



HEALTH CARE

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► TINA'S TAKE

Nonprofit fills need for new ways to treat cancer

Tucked inside a Depression-era Bethesda mansion, several living rooms sat ready to host small support groups of cancer patients.

Director Paula Rothenberg, CEO of the Hope Connections for Cancer Support, pointed out one room that would host yoga classes. Now, the organization has begun taking its services outside its walls.

This week, the group was set to begin offering support groups at MedStar Montgomery Medical Center. Classes at Shady Grove Adventist Aquilino Cancer Center started in October.

These may sound like "nice" offerings from these health centers. But it's more than that – it's part of what will help these institutions keep their accreditation from the American College of Surgeons as comprehensive cancer centers.

Starting in 2015, the college will begin requiring cancer centers to offer services to help cancer patients cope with the emotional and physical toll of a cancer diagnosis.

"The college is wanting centers to focus on the holistic approaches to healing cancer, not just the clinical approaches," said Jane Peck, executive director of cancer services at Adventist HealthCare. "That's where groups like Hope Connections really help because they really have the expertise already here in the community."

This is also therapy that has been shown to improve patient outcomes. By partnering with Hope Connections, the hospitals are able to offer the holistic services to patients – and reap the potential benefits – without having to create the program themselves from scratch.

"I have examples of physicians who have told me they have patients come into the cancer center, see all the services and [decide] this is where they would like to be treated," Peck said. And patients are far more likely to actually use services offered to them if they are located where they actually get their clinical treatments, Peck added.



D.C. resident Bill White and his daughter Kenia Cardova work with an "in-person assister" March 31 to get Cardova signed up for coverage.

TINA REED / STAFF

Learning curve

WHAT'S NEXT FOR D.C. HEALTH LINK – AND NEWLY INSURED

District resident Bill White, 53, says he's never had health insurance. He never needed it either, he believes – that is, until the seafood store worker suffered a stroke in December.

"When I did get sick, it was a wake-up call," he said.

On March 31 – the last day of open enrollment under the Affordable Care Act – White took his 20-year-old daughter to a signup event in Northwest D.C. He'd signed the rest of his family up for coverage but hadn't heard back yet and wanted to make sure they were all successfully in the system.

As the open enrollment period winds down, making sure newly-insured people like White know how to use their coverage once they get their new insurance cards will now be among the chief next tasks for officials at D.C. Health Link, the District's health care exchange.

For example, many users won't understand what a network is, how a deductible works or why they need pri-

or authorization, said Sabrina Corlette a research professor and project director at the Health Policy Institute at Georgetown University.

"One challenge Massachusetts had after they started their exchange was retention," Corlette said. "So all these people signed up for health coverage but they didn't realize they'd have to keep paying a monthly premium. The marketplaces are going to have to pay attention to that ... and they are going to need to help educate people about this."

That will be crucial to maintaining a viable system. As of March 31, 9,838 people enrolled in private plans through D.C. Health Link and 17,489 people were determined eligible for Medicaid coverage.

D.C. Health Link has an advisory board that has begun working on the question of how to best educate new users, said Mila Kofman, executive director of the D.C. Health Benefit Exchange Authority.

D.C. exchange officials will be examining which outreach methods were most effective, Kofman said.

Early on, they realized that residents who were looking to sign up for health coverage but couldn't get through the very first identity verification process were immediately locked out of signing up online, a barrier many found frustrating. So the exchange began holding "One-Touch" enrollment events where representatives were located in the same room at the same time to cut through the red tape more quickly. Those kinds of insights and changes proved valuable.

One of the biggest pushes for D.C. Health Link officials will be new a focus on selling small business coverage, Kofman said. While open enrollment for individuals ended March 31, small businesses can continue to purchase plans.

Nearly 13,000 plans were sold in D.C. through the small business marketplace, but more than 12,000 were congressional signups.

► HEALTH EXCHANGE WATCH: MARYLAND



"There's risk all over the place. You've got to pick the risks you think are manageable."

MARYLAND HEALTH SECRETARY DR. JOSHUA SHARFSTEIN, at an April 1 meeting of the Maryland Health Benefit Exchange's board, where they voted unanimously to scrap its health exchange website in favor of technology used by Connecticut for its marketplace. Maryland has spent \$125 million on the exchange, which includes salaries and other administrative costs. About \$68 million of that went to the lead contractor that the state fired in February.