



## Patient-centered health care? The fight to change our disempowering system

**“Too often, people's experience with the healthcare system is disempowering when in an ideal system, folks are empowered to live their best lives and to be as healthy as possible.” Anthony Wright**

*911. What's your emergency?*

*America's healthcare system is broken and people are dying.*

Welcome to **Code WACK!**, where we shine a light on America's callous healthcare system, how it hurts us and what we can do about it. I'm your host, **Brenda Gazzar**.

*(music)*

This time on **Code WACK!** The fight for affordable, accessible health care in the U.S. has gone on for decades. So who's advocating for solutions that improve health care for everyone? Today we're featuring the Washington DC-based **Families USA**, a leading national nonpartisan voice for healthcare consumers. What policies are they working on? We welcome their new executive director, **Anthony Wright**, who previously served for 22 years as executive director of Health Access California. This is the first episode in a two-part series with Anthony Wright.

***Welcome back to Code WACK! Anthony!***

**Wright:** Great to be back.

***Q: So, tell us about yourself. Who are you and how did you become interested in the issue of health care?***

**Wright:** My name is Anthony Wright. I'm the new executive director of Families USA, a leading voice for healthcare consumers working in Washington DC on the goal of quality, affordable, equitable health care for all Americans. I come to this work after a quarter century career of working at the state level on health consumer advocacy for the last 22 years as the head of Health Access California, the statewide healthcare consumer advocacy coalition. But even prior to that at New Jersey Citizen Action as an organizer and ultimately as program director where health care was my main portfolio, although I worked on other issues.

I come to this work as somebody who has my own experience with these issues.

***Q: Tell us about that.***

**Wright:** I was, you know, a kid, a child of an Ecuadorian immigrant mom on one side, an air conditioning technician for my dad. I was uninsured for parts of my growing up. [I] remember the strain of hospital bills, which are typically the biggest bill anybody will ever get in their entire life. So I have that experience. And then just generally seeing the various inequities in not just our healthcare system, but in our society growing up in the Bronx. I wanted to work on dealing with those issues and making sure that people of all stripes have access to the care that they need. And so this issue is both personal to me. I also think that health care is a great issue to work on because it is so personal to so many people.

It doesn't matter what your background is, healthcare matters for you and your family. It is a major source of financial insecurity for many people. And it is something that if you're trying to engage people to be part of the policymaking and political process, health care is a major and important way to engage them because those issues are so central to not just their health, but to their financial viability moving forward.

***Q: So true. Thank you for that. So tell us about the organization you just joined, Families USA. What is it and what does it do?***

**Wright:** We work toward the goal of quality, affordable, equitable healthcare for all Americans. Our work is driven around four pillars. We have a long and distinguished history of working on health reform and trying to expand coverage, whether it be for children or for the uninsured and all Americans, whether it's CHIP (Children's Health Insurance Program) or the Affordable Care Act, or numerous other efforts and reforms. But we also work on the issues around value, making sure that the cost is contained and affordable for people and that we're getting value for our dollars. So it's not just a lower cost, but improved quality. On equity, to make sure that healthcare is available and accessible for everybody regardless of ... their circumstances and that we don't have the, the disparities, whether they be based on race and ethnicity or on immigration status, or on people's chronic conditions or whatever the case may be.

And then also just uplifting people's and patients' experience in the healthcare system and making sure that at the end of the day it's that consumer voice that drives healthcare policy and reform discussions. If, at the end of the day, there's lots of stakeholders in the healthcare system. There's lots of groups that represent doctors and drug companies, hospitals and health plans, Families USA is one of the leading groups that represents patients and the public. And because at the end of the day, that's the point of the healthcare system. Patients are not just another stakeholder. They're the point of the healthcare system and they should be central to the conversation about how we reform and change and improve our healthcare system going forward.

***Q: I love that. So important. So you're now the executive director of the organization. What are your goals for it?***

**Wright:** I think I want to uplift that patient voice, that public voice in health policy discussions in a world in DC where so many times the discussion is dominated by various parts of the healthcare industry. But toward that goal of a system for all Americans that provides a quality, affordable, equitable healthcare where people feel that they'll get the care that they need at the right place at the right time, and are respected and treated well health-wise medically, but also as people. That's

too often the people's experience with the healthcare system is disempowering when in an ideal system, they folks are empowered to live their best lives and to be as healthy as possible. And in the practical terms, a lot of that, those issues around access, sometimes there are real barriers to whether there be administrative barriers or even specific eligibility barriers to getting care.

But a lot of times it's about affordability and so trying to address the issues of affordability, both in the front end of how can we provide programs like Medicaid, like the Affordable Care Act, and its marketplaces like Medicare to provide that care and access, but also how do we deal with the fundamental structures and incentives in our health system to make sure that that costs are contained and people can get the care that they need at a price that they can afford and it's not so destabilizing.

***Q: Can you give me an example?***

**Wright:** So, to just give you a couple of examples, every election cycle we have a debate around the Affordable Care Act and whether it should be repealed on one side or whether we should bolster and improve it on another. One of the things that this administration did was increase and enhance the tax credits to make coverage affordable so that nobody has to spend more than 8.5% of their income on coverage.

And that assistance, which on average provides \$700 in assistance to people, but for some people it's hundreds or thousands of dollars to be able to afford coverage – that assistance expires next year. So there's a fundamental decision in the next several months in Congress about whether we either let that assistance expire, those tax credits expire, and to let premiums spike by hundreds or thousands of dollars, or whether we continue that policy of having a cap that nobody spends more than 8.5 percent income on their premium. And so that's a big issue that will be coming up in front of Congress. There are other issues in Congress pending right now on trying to have greater transparency on hospital prices and on trying to contain some of the abuses around hospital and drug pricing. And those are important things to reach. And then there's still ongoing work to continue to expand coverage. The most glaring of which is that there are 10 states that have yet to expand Medicaid under the Affordable Care Act. States

they're turning away federal dollars that could cover literally millions of people in their state and provide billions of dollars of help to the healthcare systems that all their residents rely on. And that's something that needs to be addressed in the next several years.

***Q: How would you characterize our healthcare system's current affordability and accessibility, and what are the reasons behind that?***

**Wright:** So I mean, we're having a national conversation about affordability in general for the last several years. But frankly, Americans have been screaming about healthcare affordability for decades. We've had ongoing increases in how much health care costs for years ... whether it's high hospital prices, ever increasing prescription drug prices. It is a problem and a burden for people both when they're paying premiums, when they're, when they're paying at the pharmacy, when they get a hospital bill. It has an impact on wage growth because, you know, labor unions see this especially when they literally see the potential of wage increases disappear because the potential dollars are being eaten up by increasing premiums in their employer benefits. And so this is a really major concern that we've been focused on about how to deal with what are the root causes of why these prices are so high.

Part of the problem is our health system is not designed to incentivize the best care at the best place. In fact, actually there's a lot of research that suggests that there's a 50% chance that you will get the right care at the right time at the right place in our healthcare system. Unfortunately, there's a lot of good people working in our healthcare system and who provide great care, but in some cases they're doing that in spite of the incentives in our system rather than because of them,

***Q: What can you tell us about that?***

**Wright:** The incentives in our healthcare system are much more about getting bigger rather than getting better – that it's better for a health system to grow and consolidate and have a bigger footprint so that they can bargain for higher prices when negotiating with payers than necessarily to actually have better quality or better outcomes.

The cost of a hospital bill is actually not related very much at all to the actual cost to provide the care, the quality of that care, the outcomes of that care. It's much more related to what is the relative market power of any given provider to any given payer. And we need to change some of those incentive structures. We need to change some of those financing and payment issues in our healthcare system so that it's actually the goal of these systems to provide the best quality at the lowest price. And that's unfortunately not where our incentives are right now. And so that requires both the work of getting everybody into the system so that they can get coverage and get access and get primary and preventive care and focus on those sort of preventive and public health issues as well as even upstream for broader social determinants of health. But it also means holding the industry accountable for lower costs and improved quality.

***Q: Great. When you mentioned uplifting the consumer's voice as one of your main goals, do you have an example Anthony of a patient's story maybe that you heard of recently or since you joined Families USA that really touched you as an example of someone who's really struggled with affordability and accessibility?***

**Wright:** I've been moved by the stories over the course of my career and that is a very important part of the advocacy that we have done for the last two decades in California to expand the Medicaid program, including without regard to age or immigration status or other barriers that existed that was important. You know, when we fought for the ACA, I remember a story of a woman who was in a plan and, you know, a plan that was more of a catastrophic type plan, but it was only when she got breast cancer that she realized that the plan was a hospital-only plan that didn't cover her outpatient breast cancer treatments. And she was on the hook for literally tens of thousands of dollars of costs and so she was such a powerful speaker when and story when we were advocating for the Affordable Care Act and need for essential health benefits and to not have the sort of the junk insurance plans that unfortunately, you know, the Trump administration tried to bring back in their fight.

I remember, and Families USA was a leading organization in the fight around surprise medical bills. You know, the notion that you do the right thing, you go to an in-network hospital, but lo and behold, maybe it's the radiologist, maybe it's

the anesthesiologist is out-of-network and you end up with a bill of hundreds or thousands of dollars and for most people, that's a deeply impactful financially destabilizing bill that just appeared out of nowhere that even though the person was covered, the person was going to an in-network facility, et cetera. We had many of those stories both in California and I know families had here where people, you know, talked about their story and again, you know, people trying to do the right thing and dealing with a medical issue but then also having to deal with this financial billing dispute that has nothing to do with them, but is putting their themselves and their credit and their financial wherewithal at risk. And so many of those stories just ring in my memory very deeply. And so, like those are the folks that I want to advocate for – the folks who are just trying to get health care but are dealt with like all the BS that our health system puts 'em through.

***Q: This may be outside your scope, but do you happen to know if the No Surprises Act is working?***

**Wright:** So it is mostly working in terms of .... there's a lot of success to it. There's a lot less people who are getting these bills. There are some pockets of issues that need to be addressed in terms of providers that may be going rogue. We know that one of the issues that was very important was how do we set a fair process to reimburse those providers for the care that they're providing, but also in a way that is not totally inflationary and there are some providers who are pushing back and filing lots of appeals with regard to what that payment should be. And so there's some both litigation and administrative pushback with regard to that. You know, unfortunately some providers use the opportunity of surprise medical bills to use this as a negotiating tool to jack up how much they can charge for these services.

So we want to make sure that, again, providers are paid fairly, paid even well, but the fact that they have, you know, in the case of an emergency room visit, in the case of an anesthesiologist, when the patient is literally on the gurney... being rolled into surgery, the fact that they have sort of a mini monopoly position there to provide that service should not mean that they get to charge multiple times more than Medicare for the service. They should be paid fairly and well and I think that's an issue of continued contestation that we're involved in.

***Oh, wow. Well, I'm glad to hear that it's mostly working and I'm glad to hear that you're involved in the effort to make sure it works as intended. That's great.***

***Stay tuned for next time when we dive deeper into the campaigns that Families USA is waging for quality health care that's both affordable and equitable.***

***Do you have a personal story you'd like to share about our wack healthcare system? Contact us through our website at [heal-ca.org](http://heal-ca.org).***

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