

Thoughts on the Reform of Health Care

Submitted by J. Lyle Bootman, Ph.D., D.Sc.

The results of a Gallup Poll released Dec. 1, 2008, give additional substance to the analysis by politicians, policy makers, healthcare providers and others that this indeed, after decades of empty talk and thwarted efforts, may be the best opportunity in half a century to truly *reform*, rather than tinker with, health care in the United States.

As reported by The Washington Times, for 55 percent of the respondents to the poll, which was conducted Nov. 11 to 13, “concerns about the access and cost of health care far outweigh the worrisome challenges” of a variety of chronic diseases. The availability of health care and the financial challenges of the entire system is “the most urgent health problem” facing the country, in respondents’ view.

This documented shift in public perception (in a similar poll 20 years ago, just 1 percent cited healthcare cost as a primary concern, The Times says) aligns with a variety of other indicators that there may, at last, actually be a sustainable national will to tackle the astoundingly complex challenges inherent in addressing the multiple ills of the American healthcare system. Among these indicators are:

- Healthcare reform was a high-priority topic during the 2008 presidential campaign, and remained so even as financial crises and the overall national economy dominated discussion. The preference by the electorate for Barack Obama, who links healthcare reform to larger economic issues and promises to use the power of the White House to effect significant change, hopefully reflects a majority recognition of the critical role health care plays in our nation’s economy.
- Dissatisfaction with the current system crosses party lines more than ever. A February 2007 poll found 64 percent of Republicans surveyed believed U.S. health care needed “fundamental changes.”
- Business, including small business, is shifting from its traditional opposition of healthcare reform to a recognition that the skyrocketing costs of health care make it difficult for companies to compete both internationally and locally. A 2007 poll of National Federation of Independent Business members found 74 percent named healthcare costs to be the most serious issue facing the system.
- The insurance industry is indicating a willingness to cover sick people as well as healthy ones, as long as all Americans are required to have coverage; in November 2008, the industry’s Washington trade group issued a statement showing a switch from its long-time opposition to rules against denying coverage to customers likely to incur high bills.

The widespread dissatisfaction with the cost of health care (assessed at \$2.3 trillion or 16 percent of the gross domestic product) in the United States may enable successful reform

efforts now, but it should not, and must not, limit change directives to the single goal of lowering the charges to employers, individuals and government for health insurance and medical services. We must address the other vast inadequacies of our current patchwork system as well. Ten years from now, the following (and multiple others not named here) measurements of the access to and quality of our health care must no longer be true:

- U.S. infant mortality rate is 28th in the world.
- Only 30 percent of sick Americans receive same-day care.
- Medical errors kill as many as 98,000 Americans a year.
- Only 27 percent of patients with hypertension have their condition under control..

Over the past several years, consumers, providers, insurers, policy-makers, employers, regulators and politicians have recognized that we must make efforts to define the value of health care, not just the cost of medical services, and that the value equation must measure accessibility and quality of outcomes as well as dollars spent. There is growing consensus that we need a seamless, value-oriented system that offers affordable health care to all Americans.

For nearly eight years, we have had a clear statement from the Institute of Medicine* of the elements critical to a successful 21st century health system:

- Consumer involvement
- Evidence-based practice
- Interdisciplinary approach
- Informatics
- Payment restructuring
- Emphasis on chronic disease and prevention

But in a framework as wide-reaching, complex and convoluted as ours, there are going to be thousands of ideas about the best strategies to improve health outcomes, expand access, promote shared responsibility and lower costs. And the potential of many of those ideas and strategies to move us closer to the ideal system will not be easily evaluated by simulation, statistical analysis or past experience. Nor will the solutions that work for our cities always apply to our rural areas, or those that find success among some demographics thrive with other groups. We already see vast regional differences and ethnic disparities across our nation in the costs of services and the level of positive health outcomes. As Angela Braly, president and CEO of WellPoint Inc., stated in a Nov. 23, 2008 posting by The Wall Street Journal Online, stated in a discussion of the value equation of cost and quality in health care, "...we think the regional variation of health-care delivery and the cost associated with that actually helps us in that define and measure category, so we can see that there are places where health care is being delivered of higher value and we ought to strive for the models that produce those results."

*Crossing the Quality Chasm, March 1, 2001

As an educator and researcher, I would expand on Ms. Braly's thoughts. I would not only study the 20th century models that show success now, but actively invite and nurture innovative new projects that are built with the specific intent of meeting a matrix of key reform goals. Clinics, HMOs, hospitals, practice specialties, academic centers, professional organizations, employers, business, cities and states should be challenged to develop model systems that, for instance, fully incorporate electronic medical records, payment systems based on positive health outcomes, and patient-centered prevention and medication counseling as necessary elements. I believe a national reform program should fund relatively small, regionally directed pilot projects to test a range of new ideas built on clearly stated transformation goals. Project directors working under the jurisdiction of five or six regional "reform innovation" districts should meet rigorous standards for assessment and evaluation. Within perhaps as short a period as four or five years, from 100 localized pilot or demonstration projects, we might well have developed 50 or more new strategies for improving the value of health care, not just in the communities where the pilots are taking place, but throughout our country, or at least in areas similar to project sites. I strongly encourage the next president, the Secretary of Health and Human Services, Congress and other government officials, as they attempt to meaningfully reform health care in the United States, to build in funding and structure that will support multiple local and regional opportunities for stakeholder coalitions to implement innovative new approaches to achieving transformation. This strategy will provide a solid basis of fact and experience for adopting national reform that is grounded in practice evidence with measurable success in improving quality and safety at an acceptable cost.