

THE BEAT

Amal Trivedi wants to get the right care to the right people.

And Coverage for All

A physician studies the hidden cost of co-pays.

ELEVATOR PITCH

When Amal Trivedi was a first-year medical student at UCLA, he witnessed two events that would define his career. The first was the attempt at universal health care coverage during the early years of the Clinton administration, which, as Trivedi says, “collapsed pretty spectacularly.” The second was the LA County Health Care Crisis of 1995. “The entire safety net system for Los Angeles County was going to be defunded,” he explains. “And I quickly learned that this ‘crisis’ happens every few years.”

Trivedi became interested in the issues at play in attempts to enact universal health care coverage. “I thought that was just as important as what I was learning in anatomy and biochemistry ... that physicians had a role to play in setting the agenda for health policy, in making sure that vulnerable populations have access to high quality care.”

A hospitalist at the Providence VA Medical Center and an assistant professor of community health, Trivedi came to Brown in 2006 because the position allowed him to integrate clinical care with research on health care policy and quality. *Brown Medicine* recently talked to Trivedi about his research.

What did your recent study on mammography, published in the *New England Journal of Medicine*, find?

We’re all in agreement that women between 65 and 69 should receive regular mammography because mammograms reduce breast cancer deaths. We studied the effect of requiring women to pay more than \$10 for a mammogram and found that the rate of mammography use [by seniors on Medicare] decreased by 8 to 11 percent. There was a larger effect among poor and less educated women, so vulnerable



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populations were impacted the most.

It probably makes good clinical sense and good economic sense to eliminate co-payments for some services that we know are very valuable.

You've also studied co-pays for mental health care. What did you learn there?

Coverage for mental health services has historically been more restricted than coverage for all other types of health care ... you sometimes have to pay a lot more out of pocket to see a mental health provider. We know that when patients are admitted for a psychiatric illness, if they are able to see an outpatient mental health care provider [subsequently] they are less likely to come back to the hospital. We found that in Medicare health plans where the mental health co-payment was much more than the co-pay to see a primary care or specialty care provider, the rates of follow-up were dramatically lower. Health plans with equivalent co-pays have much higher rates of appropriate follow-up after psychiatric hospitalizations.

We should note that Congress implemented mental health parity [in 2008] ... as part of the financial bailout package. The headlines were about the \$700 billion for troubled financial assets, but for people who had been following the parity debate, this was a landmark step. But what the legislation didn't specify was whether parity means equal co-payments for mental health and specialty care or primary care.

What is the optimal amount to charge patients to receive care?

This is one of the most controversial health policy topics. Should health care be free, and if not, how much should people pay? The elderly may be particularly sensitive to higher prices because they generally have lower incomes, and if they forego important medical care they can have serious consequences because they tend to be sicker. Plus, elderly on Medicare face high cost sharing—what they pay out of pocket for doctor visits, hospitalizations, and prescription drugs.

How do you define high-quality care?

I think high-quality care is getting the right care to the right group in a timely fashion, in the most efficient way. That's

BOOK SHELF



THE ADDICT: ONE PATIENT, ONE DOCTOR, ONE YEAR

By **Michael Stein**, MD, professor of medicine and author of *The Lonely Patient: How We Experience Illness*. HarperCollins, 2009 | \$19.99

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really what my research agenda is—trying to find ways to measure and improve the quality and equity of care. [O]ne of the questions is whether quality improvement measures can also make care more equal. The jury's still out on that.

Imagine you are advising President Obama. What do we need to do first to reform health care?

The most important thing is expanding coverage to every American. That's where you start. The second part is trying to find ways to control costs. I don't think it's possible to control costs unless everyone is in the system.

What's next for your research?

I just received a Career Development Award through the VA. The goal of my project is to compare the quality of care in the VA system to the care delivered by private health plans in Medicare. The VA and the Medicare health plans are structured very differently and I want to do a head-to-head comparison between them. — K.C.