverage but for sure those in the middle and upper incomes who don't qualify for tax subsidies are certainly feeling besieged by big out-of-pocket costs and it seems as though everybody blames the Affordable Care Act, but when you look at this what is your answer to these higher out-of-pocket costs?

Dr. Robert Blendon: Health care costs have been a rising issue for 20 some years in the United States, and a lot of people blame the Affordable Care Act. If you are not receiving a subsidy from the government you are looking at rising

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premiums, higher deductibles and co-pays, and at the moment for a lot of people the Affordable Care Act has been what they blame, and then you say to yourself wow it's a lot of people who aren't getting help from the law what do they worry about, and they worry about their own affordability to their employer policy. Probably 10% of Americans are getting insurance from these exchanges, but Republican voters who are not mostly benefiting from this law think it's been harmful. Democratic voters, many of them don't benefit either, but they believe that it's been helpful. So it's a debate about what you believe the government should be doing here in the future and how government action helps people who aren't directly getting subsidies. And so when you listen to the Republican leadership talk, they believe middle income people are worse off, and when you listen to the Democratic leadership talk they feel that people are really a lot better off, and the truth is probably in between.

Mark Masselli: We are speaking today with Dr. Robert Blendon, Professor of Health Policy and Political Analysis at the Harvard School of Public Health. He is the Director of the Harvard Opinion Research Program. Dr. Blendon, you conduct hundreds of studies on a variety of topics from health care to economics and social policy, and you wrote earlier this year about what makes Americans dissatisfied with their health system and how it compares internationally so how do American views stack up around the globe?

Dr. Robert Blendon: People who are in high income European countries or even Canada, the people who live in those countries rate their systems better. We have more people suffering economic insecurity about health care costs than other countries. More Americans worry about how they are going to pay their health care bills than in other countries. People in other countries generally trust their governments more than United States, and the United States at the moment has an extraordinary high level of cynicism towards how the Federal government goes about its work and business and decision making. And if you are a politician visiting the United States from other countries what strikes you is the parties don't have battles over health care the way that they do in this country. So we have less satisfaction but we have this very high level of [inaudible 14:04] government, and I wrote a years ago when it comes to healthy policy Americans aren't British and so it's hard just transfer systems over because we don't know how to transfer feelings about government.

Margaret Flinter: Dr. Blendon you are right. It's brought me back to the memory of the town halls in the summer of 2009 people would say "Down with Obamacare and get your hands off my Medicare." But you know in all truth Medicare and I think surprisingly Medicaid recipients are pretty satisfied with the coverage and the care that they get under those two big public plans, but House Speaker Ryan for one has spoken of not only eliminating Medicaid expansion under the Affordable Care Act but also moving towards privatizing Medicare and maybe even delaying Medicare eligibility until age 67. What do you see as the possibility of that happening?

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Dr. Robert Blendon: President-elect Trump ran all the way along saying I am not going to touch Social Security or Medicare. Speaker Ryan has been saying for many years that Medicare is too expensive and we have to move to limited future expenditures that has financial problems and he's proposed fixed limits on contributions, moving the retirement age. This is going to be a real battle. So in the politics from the voter point of view, Medicare and Social Security are the two most popular domestic programs in the United States so people across the aisles feel good about those programs. That from his point of view was going to be a huge battle. Medicaid is in the middle. Medicaid is an established program but it doesn't have the same wide public popularity as Medicare and Social Security, and so trying to cut people off Medicaid will not be easy. So he is going to have a battle in reducing the Medicaid coverage, he is going to have a huge battle over changing Medicare, and the surveys we are involved in most Republican voters don't support a number of his proposals. They are arguing give the states more authority which may or may not move forward. So the ACA turns out to be the most politically vulnerable of the big health care laws because it doesn't have a Republican constituency.

Mark Masselli: Well let me pick up on that thought too because you referenced bipartisan support and that there was not a constituency, any support from the Republicans on the Affordable Care Act, and we had David Gergen on the show sort of a wise man who opined that having bipartisan support is very important and sort of walked through the history of the Medicare legislation, Medicaid, civil rights legislation. These are settled matters because they had this bipartisan support. Aren't we going end up in the same position on the Affordable Care Act if it gets repealed because it will not have bipartisan support and we will be back at another election at another time even in the repeal side unless there is sort of a bipartisan support? Aren't we just on the other side of the coin looking backwards with the same sort of oceans apart end game?

Dr. Robert Blendon: So let's record your line and play it over and over all day again because I 100% agree. What we are going to have let's assume they cut back parts of this and repeal parts of it. When the Democrats come back in there is going to be another piece of major legislation. A large share of Americans feel very vulnerable for health insurance coverage and cost and the Democrats it's part of their generic code and the only way that we can ultimately move forward is we have to find some compromise that can have bipartisan support. This will be in the next Democratic agenda with another plan and if it's enacted by only Democrats you will have the same cycle, and so they need to find some way to have an agreement of a plan that can satisfy some of the concerns of Republicans and Democrats, you just can't go on this way. So we are going to have to find a way through American politics to reach a compromise with a law that Republicans may not love but can live with, and Democrats in order to have some stability go along with it, and we are not there now. If the election hadn't gone so much to the Republican side there might have been a compromise

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between a Democratic President and a more Republican compromise, but at the moment the party suddenly found out, one party, that they have the ability to shape that agenda.

Margaret Flinter: We have been speaking today with Dr. Robert Blendon, Director of the Harvard Opinion Research Program at the Harvard T. H. Chan School of Public Health. You can learn more about their work by going to www.harvard.hspph.edu/horp. Dr. Blendon, thank you so much for joining us on Conversations on Health Care today, very fascinating insights and we really appreciate your wisdom.

Dr. Robert Blendon: Good. I will talk to everybody again and thank you.

Mark Masselli: Alright. Thank you.

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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: Now that Donald Trump has been elected President what may happen to the Affordable Care Act? Trump vowed on the campaign trail to repeal and replace it, though it could be some time before that happens or consumers see any impact. Vice President elect Mike Pence said in early November that there would be a transition period for those receiving government subsidies and Congress would need to pass replacement legislation. Let's look at some of the statistics under the law. Millions have gained health insurance. The Obama Administration puts the number at 20 million and figures from the National Health Interview Survey conducted by the Centers for Disease Control and Prevention support that. Those figures show a drop in the number of uninsured since 2010, the year the law was passed, of 21.3 million. Not all of that decline in the uninsured would be due to the law of course.

The ACA has expanded coverage in two main ways, by expanding eligibility for Medicaid coverage in the 31 states, plus Washington DC that have implemented that expansion and by offering subsidies and new insurance protections for those buying their own coverage. For instance, insurers now can't deny coverage or charge higher premiums for preexisting conditions. In the Medicaid program, 15.7 million people have been enrolled since October 2013 when the ACA marketplaces first started operating. Individuals were required to have insurance or pay a fee effective January 1, 2014. As for the ACA marketplaces, 10.4 million people had marketplace coverage in the first half of 2016 and 84% of

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them, that's 8.8 million people, received tax credits that lowered their out-of-pocket cost for premium. The Nonpartisan Congressional Budget Office and Joint Committee on Taxation have periodically estimated the impact on the Federal budget of repealing the ACA. The latest report from last year estimated that repealing the law would increase Federal deficits by \$137 billion over a decade including macroeconomic effects. As for the impact on health insurance coverage the groups estimated that the number of uninsured would increase by 19 million in 2016; that's for a full repeal of the law. And that's my fact check for this week. I'm Lori Robertson, managing editor of FactCheck.org.

Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you would like checked, e-mail us at 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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Margaret Flinter: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. "You have cancer," these are words nobody wants to hear. Not only does the diagnosis conjure fear of the ravages of a potentially life-threatening illness, but it implies months of sickness associated with chemotherapy and other treatments. But a device that's already been approved for use in Europe and has just been approved by the FDA in this country can mitigate one of the more unpleasant side effects of hair loss. The Dignicap is a skull cap placed on the heads of chemo patients that cools the scalp and limits chemotherapy's toxic impact on the rapidly dividing cells in hair fall.

Dr. Hope Rugo: Scalp cooling does in no way diminish the effectiveness of chemotherapy, nor does it increase the risk of recurrence.

Margaret Flinter: That was dr. Hope Rugo speaking to NBC News recently. She had led the clinical trials at five different hospitals testing the efficacy of the Dignicap which cools the scalp to 37 degrees and that's cold enough to inhibit cell death and hair loss goals.

Dr. Hope Rugo: You didn't choose to get your cancer, you can affect the chemotherapy. This gives you something that you can do for yourself.

Margaret Flinter: 70% of the women in the trial kept more than 50% of their hair and some like Donna Tookes of Connecticut kept all of it. She was selected for the trial after her husband musician Darryl Tookes wrote a letter asking that his wife be considered for the US trial.

Darryl Tookes: I wrote a letter to several of the doctors conducting them and--

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Donna Tookes: A wonderful letter.

Darryl Tookes: Donna has a head full of beautiful thick hair, a unique feature that is a shock of whiteness creating a halo for her young face.

Margaret Flinter: Not only did his wife keep her hair, her doctors say her early diagnosis and treatment have yielded an excellent outcome, cancer-free. Dignicap, a scalp chilling device for patients undergoing chemotherapy, helping to preserve a sense of identity and dignity while enduring the rigors of cancer treatment and mitigating one of the most emotionally challenging side effects of that treatment, hair loss, 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'm Mark Masselli, peace and health.

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