

LOWN  
INSTITUTE



# LOWN 2018

Breaking the Cycle  
of High Cost & Low Value:  
America's Next Health System

CONFERENCE REPORT

# | SUMMARY

How can we break the cycle of high cost and low value that drives American health care and begin defining and building the next health system?

To answer these questions, more than 210 clinicians, patients, health policy experts, activists, and others came to the nation's capital on April 9-10, 2018, for the 6th Annual Lown Institute Conference.

Throughout the two days, participants heard keynotes and panel discussions from thought leaders, researchers, journalists, and policymakers, on topics ranging from the details of a workable single-payer plan, to measuring overuse, to putting love back into the language of doctor-patient relationships.



Dr. Vikas Saini, president of the Lown Institute.

Attendees also participated in breakout panels, research presentations, and networking events, where they made connections with others in their field and brainstormed ideas to take back to their communities and institutions.

We would like to thank all of our funders, the **Robert Wood Johnson Foundation**, the **Gordon & Betty Moore Foundation**, the **John A. Hartford Foundation**, and **Kaiser Permanente Institute for Health Policy**, without whose help the conference would not have been possible.

# | WHAT ATTENDEES THOUGHT

We got very encouraging feedback on the conference from those who attended. Out of 43 people who responded to our post-conference survey, **36 gave the event an 8/10 or higher for overall satisfaction.**

The networking, positive reinforcement, and interesting mix of backgrounds make it one of the best medical conferences around.

Survey respondent

Attendees especially appreciated having the opportunity to meet new people who are engaged in transforming health care. **Nearly 80% of survey respondents said that meeting new people** was one of the most important things they gained from the conference.

More than **93%** said that after the conference, they feel connected to a network of people working together to promote the right care.





# | BY THE NUMBERS

This year's conference had an unprecedented media and social media presence. During the week of the conference, there were **3,274 tweets** with #Lown2018 by **705 contributors**, delivered to more than **12.5 million timelines on Twitter** – a fourfold increase over last year's conference.

#Lown2018 earned more than **12 million** Twitter impressions, four times more than the previous year.

There were also ten reporters in attendance at this year's conference, a significant increase over the three who attended last year.

Media outlets included Kaiser Health News, Health News Review, MedShadow, EMS World, the Toronto Globe and Mail, and Tarbell. **Rich Daly** from the Healthcare Financial Management Association decided to attend the day of the conference after reading the live tweets from #Lown2018.





**211**  
attendees

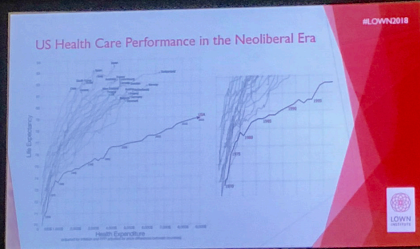
**11**  
breakout  
panels

**20**  
scholarship  
recipients

**10**  
media  
attendees

**12.5**  
MILLION  
hashtag  
impressions

**2.3**  
MILLION  
reach on  
Twitter



# | TACKLING LOW-VALUE CARE

“Moving to universal coverage is important, but the system that incentivizes profit over quality, access, and affordability also needs to change,” said **Dr. Vikas Saini**, president of the Lown Institute, in his opening address.

Even in countries like Australia, which have universal coverage, significant resources are wasted on low-value care. In his keynote address, **Dr. Adam Elshaug**, co-director of

Some people say it's unethical to do a sham controlled trial. I think it's unethical not to!

**Dr. Rita Redberg**

the Menzies Centre for Health Policy in Sydney, explained what they've learned from their extensive research on overuse. “We've found that variation exists at the hospital level – the same doctors are behaving differently at different hospitals,” said Elshaug. He explained that private hospitals tend to have more low-value procedures done, because they have capacity they need to fill, while public hospitals are more discerning

because they have more patients to take care of.

Evidence (or lack of evidence) plays a large role in the proliferation of harmful, low-value care. Members of the panel on ORBITA, a recent trial that found stents ineffective for stable angina, pointed out the importance of high-quality evidence early in the approval process.

“People say, ‘It's unethical to do a sham controlled trial.’ I think it's unethical not to!” said **Dr. Rita Redberg**, professor



of medicine at the University of California – San Francisco, and chief editor of JAMA Internal Medicine. “Placebo is a great healer, but we shouldn’t be marketing and selling it.”



In the most retweeted quote of #Lown2018, Dr. Vinay Prasad, hematologist-oncologist and Assistant Professor of Medicine at the Oregon Health and Sciences University highlights the disconnect between the hype and reality of new cancer drugs.

In her keynote, **Jeanne Lenzer**, journalist and author of *The Danger Within Us*, drew attention to the lack of evidence standards for new medical devices, as well as lack of safety information post-approval. “The majority of medical devices don’t require a clinical trial to get on the market, just proof that it’s similar to a predicate device,” she said. “And we don’t even know how many people die from medical devices because no one’s keeping track. It’s a black hole.”

# | THE CRISIS OF AFFORDABILITY

Tuesday morning featured academics, clinicians, activists, and journalists, who gave examples of different tactics we can use to tackle high health care costs.

**Dr. Reshma Ramachadran**, family medicine resident at Kaiser Permanente, and **Ali Greenberg**, member of the Universities Allied for Essential Medicines executive committee, argued that we need more pressure on all areas of pharmaceutical development to keep medicines affordable and available. “The incentives are skewed toward companies making ‘me too’ drugs, not toward real innovation,” said Ramachadran.



Lohn senior vice president Shannon Brownlee in conversation with best-selling author Steven Brill.

**Dr. Bruce Landon**, professor of health care policy and medicine at Harvard Medical School, urged capitation payment models for doctors to reduce costly unnecessary care. “We can harness the power of the health care system by changing the way we pay for health care,” he said.



“While we wait for Congress to pass meaningful legislation or regulation, journalism has a big role to play in making health care prices transparent,” said **Jeanne Pinder**, founder of Clear Health Costs, a journalism startup revealing the prices of common medical services.

Real change in health care won't happen unless we change the way money overwhelms the political process in this country.

**Steven Brill**

In a conversation with Lown senior vice president **Shannon Brownlee**, journalist **Steven Brill** discussed how the political landscape has impacted skyrocketing health care costs. A key difference is the overwhelming political power of industry, compared to the steeply declining influence of clinicians. “Clinicians know the most, they are most trusted, they care the most. But physicians have lost their rightful place in this debate. Their political leverage has been reduced almost to zero,” he said.



# | BUILDING THE NEXT HEALTH SYSTEM

There was a lot of talk about single-payer health care at the conference, but it wasn't the usual debate of "single-payer or not" – it was about what kind of single-payer system we need, and what it will take for us to get there.



**George Halvorson**, former CEO of Kaiser Permanente, shared his vision of "Medicare Advantage for All," a universal coverage program centered around team-based care and capitation instead of fee-for-service.

"Financial incentives matter, plain and simple," said Halvorson. "As long as health care delivery systems get paid for solving crises, they'll continue to focus only on fixing crises once they've happened – not on controlling chronic disease and preventing complications."

**Dr. Danielle Martin**, family physician and vice president of medical affairs & health system solutions at Women's College Hospital in Toronto, shared the Canadian experience with a single-payer system. She says the system has flaws, but attributes them to not enough coordination and government

support, rather than too much.

A large part of Canada's successes, said Martin, has been because of their citizens' shared beliefs – that well-being for all is more important than wealth for some, and that access should be based on need, not ability to pay.

Before we talk about value in health care, we need to talk about values.

**Dr. Danielle Martin**

**Dr. Victor Montori** blew the audience away with an emotional closing keynote. Montori, an endocrinologist at the Mayo Clinic and author of *Why We Revolt*, challenged the language we use to talk about health care.

“We shouldn't talk about care as a product, delivered by providers to consumers,” he said. Rather than see patients as “statistics and lab results,” we have to notice each patient and treat them as individuals.





# | HITTING THE HOT TOPICS

Two of our most popular breakout panels offered new perspectives on topics that have been ubiquitous in recent news – gun violence and the opioid crisis.



The “Preventing Gun Violence” panel brought together several trauma surgeons from cities struggling with high rates of firearm violence – Philadelphia, Miami, and Washington, DC.

“Health disparities are driven by social inequities and the trauma of structural violence,” said **Dr. Rishi Rattan**, trauma surgeon at Jackson Memorial Hospital

in Miami. “Gun wounds can be healed, but it is much harder to heal patients of the chronic conditions brought on by the constant stress of insufficient income, poor education, and substandard housing.”

Panelists did not shy away from talking about the racism in our culture that perpetuates violence and false narratives about gun violence. “Many people believe that it’s ‘drug dealers killing drug users’ but for the overwhelming majority of people in my trauma unit, the only crime is that they’re

being raised in an environment that is poor and has more violence,” said **Dr. Carrie Sims**, trauma surgeon at the University of Pennsylvania.

In the breakout panel, “Overlooked: Two takes on doing better with opioids,” **Dr. Stefan Kertesz**, associate professor at the University of Alabama at Birmingham,

The vast majority of overdoses occur in patients on low doses of opioids, yet the proposed rules target those on high doses.

discussed the negative impacts of the way our health institutions have responded to the opioid crisis. No one denies the significance of the problem of widespread opioid addiction, but proposed rules that force patients on high doses of opioids to taper may cause more harm than benefit, said Kertesz. He pointed out that the vast majority of overdoses occur in patients on low doses of opioids, yet the proposed rules target those on high doses.

“Insurers want to show they’re ‘doing something’ about the opioid crisis – and the most ‘efficient’ way they can reduce doses is to focus on people taking high doses,” said Kertesz, “But we don’t have evidence that this works.”

# | CONFERENCE IMPACT

Many survey respondents listed concrete steps they are taking after the conference to promote the right care in their practice or community. These steps ranged from small individual changes to ambitious partnerships, including:

- Working on a campaign to help the general public understand health care costs and where to go for care
- Partnering with a local doctor and school organizations to connect with the community around us about how we can give patients the right care
- Making sure I know the cost of medications before prescribing them to patients
- Working on a paper to identify and disseminate best practices in maternity care and reducing the rate of unnecessary cesarean sections

Some of our most enthusiastic responses were from medical students, who told us how the conference has changed how they want to practice medicine in the future.



“Something I’m taking from the conference is the power of journalism in making a difference in health care. I’m learning how important it is to gather voices and report on the issues people are facing, to help others who are seeking care. This has made me want to share stories and be louder in my own community.”

– **Charlene Gaw**, third-year medical student at the Mayo Clinic



# | THE FUTURE OF LOWN CONFERENCES

Over the years, the Lown conference has become widely known for being a unique gathering of patients and clinicians dedicated to transformative change in health care. However, we believe we could make an even larger impact on the clinician and patient communities and influence the health policy conversation using a different model for future conferences.

We envision smaller and more focused meetings in the future, with a working group component intended to produce a report or some other deliverable on a specific issue. For example, we could bring in three speakers to discuss universal coverage, each presenting different models of care.



Then 50–100 attendees would divide into working groups, discuss specific elements of the models, and reconvene in plenary. Out of that meeting, we might produce a white paper or report, along with a media effort that might actively involve media from the start to trigger stories, op-eds, blogs, and other ways of dissemination.



Other potential topics that we could center a conference around are: polypharmacy, moral distress and overuse, the hospital of the future, and electronic health records that work for clinicians. We anticipate that narrowing the focus of the conferences and leveraging the knowledge and experiences of attendees can make a greater policy and media impact and engage attendees more fully.