

Female: Welcome to Conversations on Health Care with Mark Masselli and Margaret Flinter, a show where we speak to the top thought leaders in health policy, health innovation and technology and the great minds who are shaping the health care of the future. This week, Mark and Margaret speak with Jeanne Pinder Founder and CEO of Clear Health Costs an organization dedicated to helping consumers understand what stuff costs in health care. It's a team of journalists and every day citizens vetting and sharing their health care billing information around the country, a sort of mashup of Kayak and the Waze driving app to better inform the public about what's really behind health costs.

Lori Robertson also checks in, the Managing Editor of FactCheck.org, looks at misstatement spoken about health policy in the public domain, separating the fake from the facts. We end with a bright idea that's improving health and well being in everyday lives. If you have comments, please e-mail us at chcradio@chc1.com or find us on Facebook or Twitter we love hearing from you or find us on iTunes, SoundCloud or ask Alexa to play the program Conversations on Health Care. Now stay tuned for our interview with Jeanne Pinder Founder of Clear Health Costs on Conversations on Health Care.

Mark Masselli: We're speaking today with Jeanne Pinder Founder and CEO of Clear Health Costs an award-winning web based organization dedicated to promoting health industry price transparency to help consumers learn what stuff cost in health care. Prior to that she served as an editor reporter and human service executive at the New York Times, Ms. Pinder was selected as a TED resident for the 2018 autumn cohort of change makers and was named a fellow of the Tow Center for Digital Journalism at Columbia University. She earned her degree in Slavic studies from Indiana University and did advanced work at Leningrad State University in Russia. She also studied entrepreneurial journalism at CUNY Graduate School of Journalism. Jeanne, welcome to Conversations on Health Care.

Jeanne Pinder: Thank you so much for having me.

Mark Masselli: Yeah, I know, it's so exciting. You founded Clear Health Costs in 2011, after working at the New York Times and you really wanted to achieve, what seemed difficult to do, making it easier for consumers to understand what stuff costs in health care. It seemed that your strategy was to use the power of journalism to create radical transparency in health care pricing by building this network of journalists, committed to investigating the true health costs in their communities. I'm wondering if you could tell our listeners more about the core mission at Clear Health Costs and how you attempted to shine a light on what's driving America's multi trillion dollar health care system?

Jeanne Pinder – CEO of Clear Health Costs

Jeanne Pinder: Yeah. Thanks. So, powers of journalism, both on our home site and in partnership with other news rooms, we're telling people what things cost in health care. Most people don't realize that the same blood test could cost \$19 one place or \$522 on other. The same MRI could be 475 one place or \$6,221 just a few miles away. You don't know until months later you get an explanation of benefits that explains exactly nothing, so because of the high cost this has generated a huge slow rolling public health crisis where people feel they can't afford treatment so they don't get it. We hear this over and over and over again. People get sicker, they die for lack of treatment. Recent headlines have spotlighted people who can't afford insulin, but there are hundreds and thousands of people facing these choices every day.

Margaret Flinter: Jeanne Clear Health Costs has developed an online tool called PriceCheck, which you've described, and I love this description as a mash up of Kayak.com and the Waze traffic app for health care, Waze changed my life by the way. Great that you've included that, and it aggregates crowd sourced health pricing data from actual health consumers, which is then verified and supplemented by journalist who are doing their own price checking. Talk about how media and other partners contribute to Clear Health Costs pricing framework and just how does the whole health reporting system work?

Jeanne Pinder: We built interactive software that very much resembles what we use on our own site and then we place it on our partner's websites. Makes it easy for people to both contribute their prices and to search a database. The database is powered by our initial reporting, as journalist, we call hospitals, doctors, clinics and ask them for their cash prices for common shoppable procedures. 30 or 35 things that people can actually have discretion over, and then we make it really easy for people to contribute doing what we call crowdsourcing because insurers do not want to tell us what their negotiated rates are and because we know that people have a lot of information about pricing that surpasses our cash knowledge in their filing cabinets, their Google wallets, their credit card statements. We ask people to join hands with us and do this kind of journalism. We also do data journalism and investigative journalism to help reveal the secrets of health care pricing.

Mark Masselli: Well, speaking of journalism and journalists, we've had a couple of guests on our show, including your former New York Times' colleague and author Elizabeth Rosenthal as well as Steven Brill, who both educated and I think illuminated our listeners on how hospital Chargemasters function. Those behind the scene entities that set hospital prices in secret, and surprisingly the Trump Administration recently ordered the industry's compliance with the little known provision of the Affordable Care Act requiring hospitals to make those Chargemasters prices available to the public. I'm wondering if you

could help us understand why this approach to transparency though perhaps well intentioned is inadequate and there also might be a better approach out there.

Jeanne Pinder: Yeah, so the Chargemasters as you mentioned are the sticker price or list price only. They're reflected in a sort of medical gobbledygook that is very hard for people to understand. It doesn't use the standard medical coding system. Only a very few of the ones that I've seen. You can't really compare from place to place. Plus the list price is generally really high. If you could actually decode it as a patient consumer or as we like to call them people. You might find out that the price is unacceptably high and choose not to have that procedure. So what would be a better solution? Use the coding system uniformly across all spreadsheets and to require hospitals, doctors, clinics, ambulatory surgical centers, all the providers to reveal not just the sticker price, but also what Medicare actually pays, which is a good fixed or benchmark price in the marketplace. Also the cash rate for that procedure. We've heard a lot of people getting a lower cash price than they get on for their insurance. Also we'd like to see the negotiated rates for the major insurers for each provider and each procedure that would be Blue Cross, United Healthcare, Cigna, Aetna and any other major provider. That would be true transparency.

Margaret Flinter: Well Jeanne, I think people can probably surmise that trying to price what a hospital admission would be with all that goes on and all the variability and some of the unpredictability would be a real challenge for most consumers in advanced. But you say that they have a much better shot at realizing cost savings when it comes to things like diagnostic tests or prescription drugs where prices vary widely. Talk with us about this huge variation and pricing and why sometimes it may be even cheaper to just pay cash as you were just alluding to a few moments ago?

Jeanne Pinder: Right. Well, I'll start out by telling a story about a woman in New Orleans who saved \$3,786 by shopping around. She was prescribed an MRI by her GP for common hereditary problem that she has a hereditary problem. She scheduled the MRI. The hospital called her two days before and said, how are you going to pay for this? She said, well, how much is it going to cost? They said, well, what's your deductible? She said \$5,000 but what does that matter? They said, we'll call your insurance company and call you back. They called her back and said, well, the good news is you've spent part of your deductible so that MRI is only going to cost you \$4,538.

Mark Masselli: Oh my God.

Jeanne Pinder: She said, what? She happens to work actually at the Times-Picayune, which is one of our news partners there. She went over and talk to a reporter and said, is this possible? Can this be real? He said, well, look

in the database and see if you can find the procedure, find the number, the medical coding number, see if you can find the procedure and tell me what you see. She came back and said, I must be doing something wrong, I found it for \$672.86. He said, I'm not sure you're doing anything wrong. We see variations like that all the time, so she said what should I do? He said, check your work, call your doc, and if everything looks right go ahead and have it at the less expensive place, which she did saving \$3786. Telling us by the way that she'd actually pretty much decided that she wasn't going to have the procedure because it was so expensive.

Incidentally, the less expensive one was also in network provider so it did fall against her deductible. She didn't pay cash. Nobody's taking care of her except for us. We are the people who were helping her, which is a really interesting thing if you think about it. We're journalists, we're not really health care people. Somebody in health care might be thinking about helping her. The other point that you made, actually, we have heard a lot of people saying that instead of paying the negotiated rate, they found that if they ask for a cash price, they'll pay less sometimes startlingly less hundreds, even thousands of dollars less. It really is important for people to ask in every case.

Mark Masselli: We're speaking today with Jeanne Pinder, founder and CEO of Clear Health Costs an award winning web based organization dedicated to promoting healthcare, price transparency through media and other industry partners to better inform consumers and what stuff costs in health care. Prior to that she served as an editor reporter and human service executive at the New York Times. Jeanne, American consumers have become so savvy at shopping online for pretty much everything they consume except health care. Your tools provide this opportunity to really change that. I'm wondering what you think the cultural bias is out there, around why people are shopping online and making price decisions everywhere but healthcare. I know you're trying to change that and I think people will behave in that, but have you out and covered anything about the cultural context that has led us to somehow, be blinded on anything around cost that relates to healthcare?

Jeanne Pinder: We think first off, that most people when they enter the health care marketplace do not expect to be ripped off or they have their pockets picked. They expect that prices are going to be somehow uniform or regulated that their insurance policy and their provider be at a hospital or doctor are taking care of them and not seeking to just collect a whole bunch of money. People really have this expectation that good things are going to happen in health care. That's starting to change, because with so many high deductible plans, high co-insurances, doctors and hospitals out of network, so many more

people are exposed to these random pricing variations and they get you bills, really punishing bills that come along with not asking the question.

I also think there's a little bit of a stigma or a taboo that may be a patient doesn't want to ask her doctor because the doctor either won't know or maybe the doctor feels that he or she is being somehow unfairly impugned as a money grubber. It's just a very complicated conversation I think for patients and doctors to have. What we try to do is to make it easier for that conversation to happen so that if you're in your doctor's office and she sends you for an MRI, you can pull out your handheld and say, you know what, you just sent me to a place that has a \$6,221 MRI. I have a high deductible plan. Is it okay if I go to the place that has the \$600 MRI? So that you can have a better conversation between patients and providers about things like that.

Margaret Flinter: Well, you know Jeanne we often lay the onus on the government to fix things or for industry to fix things by perhaps not raking in quite so much profit on the back of consumers. But in this scenario, I don't think we're holding out too much hope for that. Although it did seem like a step, that the administration was requiring the publishing of the Chargemaster. But for those of us on the front lines of care delivery as well as involved in the process of training and educating the next generation of the healthcare workforce, what are your thoughts on how we can help clinicians, learn to play perhaps a more active role in bringing down health cost or in just supporting their patients and making good decisions about what their recommended treatments are from a purchasing and cost perspective, any thoughts on that?

Jeanne Pinder: Yeah, so we have our handy 10 questions to ask for patients to use when they're inquiring of providers. We think that everybody should get in the habit of asking those questions every time and that it will become easier. It might be a little bit uncomfortable at the very beginning, but it has to happen. We hear a lot from clinicians who are beginning to take a more active role as they are already realizing that money is a problem and treatment. We hear all the time clinicians saying, why didn't you take that prescription? Why didn't you get that treatment? Why did you wind up in the emergency room? When the patient or consumer are really the person again, has decided that it's too hard to talk about money with the doc. They realized that the prescription that was \$40 last month is \$500 this month and they're going to have to choose between medicine or food. It happens over and over and over again. Docs in hospitals need to make it easy for people to ask these questions and to have these conversations and we hope to facilitate that with our data.

Mark Masselli: Jeanne you are liking to where -- are now in health care to the former

oppressive struggle strongholds of the Soviet Union. You were there when the wall came down too in large part to public pressure. You say that the American health care system stands at a similar moment and that it won't be the government but empowered and informed health consumers that will help tear down that wall. I'm wondering how you see that plays out and also do you see that, these new tech enabled players like Amazon, Apple and Google will help advance that in any way. Walk us through how you see this future of the dissembling of the iron grip that the health care industry has on pricing and people's behavior will change.

Jeanne Pinder: Yes, I do believe that patients or consumers or people are so angry and afraid about this, that they are at the breaking point, employers also. That this may unlock the sort of log jam that we see in the legislative and regulatory function. Our system is damaging the nation's health, it's weakening businesses in school districts and governments. Money goes pouring out of our pockets and our budgets and into this seemingly unfillable pit of health costs. But people get it, people understand now more and more, and I do think they're about to march on the health care system and on their legislators and regulators with pitchforks and torches because they're so angry and so upset.

You ask inconceivably that will result in some kind of legislative or regulatory action. I don't say that with a great deal of hope in the near future, but right now change has to come from somewhere. You ask about Amazon, Apple and Google. I like to think that the salvation is going to come from there. But truly when you get right down to it, they're here to make money. What we need is fewer people and entities that are here to make money and more people who want to solve the problem.

Mark Masselli: People just come to a website, is that right?

Jeanne Pinder: Yeah, so we have our home website, which has the interactive software on it. It has the search tool. We also do a blog explaining to people things like those 10 questions to ask about how to find out what stuff costs in health care. We use the blog also to explain, hey, maybe you get off better by paying cash so that we're sort of crowd sourcing the news on this topic as we go forward. Then we have the partnerships with news organizations nationwide where we do a larger version of that a deep dive in New Orleans, Philadelphia, San Francisco, Los Angeles.

Mark Masselli: I'm a journalist. I'm listening into this radio show. What do I do? My news organization may not be engaged, do I reach out to you? What the best pathway?

Jeanne Pinder: Yes, please, jeanne@clearhealthcosts.com we're expanding all the

Jeanne Pinder – CEO of Clear Health Costs

time. We're looking for partners and be really happy to talk to likeminded people.

Margaret Flinter: We've been speaking today with Jeanne Pinder, Founder and CEO of Clear Health Costs an award-winning web based organization that's dedicated to promoting health care price transparency. You can learn more about their important work and do your own comparison shopping by going to www.clearhealthcosts.com or follow them on Twitter @CH Costs. Jeanne, we want to thank you for your groundbreaking work, your dedication to improving health care and access to it and for joining us on Conversations on Health Care today.

Jeanne Pinder: Thank you so much for having me.

[Music]

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: New York Governor Andrew Cuomo signed the Reproductive Health Act on January 22nd the anniversary of the landmark Roe v Wade Supreme Court decision that guaranteed a woman's right to an abortion. Readers have sent us a number of questions about the law, particularly what it means for late term abortions. Let's look at the facts. The state law permits abortions prior to 24 weeks of the commencement of pregnancy. After 24 weeks, there are restrictions. Previously under the old law, pregnancies after that time could be terminated only if they were life threatening. The new law provides for two more instances in which abortions would be allowed the "absence of fetal viability or to protect the patient's health." A licensed healthcare practitioner must make the determination that those factors exist.

Roe v Wade held that states may limit abortions after fetal viability except in cases "necessary to preserve the life or health of the mother." So New York's old law was inconsistent with part of the Roe decision. Under the old New York state law, abortions not permitted under the statute were criminalized, but the new lot removed abortion from the penal code. The homicide statute, however, defines a person as "a human being" who has been born and is alive. Killing a baby once born was and is still considered a homicide. As for late term abortion, states define that in different ways. Some states ban abortions after 20 weeks. How often are such abortions performed? The Centers for Disease Control and Prevention says about 1% of abortions were done after 21 weeks according to 2015 data, and

that's my fact check for this week. I'm Lori Robertson, Managing Editor of FactCheck.org.

[Music]

Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you'd like checked, e-mail us at www.chcradio.com. We'll have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

[Music]

Mark Masselli: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. Students of public health are often tasked with devising interventions for addressing some of health's biggest challenges and for Harvard T.H. Chan School of Public Health Students, Dan Wexler and Priya Patel, their idea netted an award and launched a business idea at the same time. The students were tasked with addressing food insecurity in underserved parts of the world including a neighborhoods in their own backyard, families living in high poverty, low resource area and finding fresh, affordable, healthy food in neighborhoods with no grocery stores or food markets.

They thought of the current trend of healthy meal or meal services like Blue Apron and wondered what if we modified that business model to serve the needs of those living in food deserts. Wexler and his partner sourced food delivery companies that could provide prepackaged meal kits with all ingredients included. Instead of home delivery approach, they design refrigerated kiosks that could easily be placed in local neighborhoods.

Dan Wexler: There is no delivery system door to door per se and that by setting up these kiosks in the community you can have a very lean design. You don't need to pay for shipping, you don't need to have inbox refrigeration and you are very much addressing the need of access by physically saying, hey, here is healthy food. It's convenient because everything you needed in the box. And so just really thinking about how can we take all those lean design principles to facilitate access that really, I think making a solution that has a potential for impacts.

Mark Masselli: They also conducted research with local ethnic groups to create recipes that would resonate with their families.

Dan Wexler: Then we just went down to the community and did taste testing at the Farmer's Market and talk to people and said, do you like this? What do you want to be able to eat for dinner? Basically we have some dishes that is similar texture, similar spices.

Jeanne Pinder – CEO of Clear Health Costs

Mark Masselli: Customers can simply walk to the kiosk and purchase their meal kits with the snap cards or cash and they added benefits. The kiosk will be run by the residents of the neighborhood, giving them an opportunity to purchase the kiosk and run them like a franchise. A low cost portable healthy meal service placed in portable kiosk in food desert neighborhoods, offering families a simple solution to address the problem of poor nutrition, providing an economic opportunity at the same time. Now that's a bright idea.

[Music]

Mark Masselli: You've been listening to Conversations on Health Care. I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Peace and health.

Female: Conversations on Health Care is recorded at WESU at Wesleyan University, streaming live at www.chcradio.com, iTunes, or wherever you listen to podcasts. If you have comments, please e-mail us at chcradio@chc1.com, or find us on Facebook or Twitter. We love hearing from you. This show is brought to you by the Community Health Center.