

The webinar *The Health Care Consumer's Manifesto: How to Get the Most For Your Money* was given on April 30, 2020 by Deb Gordon as part of M-RCBG's weekly Business & Government Seminar Series.

Scott Leland:

Good morning everyone. At least good morning in Boston time. It's still morning here. My name's Scott Leland and I'm the executive director of the Mossavar-Rahmani Center for Business and Government at Harvard Kennedy School. I'm sitting in front of a virtual background of the Harvard Campus. I hope that wherever you are during these crazy, chaotic and challenging times that you are healthy and well. Today I'm pleased to introduce Deb Gordon to talk to you about her book, *The Healthcare Consumers Manifesto; How To Get The Most For Your Money*.

Scott Leland:

Deb Gordon has spent her career trying to level the healthcare playing field for consumers and she now advises startups and innovators trying to make healthcare better for everyone. Deb is a seasoned executive specializing in healthcare, innovation, strategy, marketing, communications and growth. She's held a variety of executive roles in healthcare, including spending nearly a decade leading marketing for a health plan that served low and moderate income Massachusetts residents. In 2017 after the acquisition of a health technology turnaround that she led, Deb became a senior fellow here at the Harvard Kennedy schools Mossavar-Rahmani Center for Business and Government.

Scott Leland:

And that's where she conducted extensive research on healthcare consumerism that led to her book, which I have right here, as long as it doesn't disappear into the virtual background. So before I turn it over to Deb Gordon just a quick word on today's format. Deb has slides which she's going to present. If you have a question, please click the Q&A button at the bottom of your screen. You could also raise your hand and we'll give you a chance to ask your question live. But the Q&A is probably the preferred format. So Deb, thank you very much for giving this talk today. And with no further ado, I'll turn it over to you.

Deb Gordon:

Thank you so much Scott. And thanks for any of you who are either watching it live or watching it later. These are interesting times and I appreciate the chance to speak about this book and the research that I did at the Kennedy School. So now Scott trusts me to share my screen. So I think I'll go ahead and do that and you can all tell me if I've done it correctly. Can you see my screen? Being a senior fellow does not make one a technical genius, but I think we've got it. Is it?

Scott Leland:

Yes. You are all good?

Deb Gordon:

Thank you. So like Scott said I'm Deb Gordon. I spent two years as a senior fellow at the Kennedy school at the Mossavar-Rahmani Center for Business and Government. And I really took that time to delve deeply into questions that had long been kind of the focus of my professional life as well as sort of an intellectual curiosity and burning passion, which was really what makes healthcare work or not work for

consumers and what could we as an industry or set of thought leaders and experts do to make it work better. So I owe this book to the Kennedy school.

Deb Gordon:

Okay. So I started with this burning question, like why is healthcare not like any other market? And it sounds like such an obvious question and some of the answers to this question are obvious, but I wanted to go deeper into of why don't Americans shop for healthcare? We're such good shoppers as a group. We're pretty damn good at shopping. Why don't we apply those sort of consumerism skills or strategies to our healthcare lives? And when I first got to the Kennedy School, actually Larry Summers said to me, "Would that be a good thing?" And I was like, "Actually it's a really good question. I don't know." I was trying to ask and answer a more modest question, which is just simply why doesn't it work the way we think it should based on the changes in financial incentives that push more costs and financial responsibility on to individuals.

Deb Gordon:

So I don't think I ever answered his question and I'm not going to today either. So let me set the expectations. But I am going to share with you what I learned. So, as I said, some of the answers to that question of why don't we shop for healthcare are quite obvious and well documented. And in fact, Ken Arrow, the famed beloved renowned economist, kind of set this notion that healthcare is too different, that the goods and services in healthcare just don't work and should... In a way, I'm probably not saying it exactly right but basically the features of the healthcare market if you will, may render it not really a market in the way of other categories where consumers might kind of... Where we might see more typical supply and demand forces at work.

Deb Gordon:

So here there's massive information asymmetry between doctors and experts and the patients. There's power asymmetry in that same relationship. There's complexity and overload and patients arrive in the system, typically in a vulnerable state, afraid or sick or scared of what might happen. There's also a whole industry and sub industries and just so much money and financial incentives set in the... Benefiting from the status quo, which leads to a lot of inertia in service to protecting that status quo. So there just lots of reasons why Kenneth Arrow was right. On the other hand, he sort of set this doctrine in the 1960s and it has really held for such a long time. And I think in some cases it may be an excuse or a sort of easy answer. Like that's how it is because that's how it is.

Deb Gordon:

And I personally felt like it's just time to re ask or relocate some of these questions. Consumers have not been the focus, not surprisingly. So for all those reasons, it's hard to think of healthcare as a traditional market in which consumers make rational financial decisions. And so not surprisingly, the system has really not been set up to accommodate or encourage that kind of consumerism. So consumers pay a lot of the healthcare tab now, but it's still a relative minority share of the total healthcare bill. Health insurance has grown up around, in America, has grown up around employers and government payers with a very small slice of the market being individuals choosing their own health insurance and information and power asymmetry are real factors. And I would say based on my research, I would also say not only is it very difficult for consumers to sort of take charge of their healthcare lives and make empowered, informed decisions. Not all consumers want to do that. And I think that's a really important dynamic or finding that helps explain kind of why things are the way they are.

Deb Gordon:

But what if consumers did sort of take a more empowered or engaged role in their healthcare decisions? Financial decisions specifically. What if we thought of healthcare spending as our money? I would argue it is our money, no matter which way you slice it. And that's where I started. What would happen? What would it look like and why should we care? So healthcare consumers, although we spend less of the total healthcare pie than other payers, we now spend about a third of healthcare costs out of pocket healthcare and coverage costs out of pocket. And that's about a trillion dollars, which just for comparison sake is the equivalent of the GDP of Indonesia roughly or a little bit more than what we spend collectively at holiday time every year.

Deb Gordon:

So I think it's a lot of money and it warrants some attention. I would call it purchasing power in any other market. I think it would be considered purchasing power. Consumers do make insurance choices even beyond that small slice that buys their own insurance. People are making decisions between even on employer coverage, my insurance or my partner's insurance or on Medicare, do I buy supplemental coverage or a Medicare advantage plan or none of the above. Those are all choices that consumers make. And every day we decide should we go to the doctor, take a prescription, fill a prescription, "follow doctor's orders" or not and all of those choices that we make do factor into the cost and outcomes of our healthcare system. I would also just add, as someone who's spent a long time inside the industry, we spent a lot of time talking about patient centeredness, patient centered care and so forth.

Deb Gordon:

And so to me if you're going to have that as a value, a stated value, you need to actually pay attention to the patients, quote unquote the patients in that equation. But what is a healthcare consumer? Let's get some definitions before we go much farther. So to me, a healthcare consumer is someone who pays for part of, or all of their healthcare coverage or their healthcare services. It's someone who decides whether or not to even get coverage or to go for care. It's someone who forms opinions about the value and quality of that care or coverage. And so to me, that's really all of us one way or another, even if we don't realize we're making decisions at every turn, whether we decide consciously or not we are making these kinds of decisions. And so to me, everyone goes into this category. We are all healthcare consumers.

Deb Gordon:

I learned in my research that there are different kinds of healthcare consumers and that should not be surprising to anyone who's ever segmented any other market. There are folks who... These are just some of the characters that I think I identified in the deep consumer research that I did. There were folks who just sort of wanted someone else to decide for them. They trusted the system either that was a positive, I really believe in professionals and I have high regard for people who know more than me or they were just sort of disaffected if you will, from the system and felt like, "Well, there's nothing I can do anyway. So I'll just let it roll. I'll let whatever happens happens."

Deb Gordon:

And then on the other side, there were also very positive and negative reasons to feel engaged as some people felt like they could do better. They could always find a better price or a more efficient way to get what they needed. Those would be value seekers and negotiators and other people who were sort of

questionable, like questioning in terms of they did not trust what they were being given but felt that they themselves could [inaudible 00:12:56] and make informed decisions on their own efforts. So like any other consumer market, there are different kinds of consumers and they make different kinds of decisions. They also need different kinds of services or approaches.

Deb Gordon:

I want to spend some time on what I learned about healthcare consumer expectations. So if you believe the premise or if you go with me on the premise that health care consumers matter not least because we are all healthcare consumers, but really because the purchasing power is there and the decisions consumers make can actually have a big impact on the cost and outcomes of the system. Then I think it really matters what is going on for healthcare consumers and what can we learn about consumer expectations and feed that into how we think about improving the system moving forward. Now, I just showed you a side with different kinds of healthcare consumers. I would say there were some very common themes across different categories of people and mindsets. And so that's what I'm sharing here.

Deb Gordon:

And I would say really that healthcare consumer expectations are not that different today from expectations in other categories, but they just have much higher stakes. I'm going to take you through some examples and some insights illustrated by real consumers that we interviewed for this study. So first and I think very fundamental, people want clarity. They want to know what are they buying? So here's a consumer and he says, "Let me just say it's not kayak." That travel site and purchasing healthcare could be more like that. So he has this idea that in other categories where there are complex decisions to be made, innovators have come in and commoditized those decisions or repackaged those decisions and made it kind of seamless or much easier for consumers. So if you've ever bought an airline to get online, you know it's not a really simple thing. There are a lot of factors, but you as a consumer can more than handle it.

Deb Gordon:

So here's like the healthcare consumer who thinks we should get like that. He's really talking about health insurance. Clear pricing. And this is where most people start and actually stop in healthcare consumerism. So how can an individual make an informed and rational decision about a healthcare purchase if they don't know what the thing costs? And I think that is a good first principle. Like we've got to get more clear about pricing. I think it's not enough though. And I did some deep diving into why is it so hard? It's very hard for healthcare organizations to publish prices and some of that's obvious. There's a lot of negotiation and a lot of codes and specific rules and just a lot of variables. But there are also a series of decisions and frankly, accounting practices that make those underlying systems very murky and complex.

Deb Gordon:

And so I think just exposing prices is not enough. We have to get under the hood and really figure out why things cost what they do. And in preview of the book, there's some indication that not everyone, maybe nobody really knows. And that's part of the problem. So I had this great story. These consumers are all, these are I've just given them code names, aliases to protect their identities. But here's a man, sort of a middle aged guy. He needs sinus surgery, he goes to a surgeon and he several months later starts getting bills from all directions. And after the first bill he thinks he's done. But then the

anesthesiologist sends him a bill, the facility sends them a bill and he doesn't know when it's going to stop and nobody has told him ahead of time what to expect.

Deb Gordon:

And he says, and I just think this sums it up so well, "I can't think of another situation where you would sign up for a major purchase without knowing the price." And maybe that was fine when the consumer did not really pay for the cost of healthcare or not a major part of the cost of healthcare. But this guy's on a high deductible plan. He's going to pay a good chunk of this money. And he's like, "Who's job is it?" Oh, it turns out it's nobody's job to make sense of the costs for him. And that's really got to change.

Deb Gordon:

This seems also incredibly obvious, but I don't think we talked that much about it in healthcare that consumers really want value. And I think we patronize consumers if we don't think they understand that they're not getting great value, especially as health insurance design moves more and more costs to consumers. So here's a young woman, Brooke is a young woman buying health insurance on a exchange and marketplace for the first time. And she has figured out how to toggle and sort of change the variables to see what different plans are available. And she realizes that for someone like her in her twenties who doesn't need a lot of healthcare services at all, she has found that she could wind up buying a health insurance plan with a relatively high monthly premium for someone in that age category and a very high deductible.

Deb Gordon:

And she's like, "Who would purchase this plan?" So here's someone who admittedly has no knowledge of health insurance whatsoever. And she has figured out that there are these low value plans on the market and she can't understand why anyone would buy something like that. And I can't understand why any health insurer would offer such a plan like that. I probably could explain it, but the point is if you take the consumer's perspective, there would be no reason to offer kind of a low value plan. On the other end of the spectrum, here's Angela is a married mother of four in her, let's say middle age. And they have quote unquote good health insurance through her husband's job. But they have an \$8,000 deductible, which they never meet.

Deb Gordon:

So there are four children and two adults in middle age. So they're always using something. Someone has broken a [inaudible 00:20:02] or someone gets strep throat or Angela herself needs knee surgery at one point and she says, they always go pretty close to the deductible but they never get to the point where their health insurer is paying. They're paying out of pocket nearly up to that \$8,000 deductible. And she says, "How in the world do you expect anyone to absorb this?" And I think the next question is who would keep paying? Now there are catastrophic benefits of course, but if you're middle income family kind of struggling to make ends meet and you need to make some hard decisions about your budget, this is going to raise some questions about the value of the insurance in the first place. Even though it comes from an employer who's in theory, a good employer.

Deb Gordon:

Okay. People of course want quality healthcare. But one of the really interesting findings I took away from my research was that consumers define it every which way. And I know from my industry days that it's really hard to define and measure like true health care quality. Because there is again as in

everything I'm saying, so many variables, so much complexity and it's very hard to measure outcomes and to know that's really a marker of quality not the underlying severity of disease or something like that. So there isn't really a magic right answer to how we as an industry measure healthcare quality. And so then I thought, "Well, why don't we pay a little more attention to how consumers define quality?"

Deb Gordon:

So here's a woman Bev, she talks about going to a really great dentist and she said, "I have a really great dentist." And I thought, "Well, how do you know?" I started asking that question. She was the second interview I did. And then I asked everyone sort of, how did you know if they said anything about the quality of their care? And she said, "Yeah, she's never had problems. So that's sort of like a clinical outcome." And then she goes on to say, "The vibe is good. The dentist has a good relationship with his staff and the people who work for him seem happy." And I can tell you with very strong confidence that there's not any official industry measure of health care quality that looks at the workplace or the work environment or the satisfaction of employees. And so I thought that was really interesting.

Deb Gordon:

I'm not saying we should abandon outcomes measures or efforts to get as close to outcomes measures as possible but these are as good as any to add on to sort of what makes for high quality healthcare in my opinion. Consumers want, attention isn't quite the right word, but consumers want to be heard. And I have a whole chapter about this and many, many stories about especially women who go through their healthcare lives without feeling heard. And so this is a woman, Paulette in her early sixties, who has gone in her reporting literally 40 years in chronic pain before she gets a diagnosis of a connective tissue disorder. So it's a bit hard to pinpoint.

Deb Gordon:

And she says she could tell the physicians who didn't know what... They didn't know what wrong with me and they couldn't fix me and they didn't want to see me anymore. Their job is to fix people. They couldn't fix me. So she went for decades feeling overlooked and sort of pushed aside because her problem was squishy and unclear and vague. And people really just want to be seen and heard and validated even if their problems are nonspecific.

Deb Gordon:

People want personalization or to feel, excuse me, more than a number or a protocol. So in healthcare we are really proud of and stand up for evidence based medicine. That's good. We think that's good. That moves quality forward. But to the individuals that is sometimes a detraction. So here's a woman, Andrea, at the time I spoke to her, she had pancreatic cancer and she had prior to this quote, she has described going through kind of first line protocol-driven care and it didn't work. And so she wound up going off on her own with family support and kind of through her own width and network and research, alternative treatment approaches. And she winds up on a different therapy and she does very well and she basically goes into remission. But she says, she always would just trust the doctors. And then this was her first experience where she realized she really needed to take charge of things for herself and figure out for myself how I want to be treated, where I want to be treated and when.

Deb Gordon:

She did not want to feel like the protocol was limiting. It didn't work for her and she felt like she didn't get the care or sort of personal custom solution that she needed. Integration, this is probably, might be

my favorite quote in the whole book. We all have teeth. So this is another young woman who is like, "Why is my dental coverage separate? Why can't I get care for my mouth and my teeth? Isn't my mouth part of my body and don't we all have that? So like why is it separate?" And there's a whole chapter on why it's separate, which I find really fascinating. But to a consumer, it's like, "Who cares? We all have teeth. We should be treated as one whole body," same as true for mental health. Where people really spoke very openly about how critical mental health care was to them and how essential to their wellbeing it was. And so again, why is it so hard? There's another chapter on just that question. Why is it so hard to get a mental health care and how can folks access that even though it can be difficult.

Deb Gordon:

I'm sure we all know stories of people who get sick and lose their jobs and as a result, lose their health insurance just when they need it most. There's a phenomenon called job lock where people stay in a job they may not love or may not be ideal for whatever reason, just to keep the benefits. There's data that folks who qualify for Medicare. There's a lot of businesses that start after that point. So it's very clear that health insurance benefits enable a sort of economic mobility or workforce mobility.

Deb Gordon:

And here's a woman who actively sort of explicitly calculates that to have a second baby she better stay in this job that she doesn't love because she knows her benefits are really good and she's not confident she can find comparable benefits on the other side. So I think this raises a lot of important questions and I think right now is a moment where I think we're seeing the downside of how tied our health insurance benefits are to our jobs. Again I think the unemployment numbers came out again today and they continue to go up at kind of staggering rates. I think this is a time to be asking this question.

Deb Gordon:

And fundamentally, just to sum up this section, consumers don't care how hard it is to meet expectations. They just expect things to work the way things work in other categories. So here's a woman who talks about ordering from Amazon or Nordstrom and having become accustomed to a level of service and care that if something goes wrong, they're going to fix it. You just know they're going to fix it. And she says, "You don't get that level of customer service in the healthcare space. Like, why not? Why is that so hard?"

Deb Gordon:

So these are the expectations consumers have, that the industry sort of rise to kind of basic standards that you would see in any other category. And it matters actually. So this expectation of clarity, on the flip side, confusion costs... So Accenture estimated that confusion and health system complexity costs \$4 billion a year, most of which is waste. And there are other studies that show if for folks who are considered health insurance illiterate or less literate, those people with less competency in health insurance, even the language of health insurance make kind of worse decisions in terms of they overbuy insurance. So it costs individuals money. This complexity and lack of understanding, it also costs the industry money. And so I put this on my running list in my mind where I like to say, and this is why healthcare costs so much. And this is part of why the complexity.

Deb Gordon:

So if healthcare organizations, health plans, hospitals and so forth could simplify the products and the rules and the policies, if we could of the example of kayak, a travel site which takes a very complex

system and boils it down into something a consumer can interact with just make perfectly fine decisions on. It's not the same I understand that. But we could borrow from those models.

Deb Gordon:

The other thing is the language. I had people actually say, I think they make it confusing on purpose so we don't really know what we're buying and we buy more. So there's not a lot of faith or trust in health insurers. And I think simplifying and improving the clarity could go a long way there. Pricing, so obvious to me that this has to be addressed. But there's a business rationale or an industry rationale to do it. So there's this great survey, a national survey, which shows consumers really want to discuss costs. They want to know the costs of their care before they go get it but rarely get to it. So something like 70% of people think it's a good idea to talk about costs with their doctor and something like 28% have ever done so.

Deb Gordon:

The upside when people do figure out the cost and go looking for those costs or are able to find them, I think it's that same study on others show that comparison shoppers tend to choose lower cost options. And there's a whole body of literature on shared decision making, which is where the patient or the consumer is brought into the sort of clinical decision making. And that not all of that data is really clear cut, but there is an indication that when you involve consumers, they choose lower cost, less invasive healthcare services and it improves their overall satisfaction with the system. But what the industry cares about is cost. So let's say that involving consumers and engaging consumers in these decisions, including price makes for better value overall. So this is a whole other talk about what would it mean for the industry to get real about pricing.

Deb Gordon:

It involves not just saying like how hard it is, but making some different decisions about why things cost what they cost, and then how to communicate some new approaches more clearly. Value. There's a huge body of research that shows that consumers with burdensome, even modest cost sharing, so co-payments or co-insurance or deductibles, they're consumers with those costs during [inaudible 00:33:06] care, that's sort of the point. But the consumers don't distinguish between care they need and should get and is good for them in the long run and good for the system in the long run in terms of lowering longterm costs and care that is frivolous or superfluous. So it just is like a very blunt instrument and it really starts to raise questions for people about what are they buying, why get insurance and now with [inaudible 00:33:34] there are estimates and projections that insurance will drop off. That was a pre Covid thing. Now it's certainly happening for other reasons.

Deb Gordon:

So I think it's actually time for the industry to face either be clear about what is cost sharing doing, what it is meant to engage consumers in really being judicious about what healthcare they use. In fact it just blunts the utilization and some of that utilization should happen. So it's creating a huge burden on consumers and I think it is raising longterm questions about why get insurance if it's going to create such burdens. I'm not saying that's the only reason or that's the right question even, but I'm saying that is what consumers are starting to wonder about. And so the industry, I think and regulators need to acknowledge that. Of course there are other reasons to have insurance catastrophic protection but there's something getting missed in the implementation of these very costly designs.

Deb Gordon:

This one to me is kind of a no brainer. It's not that hard. Turns out that when you feel good about your doctor, you trust them more, you're more likely to follow their recommendations. I interviewed, actually through the Kennedy School, I interviewed a doctor who said at one point she wound up having an accommodation for her own return to work after surgery and she wound up with twice as much time for all of her clinical visits. And she said where a typical visit would be about 15 minutes, she now had 30 minutes and she found that at minute 17 the real answer or the real reason for somebody's visit would come up. And that in having the luxury of time to listen better, she prescribed fewer medications. She sent people off fewer tests and she sent off fewer referrals. And so that's not a study of what is the impact of doctors who listen and who feel like they can take enough time to listen. But I think there's an indication that there might be some real value, not only to the interpersonal relationship but to the cost of the system overall.

Deb Gordon:

So why should we bother with submitting consumer expectations? I would say that consumer demands and prices have shaped countless industries and that the entrenched interests or institutions that benefit from the status quo are unlikely to change themselves or seed value to a different party. So if I'm a health insurer and I'm making my money this way, I'm very unlikely to give over some of that value or some of that financial performance that I rely on to you, the consumer. And so this idea of consumer demand or sort of public pressure being an external force that's kind of might need to happen for real change to come about.

Deb Gordon:

I think there's a lot of evidence, clear and suggestion that engaged consumers can help lower costs. And if we're going to kind of rally that engagement it really needs to be informed by consumer's own preferences and needs. It needs to be on consumer's own terms. So that's what I want to say. I thank you for your time. I'll just say this is the book as Scott held up at the beginning. Thank you for that. It's available wherever you'd buy a book and it's also limited supply signed copies are available on my website, but Scott, I don't know if we have questions or how much time we have to discuss the [crosstalk 00:37:54]

Scott Leland:

Great. Thank you very much Deb. That was wonderful. I'll remind folks if you do have questions, please go ahead and use the Q&A at the bottom. I would like to just... Started off though by saying you've laid out a very compelling case for our expectations and I certainly want clarity and value and good pricing and transparency and service. What can I as a consumer do actually to get this value that you're convincing us that we all need and to spur the kind of changes that you've been talking about?

Deb Gordon:

Well, I think the very first thing is a mindset shift and that consumers really need to, I said this at the beginning, consumers really need to think of healthcare spending as our own money. Whether we are literally paying out of pocket or we're paying taxes for a public benefit or if we are employed and our health benefits are part of our compensation package. That's how your employer thinks about it. So you might as well realize that's part of how they're paying you is through health insurance benefits, if that's how you get your healthcare. So I think from that mindset of realizing it's your money, is there any other

category or bucket of spending that you would have where you're just sort of are like, "Well, I have no power whatsoever or I can't do anything about it."

Deb Gordon:

No, you probably, when big ticket items come through, you probably research them, ask questions, look around for alternatives. If it's a pain point, ask your helpers like in this case, if you have... A doctor can actually help you determine are there alternatives? What happens if you don't get this care that they're recommending? Or is there a cheaper alternative or a way to pay for this really important thing? And so I would say it is those behaviors that stem from believing that you are paying, that you have a financial stake even in part for your healthcare expenses. And then ask questions expect value, look for alternatives, negotiate. The whole chapter on negotiating, which doesn't always work, but sometimes does and most people just don't even think about it. Don't even think it's possible. Don't even think to try.

Scott Leland:

Thank you. Two questions that have come in. We're approaching the end of time so I'm going to ask them both and you can comment as you like. First is when consumers pay for services, maybe because they don't have insurance they pay full price, whereas insurance oftentimes has a very significant negotiated discount. What do you think about legislating for consumer payers that they should get the lowest negotiated price offered to anyone for a particular provider or service? That's the first question. The second question is what changes in healthcare do you believe will come out of the pandemic?

Deb Gordon:

So I think that's... And first of all, I want to question the premise. So in theory, yes, insurance companies negotiate lower rates and that's what you're paying for. But in fact, I heard from consumers who would... There was one person we interviewed in particular who would always say, "What if I pay cash? Is it cheaper?" And actually multiple people understand or come to understand that they could sometimes get actually a lower price paying out of pocket. So it should and logic dictates that it's cheaper to go through insurance, that insurance is getting the better rate, but it's not always true. So I think first question, that assumption and one bit of advice for folks who pay out of pocket is always to ask or even if you have insurance, "Is it cheaper or more expensive? Which way is it?"

Deb Gordon:

Because sometimes it's actually cheaper out of pocket. In terms of legislating the consumers get the lowest negotiated rate. I think that's a great idea. I'm pretty sure insurance companies will fight that very heavily because as I've tried to indicate, I think if they are a fight for whether they realize it or agree with me or not, that's a different question. But I think they're in a fight for relevance and longterm survival because the value to consumers has so severely eroded that they're going to have to actually demonstrate their value.

Deb Gordon:

And I think if [inaudible 00:42:46] not a reason, not to push for that kind of legislation, but I think there'd be major force against it. I think there are other ways too like market driven business arguments for both doctors, hospitals and insurers to rationalize and simplify and sort of manage the cost. So I have a running list, I said in my head, "Well, this is why healthcare costs too much." There are a lot of reasons why healthcare is so expensive. Some of them are real unnecessary and some of them are just stupid

and wasteful. So I think that yes, there are regulations that we could push for and that that might work. But I think we could do even better is what I want to say. And the second question was?

Scott Leland:

About the pandemic, what changes in health care do you expect that will come out of the pandemic?

Deb Gordon:

Yeah, I think first of all I think this raising a big kind of chipping away at or raising a big question about this tie between insurance and employment. What is it like almost 30 million people formally have signed up for unemployment. And I think that that's leaving people exposed to healthcare costs at a time when they actually are at greater risk of needing healthcare services. So I think it's going to be really hard to just go back to the way things were without really addressing this need to provide a more thorough or comprehensive safety net outside of the employment system. So I think that's one. I also think it's really interesting I've been in a conversation with someone who's pointed out that this is really elevated the rule of the individual.

Deb Gordon:

So staying home and wearing a mask and washing our hands, these are individual actions and individual decisions and they are the most powerful weapons we have right now certain to contain the spread and manage the scale of this crisis. And I don't know what that means for the future, but I do think all of a sudden maybe we can start to realize how much power and contribution each of us has to make to the overall health and healthcare system in a way we've never really thought about before.

Scott Leland:

Okay. We are out of time. So with that, I'm going to say thank you very much, Deb Gordon. Author of the Health Care Consumers Manifesto and thanks for all you who'd joined us this...