



GETTING *to* HEALTHCARE VALUE:

FINDING COMMON
GROUND *to*
INCREASE OUR
POWER

Highlights from a Convening of
Consumer Advocates

December 2016



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Support provided by the Robert Wood Johnson Foundation.

This report reflects the views of participants of the Healthcare Value Hub meeting in New Orleans, as of Nov. 11, 2016.

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POLICY & ACTION FROM CONSUMER REPORTS

Highlights

Consumers want and deserve better access to healthcare, good outcomes and more value for the money they spend on healthcare. Yet our health system is wasteful, expensive and the quality of care is uneven. High costs and coverage gaps make affordable care out of reach for far too many people.

This report captures a high-level overview of the unique convening of 84 state and national healthcare advocates and policy experts working to improve access to high-value healthcare for consumers. The Consumer Reports Healthcare Value Hub conducted the Nov. 9-11, 2016, convening in New Orleans.

Held immediately following the presidential election, attendees were uniquely positioned to reflect upon an historic inflection point with respect to how citizens get and pay for their healthcare. The outgoing administration enacted important reforms aimed at expanding health insurance coverage and enacting new consumer protections affecting how consumers buy health insurance and shop for healthcare services. Significant reforms and pilots explored ways to improve value for our nation's healthcare dollar. The incoming administration promises to repeal the Affordable Care Act, but also to replace it with something better.

The conference theme was finding our common ground on the strategies that get us to better healthcare value. Acknowledging that local market conditions may require customization of access and affordability solutions, attendees worked to identify policies applicable for most markets to protect consumers.



Attendees devoted significant time to discussing the critical issue of protecting insurance coverage expansions and the recent consumer protections against poor quality and unaffordable care. Advocates emphasized that the access problems and other consumer harms that our health system can inflict are “bipartisan” in the sense that they affect consumer regardless of political party.

“Progress is never easy or inevitable. It takes all of us working together to advance. We have shared values of how to protect consumers.”

- Laura MacCleery, Consumer Reports

Despite the fear of reversal of these consumer protections, attendees also saw opportunities ahead to make improvements to a health system that is still too expensive and out of reach for far too many consumers.

Advocates highlighted opportunities for consumer engagement; profiling policy evidence and consumer harms with legislators; strengthening existing collaborations with stakeholder groups at the local, state and

Highlights



national level; and using the forthcoming debate about our nation's healthcare system to enact new healthcare value protections for consumers. Resource needs were also identified, including increasing polling research to make consumer engagement and mobilization more effective.

"Martin Luther King didn't say 'I have a complaint.' He said 'I have a dream.' We have to be bold!"

- Jonathan Voss, Lake Research Partners

A talented graphic "scribe" captured the proceedings. As the image on pages 12-13 shows, there ARE ways for our nation to get to better healthcare value. Obviously, each state is different, as is each presidential administration. However, the burden of poor value impacts us all, and the demand for change has never been so strong.

AGENDA

Wednesday, November 9

Test Your Healthcare Value Knowledge Gameshow

Welcome Dinner

Thursday, November 10

Opening Remarks

David Adler, Robert Wood Johnson Foundation
Laura MacCleery, Consumer Reports

After the Elections: What's it Mean for Healthcare Value and Consumer Advocates?

David Adler, Robert Wood Johnson Foundation (moderator)
Ashley Ridlon, Bipartisan Policy Center
Judy Soloman, Center on Budget and Policy Priorities

Consumers: A Credible Threat on Healthcare Value Issues?

Anthony Wright, Health Access California (moderator)
Chuck Bell, Consumers Union
Jonathan Voss, Lake Research Group

Stepping Stone Issues: Can They Get Us to Better Healthcare Value?

Provider Directory Protections, Cindy Zeldin (GA)
Network Adequacy & Transparency, Claire McAndrew (Families USA)
Surprise Medical Bills, Anne Swerlick (FL)
Choosing Wisely/Low-Value Care, Lynne Garner (CT)
Medical Harm Reduction, Kathy Day (ME)
Certificate of Need/Freestanding EDs, Debra Judy (CO)
Rate Review, Brian Colby (MO)
High-Deductible Health Plans, Chuck Bell (Consumers Union)
Price Transparency/Justification, Matthew Celentano (MD)

Friday, November 11

Community Health Interventions for High-Cost, High-Need Patients: A Triple Play?

Hannah Katch, Center on Budget and Policy Priorities (moderator)
Melinda Abrams, The Commonwealth Fund
Sinsi Hernandez-Cancio, Families USA
Deborah Riddick, Camden Coalition of Healthcare Providers

A Fresh and Provocative Look at Provider Payment Reform

Lynn Quincy, Healthcare Value Hub (moderator)
Robert Berenson, Urban Institute
Andi Mullen, Community Catalyst

Next Steps for Advocates

Facilitated, interactive session on how we all can keep the momentum going towards better healthcare value
Anthony Wright (Moderator)

Conference Sessions

After the Election: What Does it Mean for Healthcare Value and Consumer Advocates?

In light of the just-concluded election, we asked an expert panel to anticipate the implications for consumers in our healthcare system. Although the discussion centered predominantly on protecting the ACA's insurance coverage expansions and protections, advocates emphasized that the healthcare value problems faced by consumers haven't gone away.

The panel and advocates discussed President-Elect Trump's pledge to repeal the Affordable Care Act, which according to Congressional Budget Office estimates would cause an estimated 22 million people to lose coverage.

"Governors are going to be important. They are going to be stuck holding the bag. We need to make sure that state legislators and governors are well informed."

- Judy Solomon, Center on Budget & Policy Priorities

While the incoming administration has promised to replace the law, at the time of the convening, the policy approach was relatively vague. The panelists discussed potential actions the new administration and Republican majorities might take and described the legislative and regulatory mechanisms that could be used—such as budget reconciliation and administrative actions—as well as potential roadblocks that might limit repeal efforts. Policy options put forth have included block grants for Medicaid, allowing for cross-state



sale of insurance, new insurance cost tax deductions, increased price transparency initiatives, increased use of health savings accounts and importation of “safe” drugs from other countries.

Before and after the panel, advocates shared ideas, strategies, tactics and messaging ideas with the aim of protecting current health coverage and increasing value.

On preserving Medicaid expansion, a Georgia advocate stressed that we need a unified message among state advocates and national partners about the importance of preserving expansions. She noted that many state governors may not take any action to preserve Medicaid expansion or eligibility and advocates need to step into this breach. A California advocate stressed the financial contribution that Medicaid expansion has made to state budgets. He pointed out that the ACA brought \$20 billion in funding to the state, compared to \$1 billion from the state's tobacco tax.

Conference Sessions

Because the reforms under consideration by President-Elect Trump and congressional leaders would likely push more control and accountability to the states, attendees stressed that we need to provide state legislators with evidence of which strategies work best. Attendees also discussed the need for improved measurement, accountability and transparency around these state-level actions.

Attendees noted there may be opportunities to do good things for consumers, as the expressed by the incoming administration has expressed the goals of broadening healthcare access, making healthcare more affordable and improving the quality of the care.

“There will want to deliver on ‘repeal’ and will try. There is a lot of pressure on them to do that.”

- Ashley Ridlon, Bipartisan Policy Center

Another potential opportunity identified by attendees lay with the fact that the recent election surfaced a populist movement motivated by economic uncertainty and a desire for basic fairness. Advocates saw this as an opportunity to frame healthcare coverage and better value as making life better for consumers. For example, a Maine advocate pointed out that a recently passed minimum wage law in her state means that consumers in “Red” states are open to messages of basic economic fairness and that could include access to affordable health coverage.

Attendees also saw opportunities for creating new alliances with stakeholder partners, such as hospitals, insurers, labor unions, mayors, social justice advocates and legislators that want to preserve aspects of the ACA.

With the country tired of partisan politics and congressional gridlock, many advocates hoped the post-election period will be a time to make bipartisan progress on our common core values. As panelist Ashley Ridlon stated, “we need to think of the parties differently. Both the Republicans and Democrats are huddling together, trying to figure out where they stand based on the election result.” She pointed to the anger felt by Bernie Sanders supporters and the “Never Trumpers” on the conservative side.

The bottom line is that legislators on both sides of the aisle will continue to hear complaints from their constituents about high healthcare costs, difficulty affording coverage and lack of value in healthcare. As an advocate from Maryland said, this could be an opportunity to have a “real discussion on drug costs, on high-cost, high-utilization patients that can lead to people thinking about costs in general.” Attendees agreed that, although coverage is vital and in a perilous position, the problems caused by high costs and uneven quality have not gone away and must be addressed if we are going to bring better value to consumers.

Conference Sessions

Consumers: A Credible Threat on Healthcare Value Issues?



We know that consumers' voices are vital to influencing policymakers to take action. And we know consumers are enraged about their healthcare and coverage costs. But what are the best messaging strategies to reach consumers and motivate them to join our efforts to achieve high quality and affordable care? What do we still need to find out? What obstacles are advocates facing in their states?

Panelist Chuck Bell presented research that found that consumers associated the U.S. healthcare system with terms like "greed," "gougers," and "expensive." In focus groups, consumers are eager to take action on the issue of high healthcare costs, but they want guidance and desire to take action as part of a larger, coordinated movement. Chuck highlighted some of the most successful Consumers Union infographics and challenged advocates to acknowledge people's pre-existing frame of reference for these issues and to build on, instead of contradicting, their existing beliefs.

Panelist Jonathan Voss presented detailed pharmaceutical messaging research by Lake

Research Partners. The research provides advocates with a cheat sheet of terms that best resonate with consumers when discussing drug prices. Some members of the advocacy community have used the strategies in Jonathan's research to create support for drug price transparency policies within their states.

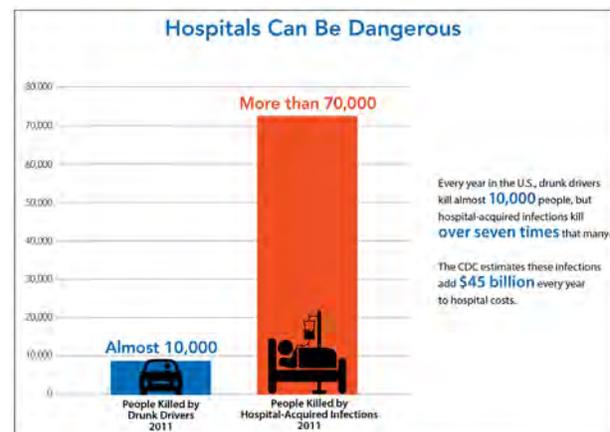
He emphasized the importance of creating messaging that taps into people's values when discussing rising healthcare costs. For example,

"We win when we're talking about values."

- Jonathan Voss, Lake Research Partners

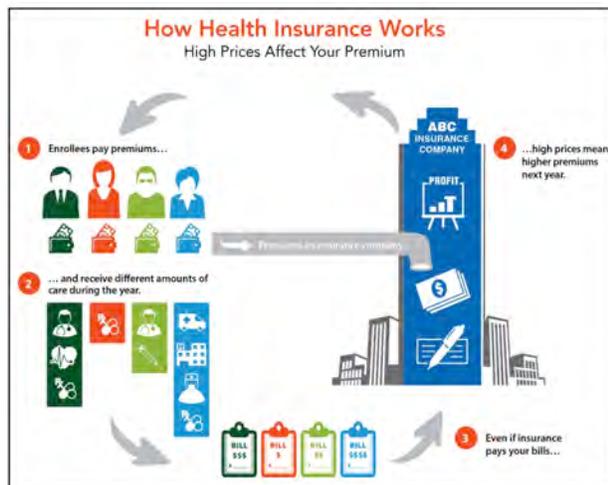
he suggested that "price gouging" works better than "charges high prices" because the former taps into thoughts of greed and questionable morals.

The research discussed by the panelists brought to light the bipartisan interest and outrage over



Source: Chuck Bell, Consumers Union, presentation at Getting to Healthcare Value conference (November 2016)

Conference Sessions



Source: Chuck Bell, Consumers Union, presentation at Getting to Healthcare Value conference (November 2016)

unaffordable healthcare costs. Interestingly, there is significant support among most people surveyed for government intervention in

healthcare prices, particularly for prescriptions, especially when it came to life-saving treatments.

The panelists agreed that bringing consumer attention to the issue of poor quality in healthcare is a more difficult task, in part due to people's belief that healthcare in the U.S. is almost always of high quality. As an example of an engaging message regarding quality, Chuck called attention to the infographic comparing fatalities by drunk drivers to those caused by hospital-acquired infections.

While several attendees expressed interest and appreciation for the results of these studies, there was great interest in having more research done in terms of consumer attitudes towards healthcare affordability, especially at the state level.

Stepping Stone Issues: Can They Get Us to Better Healthcare Value?

One of the most popular sessions at the conference was a discussion of "Stepping Stone Issues." Stepping-stone issues, listed below, address a very specific consumer harm and can be used as a strategy to open up ongoing conversations about healthcare value with regulators and legislators. Many of the issues

and the policy solutions are also considered nonpartisan and of interest to legislators on both sides of the political aisle.

Speakers addressed specific ways in which each of these issues could serve as segue to better healthcare value (their remarks and resources captured on the conference webpage). All attendees "voted" for the issue(s) they are most likely to work on in their state. In descending order of most votes:

"Most of these issues are bipartisan. These issues can be tied together to give consumers a safer marketplace to shop and get the care they need."

- Lynn Quincy, Healthcare Value Hub

- Surprise Medical Bill Protections
- Price Transparency/Justification
- Provider Directory Protections

Conference Sessions

- Improved Network Adequacy Rules
- Medical Harm Reduction
- Stronger Rate Review
- Reduce reliance on HDHPs
- Reducing Waste through Choosing Wisely type approaches
- Regulate Freestanding Emergency Departments

“Medical harm is not a partisan issue.”

- Kathy Day, CU Safe Patient Project

Attendees also surfaced and voted on a host of additional issues that could also serve as stepping stones. In descending order of interest:

- Address consumer harm from hospital and insurance company consolidation
- Health literacy initiatives, combined with efforts to simplify insurance products
- Access to well-coordinated behavioral/mental health services
- Increase use of Community Health Workers
- Improving care provided by Urgent Care Centers (concerns about not communicating back to PCPs, fragmented care, turning away patients)
- Transparency of Medicaid Provider Payments
- Use claims data to support rate review
- Reverse reductions in public health staffing
- Dental Insurance: Lack of consumer protections can result in sub-par coverage

“There is no evidence that high-deductible health plans lead consumers to shop for providers based on price or quality—or push providers to offer better value.”

- Chuck Bell, Consumers Union

- Unregulated rehabilitation facilities doing business as assisted living facilities
- Opioid epidemic: Increase coverage for alternative pain treatments.
- Tiering of Providers, which can increase the likelihood of an out-of-network surprise medical bills



These issues can be used as a means to tackle a specific consumer harm as well as raise awareness of broader issues related to value. For example, a debate about the harms of surprise medical bills can be used to launch discussion about the conditions that give rise to high medical costs, lack of price transparency, stronger network adequacy protections or addressing errors in insurance provider directories.

Conference Sessions

Community Health Interventions for High-Cost, High-Need Patients



This session focused on high-cost, high-need patients and how community-based interventions can be used to help lower costs, improve care coordination, reduce disparities and make progress towards better health in communities.

Melinda Abrams from the Commonwealth Fund shared detailed profiles of high-need, high-cost patients—emphasizing the diversity of the population. She pointed to a Commonwealth Fund study that listed four top concerns for high-cost, high-need patients:

- Affordability and the struggle to pay for care: Compared to others, high-need patients spend more than double, on average, on out-of-pocket costs.
- Difficulty accessing appropriate care and getting timely appointments.
- Having a good relationship with the provider: Only 40 percent report having “good” patient-provider communication.

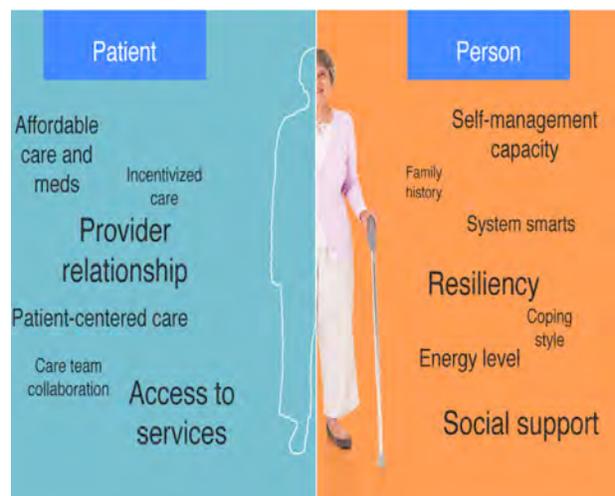
- Dealing with unmet needs: One in five high-need adults report having unmet need, compared to 8 percent of total adults.

Abrams noted that many people who struggle with multiple health problems feel dismissed and abandoned when doctors will not take the time to help and are overwhelmed by appointments.

“Healthcare cannot solve poverty. But community-based organizations can align healthcare and financial goals.”

- Melinda Abrams, The Commonwealth Fund

Deborah Riddick described Camden Coalition’s efforts to meet the needs of high-need, high-cost patients. Camden Coalition’s approach is to rely heavily on data to target outliers and help coordinate care beyond the clinical setting.



Source: Melinda Abrams, The Commonwealth Fund, presentation at Getting to Healthcare Value conference (November 2016)

Conference Sessions

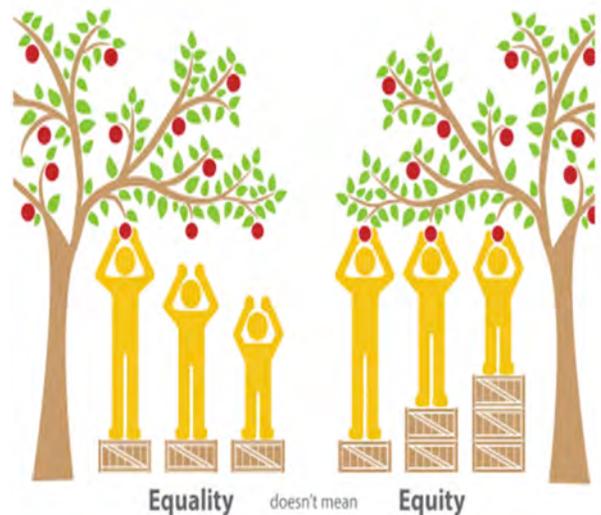
For example, she described how Camden staff accompany clients to healthcare appointments, but also connect them with other types of support, such as obtaining housing and renewing their driver's license.

**“No one wants to feel invisible.
No one wants to feel disposable.”**
- Deborah Riddick, Camden Coalition of
Healthcare Providers



Sinsi Hernández-Cancio, Families USA, focused on social determinants of health and pointed out that community health workers are imperative to bridging the gap between clinical care and overall population health. She stressed that healthcare providers need to do much more to coordinate with other stakeholders to achieve a community-based culture of health.

Because these patients are expensive and have complex medical needs, significant strides can be made to improve outcomes and lower spending when innovative community-based interventions and data-driven approaches are incorporated into care planning. The policies discussed appear to be a promising way to get to better health in communities.



Source: Sinsi Hernández-Cancio, Families USA, presentation at Getting to Healthcare Value conference (November 2016)

Conference Sessions

A Fresh and Provocative Look at Provider Payment Reform

At the core of getting better value from our healthcare system is determining the best way to evaluate and pay physicians, hospitals and other providers. Provider payment reform has been touted for the past several years as a way to lower costs and bring better accountability to the healthcare system.

Andi Mullin of Community Catalyst started out the panel with a review of the Medicare Access and CHIP Reauthorization Act (MACRA). She described how the program will change the way doctors will be reimbursed by Medicare by using both “carrots” and “sticks” to incentivize better care delivery. Although MACRA policies only impact Medicare, these policies are important to state advocates because they are often adopted by private payers. Advocates can leverage opportunities to make improvements as these payment changes are implemented. As she noted: “The train is moving: how can we help steer the train?”

“Why are we rewarding physicians with an extra 5% without telling them what we want them to do?”

- Robert Berenson, Urban Institute

Robert Berenson, Urban Institute, gave his opinions on the strengths and weaknesses of MACRA. The law was successful in repealing the widely criticized Sustained Growth Rate (SGR) formula and streamlined three separate pay-for-performance programs into a single program, he criticized MACRA for being



too complex and for being implemented too quickly, especially in light of the relatively slow growth in per capita Medicare costs. He also argued that there is not enough evidence that the law will reduce spending, let alone pay for the rewards that participating providers will earn.

Berenson also spoke to payment reform efforts more generally. He argued that opportunities outside of public reporting and pay-for-performance exist to improve value, including appropriately designed fee-for-service payment models. Moreover, he was generally unconvinced current payment reforms are making significant progress in improving the cost and quality of care for consumers.

He raised concerns that pay-for-performance initiatives may affect the discrete types of care being measured but are unlikely to produce the broad transformation that we are seeking. Further, Berenson worries these financial initiatives could crowd out the intrinsic

Next Steps for Advocates

motivation of providers. Berenson also expects that the significant gaps in how we measure provider performance are likely to persist in the near future. He highlighted four prominent hospital rating systems that identified completely different hospitals as “high-performing” based on different measures. He stressed that we have to invest more in measurement development so consumers can make informed choices, along with moving from measuring processes to outcomes and placing a greater emphasis on patient experience and patient-reported outcome measures.



Next Steps for Advocates



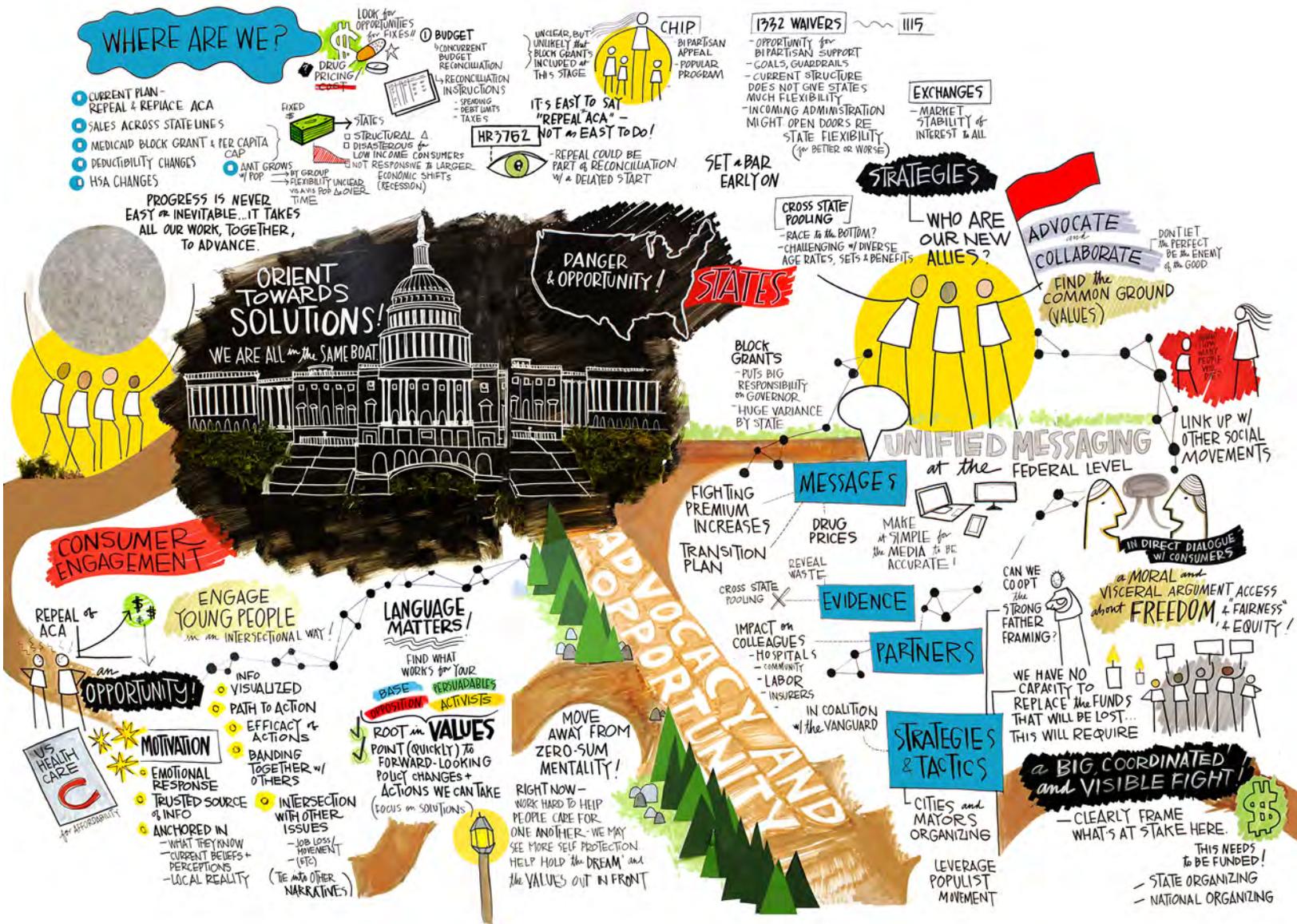
No report can fully capture the rich conversation that results when advocates have the opportunity to come together, face-to-face, to hear new evidence and explore policy problems.

This report provides just a taste of all that was discussed at this meeting—to help attendees recall the information that was shared and

for others to get a sense of the energy and momentum in the room. More on these healthcare topics is available on the Hub’s conference webpage.

Advocates left the meeting with a strong sense of our shared strength as we confront the near-term healthcare challenges at both the state and national level. Participants vowed to work together, engaging in all opportunities afforded by the upcoming health system debates, with our shared consumer health goals and commitment to evidence-based policy making as our guide.

Knowledge Wall (part 1)



Notes: This graphic reflects the views of participants of the Healthcare Value Hub meeting in New Orleans, as of Nov. 11, 2016. This graphic may be downloaded from our conference page at www.HealthcareValueHub.org/Get2Value16

Knowledge Wall (part 2)

GETTING to HEALTHCARE VALUE:

FINDING COMMON GROUND to INCREASE OUR POWER

MEASUREMENT

- USE MEASURES STRATEGICALLY as PART of MAJOR QUALITY IMPROVEMENT INITIATIVES
- MEASURE @ the LEVEL of the HEALTH CARE SYSTEM and THEN, the ORG (NOT the CLINICIAN)
- EXPEDITE MOVING FROM PROCESS to OUTCOMES (NOT EASY)
- GREATER EMPHASIS on PATIENT EXPERIENCE & PATIENT-REPORTED OUTCOME MEASURES (AS IMPORTANT IN THEMSELVES)
- INVEST MORE in the "BASIC SCIENCE" of MEASUREMENT DEVELOPMENT

- FIND OPPORTUNITIES TO RETHINK HOW CONSUMERS GET HEALTHCARE.
- LEAD WITH SHARED VALUES OF AFFORDABLE, QUALITY CARE.
- WORK ON BIPARTISAN SOLUTIONS
- EMPOWER CONSUMERS TO ADVOCATE WITH US.

SHARED GOALS

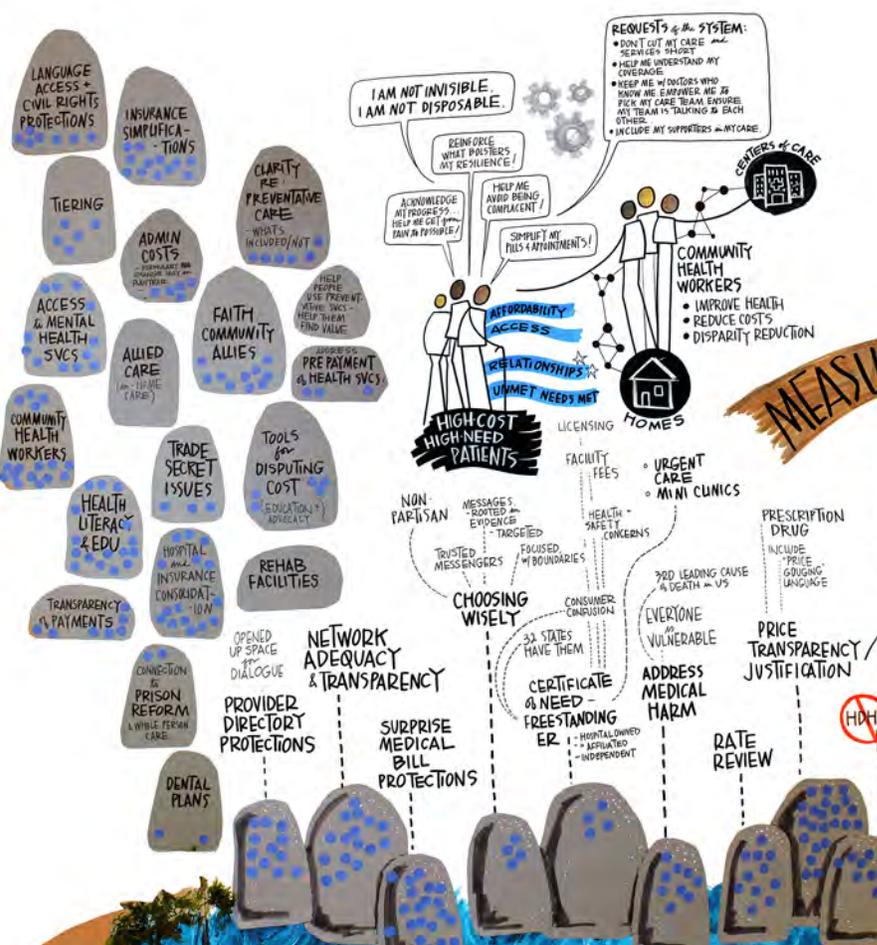


- ECONOMIC STABILITY**
 - EMPLOYMENT
 - INCOME
 - EXPENSES
 - DEBT
 - MEDICAL BILLS
 - SUPPORT
- NEIGHBORHOODS & PHYSICAL ENVIRONMENT**
 - HOUSING
 - TRANSPORTATION
 - SAFETY
 - PARKS
 - PLAYGROUNDS
 - WALKABILITY
- EDUCATION**
 - LITERACY
 - LANGUAGE
 - EARLY CHILDHOOD EDUCATION
 - VOCATIONAL TRAINING
 - HIGHER EDUCATION
- PHYSICAL SUSTENANCE**
 - HUNGER
 - ACCESS to HEALTH OPTIONS
 - CLEAN AIR
 - CLEAN WATER
- COMMUNITY & SOCIAL CONTEXT**
 - SOCIAL INTEGRATION
 - SUPPORT SYSTEMS
 - COMMUNITY ENGAGEMENT
- HEALTH CARE SYSTEM**
 - HEALTH COVERAGE
 - PROVIDER AVAILABILITY
 - PROVIDER LINGUISTIC & CULTURAL COMPETENCY
 - QUALITY of CARE

FACING DISCRIMINATION across the BOARD

BIAS

STEPPING STONES



ConsumersUnion® HEALTHCARE VALUE HUB



Consistent with Consumer Reports' mission to keep consumers safe in the marketplace, and with support from the Robert Wood Johnson Foundation, the Healthcare Value Hub was created to help advocates address health care cost and value issues.

Launched in March 2015, the Healthcare Value Hub supports and connects consumer advocates across the U.S., providing plain language, comprehensive, evidence-based information to help them advocate for change.

The Hub offers both online and hands-on support, with a staff dedicated to monitoring, translating and disseminating evidence about cost drivers and strategies to address those drivers. We also connect advocates, researchers and policymakers together by sponsoring events and networking opportunities around health care cost and value issues.

Getting help is just a simple phone call or email away. You can also sign up for our monthly *Research Roundup*, attend our monthly webinars, follow us on Twitter @HealthValueHub, and join our advocates-only Healthcare Cost Forum.

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