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TRANSCRIPT (**First version, 8 min**)

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Google Notebook Makes 2-Voice Podcast from My Policy Blog (CMS Lab Pricing)

BLOG:

<https://www.discoveriesinhealthpolicy.com/2024/09/cms-releases-preliminary-crosswalk-for.html>

How to Do It:

<https://lifehacker.com/tech/use-google-notebooklm-ai-to-turn-your-research-into-a-podcast>

NOTE:

This podcast is not entirely correct and misses some points of emphasis. However, it's still a remarkable new service within Google Notebook LM.

##

Adam:

Medicare and lab test pricing; not exactly the most captivating topic at first glance. Right?

Brenda:

Right.

Adam:

But trust me on this one.

Brenda:

Okay.

Adam:

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This stuff gets interesting, especially when you start digging into the latest moves by CMS. We're diving into an article by Dr. Bruce Quinn, an expert on health reform in Medicare policy. And let me tell you, he does not disappoint.

Brenda:

Yeah. Dr. Quinn really knows his stuff. And this piece on lab test pricing, it's like a masterclass on how this whole system works.

Adam:

It really is.

Brenda:

Or sometimes how it doesn't work.

Adam:

Exactly. And that's what we're going to unpack today. The ins and outs of how CMS, that's the Centers for Medicare and Medicaid Services, decides how much to pay for all these medical tests, including the brand new ones hitting the market.

Brenda:

Yeah. And this is huge because it doesn't just affect how much labs get paid; it trickles down to everything.

Adam:

Oh, absolutely.

Brenda:

It influences which tests get developed in the first place, which ultimately determines what's available for patients. We're talking about access, innovation, the whole nine yards.

Adam:

And this is where it gets really juicy. Dr. Quinn points out this fascinating dynamic between CMS and their very own expert panel; the folks they bring in for guidance on pricing.

Brenda:

Yeah. You'd think they'd be on the same page. Right?

Adam:

Right. But apparently that's not always the case. They seem to butt heads quite a bit actually.

Brenda:

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And not just on minor details.

Adam:

Oh, no.

Brenda:

We're talking significant disagreements, especially when it comes to these new Alzheimer's tests that are making waves.

Adam:

Okay. So let's talk about that for a second. New Alzheimer's tests; a huge deal. Right?

Brenda:

Huge.

Adam:

We've been waiting for reliable, accurate diagnostics for what feels like forever.

Brenda:

Tell me about it. The science behind these tests is incredibly complex, and the potential impact they could have on early diagnosis and treatment, it's game-changing stuff.

Adam:

Absolutely. But here's where the plot thickens; CMS proposed a surprisingly low price for some of these tests. Way lower than what the expert panel recommended.

Brenda:

Yeah. We're talking a huge discrepancy here. The experts were pushing for a price closer to \$130, reflecting the complexity and value of these tests. But CMS came back with a proposed price of just \$17.

Adam:

\$17.

Brenda:

\$17.

Adam:

That's what, less than a nice dinner out.

Brenda:

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It's mind-boggling. Right. And it all boils down to this; CMS has to consider the bigger picture, the overall impact on Medicare's budget.

Adam:

Right, I get that. But still, \$17? It just seems like we're undervaluing these incredible breakthroughs.

Brenda:

That's the concern a lot of people have, including Dr. Quinn. And it raises a crucial question. If CMS prioritizes budget constraints over groundbreaking innovation, what does that mean for the future of medical testing?

Adam:

It's a tough one, and it's something we're going to unpack even further in this deep dive. So where do we even begin to untangle this whole pricing puzzle?

Brenda:

Well, this is where Dr. Quinn's analysis takes a really interesting turn.

Adam:

Oh, okay.

Brenda:

He actually brought in some artificial intelligence to help him make sense of it all.

Adam:

AI; robots deciding on healthcare costs. That's both fascinating and slightly terrifying.

Brenda:

I know, right? But it's not quite that sci-fi. He used ChatGPT, which I'm sure you've heard of.

Adam:

Oh, yeah. Everyone's talking about it.

Brenda:

He basically fed it all this information about CMS's decision-making process, the expert panel's recommendations, the whole shebang.

Adam:

Trying to see if ChatGPT could find some kind of hidden logic behind it all.

Brenda:

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Exactly. He wanted to crack open that black box of healthcare policy and see what makes it tick.

Adam:

And did it work? Did ChatGPT have any aha moments?

Brenda:

It did, actually. For one thing, it highlighted the role of MoID.

Adam:

MoIDX.

Brenda:

They're a Medicare contractor that specifically evaluates molecular diagnostic tests, like these new Alzheimer's tests.

Adam:

So they're the ones who really get into the weeds with the science and figure out how these tests fit into the existing billing codes.

Brenda:

Exactly. They're like the detectives of medical billing; comparing new tests to what's already out there, looking at their complexity and then recommending a price based on all of that.

Adam:

So you've got this whole team dedicated to making sure these new tests are priced fairly.

Brenda:

You would think so, wouldn't you? But here's the kicker. CMS doesn't always follow MoIDX's recommendations.

Adam:

They don't. So even with all that analysis, CMS can just say, "Thanks, but no thanks."

Brenda:

Pretty much. And according to ChatGPT's analysis, it seems like CMS is often more concerned with consistency than anything else.

Adam:

Consistency.

Brenda:

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Yeah. They want to make sure the pricing of these new tests aligns with their existing fee schedules, even if it means potentially undervaluing a truly groundbreaking test.

Adam:

So it's like they're prioritizing a neat and tidy system over actual medical progress.

Brenda:

That's the worry, isn't it? And this is where Dr. Quinn's concerns really come into play. He argues that this emphasis on consistency could seriously stifle innovation, especially in a field like Alzheimer's, where we desperately need those big leaps forward.

Adam:

Because if researchers know their breakthrough test is just going to get lumped in with an older cheaper test, why even bother?

Brenda:

Exactly. It's a huge disincentive. And then there's the issue of patient access.

Adam:

Right. Because if these tests aren't priced appropriately, who's going to pay for them?

Brenda:

And who's going to develop them in the first place if they don't think they can recoup their costs? It's a complex web, and it all comes back to this tension between innovation and regulation.

Adam:

So we're kind of stuck between a rock and a hard place here. On one hand, we want these amazing new tests, but on the other hand, someone's got to pay for them.

Brenda:

That's the million-dollar question, isn't it?

Adam:

Yeah.

Brenda:

And I think this is where Dr. Quinn's insights become really valuable.

Adam:

Because he actually offers some solutions.

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Brenda:

Well, he gives us a roadmap at least. See, I think one of the biggest problems is this disconnect between how researchers think and how CMS thinks.

Adam:

Okay, I'm listening.

Brenda:

Researchers, they're wired for innovation. They're laser-focused on pushing the boundaries, finding the next big thing.

Adam:

Makes sense.

Brenda:

But CMS, their priority is sustainability.

Adam:

Keeping Medicare afloat.

Brenda:

Exactly. They're playing the long game, thinking about the big picture, the overall budget impact.

Adam:

Which means they're going to be a little more cautious, a little less likely to jump on every shiny new test that comes along.

Brenda:

Exactly. And that's what researchers and even patients need to understand if they want to be effective advocates for these new tests.

Adam:

So it's not enough to just say, "Hey, this test is amazing. You should pay for it."

Brenda:

Nope. You got to speak their language. And Dr. Quinn lays out some really practical advice for doing just that.

Adam:

Okay, so what's the secret? How do we get through to CMS?

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Brenda:

It's all about connecting the dots for them.

Adam:

Connect the dots.

Brenda:

Yeah. Instead of just focusing on the wow factor of the technology, you got to show them the value proposition.

Adam:

The value proposition; sounds very businessy.

Brenda:

Well, it kind of is. You got to make the business case for your breakthrough.

Adam:

Okay. So, less science, more economics.

Brenda:

Not necessarily less science, but you've got to frame it in a way that resonates with CMS's priorities. Talk about improved patient outcomes, long-term cost savings, even if the upfront cost is a bit higher.

Adam:

So if we can show them how this new test will actually save them money down the line, they'll be more likely to get on board.

Brenda:

Exactly. It's all about demonstrating how this innovation fits into their world, their priorities.

Adam:

It's like we have to think of it as an investment, not just an expense.

Brenda:

Precisely. And I think that's a really important takeaway from Dr. Quinn's analysis. This tension between innovation and regulation, it's not going away.

Adam:

Especially as we're seeing more and more personalized medicine, gene therapies, things that are crazy expensive to develop.



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Brenda:

Absolutely. And it's only going to get more complex, more nuanced as we move forward.

Adam:

So what's the answer? How do we balance the need for these groundbreaking treatments with the very real constraints of healthcare budgets?

Brenda:

That's the million-dollar question, isn't it? I don't think there's an easy answer, but I think Dr. Quinn's analysis gives us a really good starting point.

Adam:

By encouraging us to look beyond the science, to understand the motivations and the pressures on all sides of this issue.

Brenda:

Exactly. Because at the end of the day, it's not just about dollars and cents.

Adam:

It's about people's lives.

Brenda:

Exactly. And that's something we should never lose sight of.

Adam:

Well said. Well, this has been quite the deep dive, and I think it's safe to say that the conversation around lab test pricing, especially for these new Alzheimer's tests, is far from over. If you're interested in learning more, and I highly recommend that you do, be sure to check out Dr. Quinn's blog. He goes into even more detail, and he's got this knack for making even the most complex topics understandable. Until next time, thanks for diving in with us.