Institute for Healthcare Improvement

NAACOS Fall Conference
September 22, 2020

Possible Next Stages in US Health Care Policy

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Choices for “The New Normal”

- Speed of Learning and Change
- Standardization and Commitment to Science
- Virtual Care and Reconsidering “Proximity”
- Protecting the Workforce
- Preparedness
- Inequity

Justice and the Health Care Workforce

CORONAVIRUS

They're Working In Healthcare During A Pandemic. They Don't Get Health Insurance.

"As a nurse or a doctor, at least you're getting paid a decent amount of money to risk your life," one hospital clerical worker earning $15 an hour told BuzzFeed News.

Emmanuel Felton
BuzzFeed News Reporter

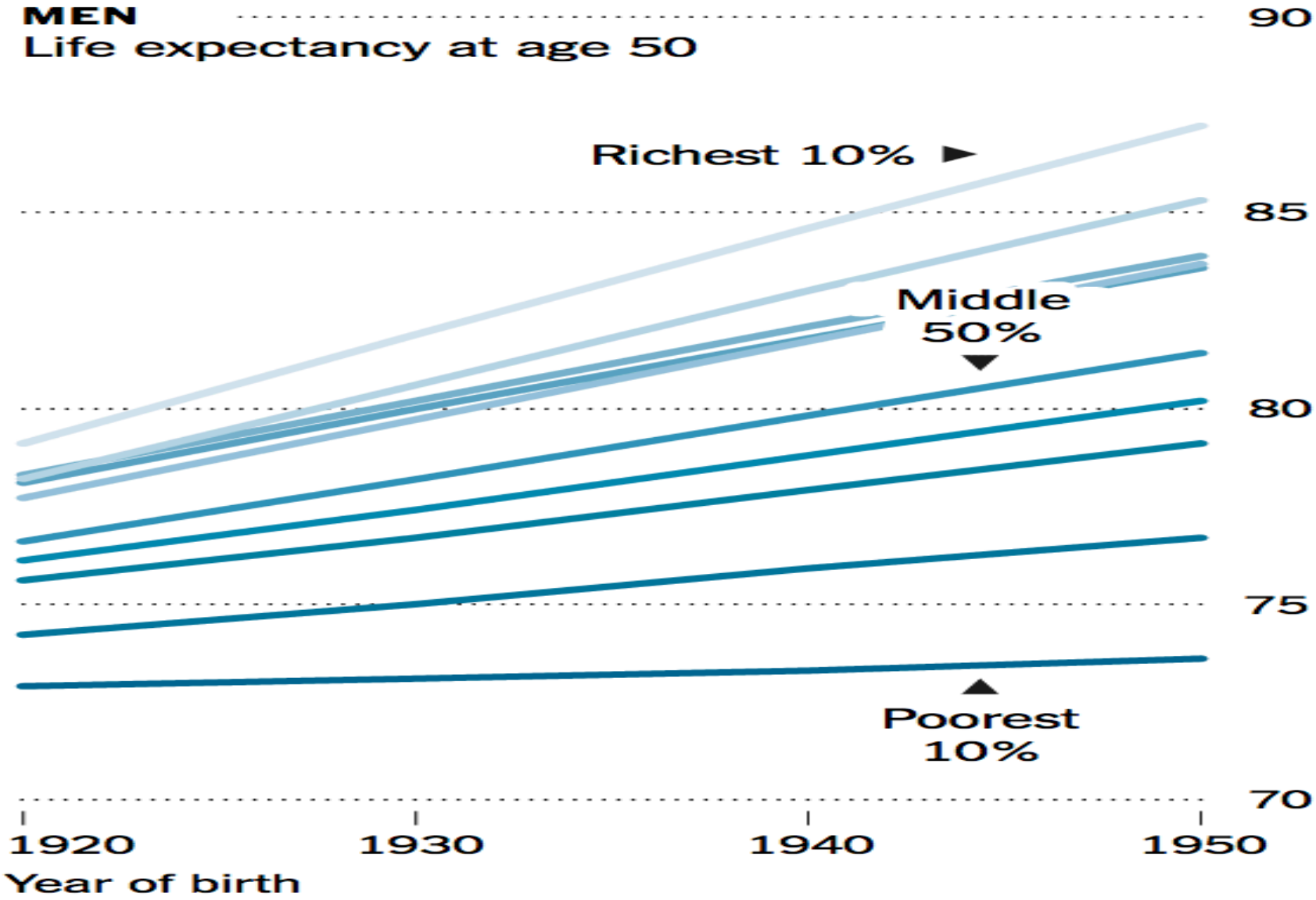
Posted on May 13, 2020, at 3:10 p.m. ET

"More than 800,000 healthcare workers and almost 1.1 million of their children live in poverty across the US, according to a 2019 study published in the American Journal of Public Health. The researchers found that roughly 18.5 million people are employed in the US health industry. And nearly 10% of them — 1.7 million — earn so little that they get healthcare through Medicaid. Another 1.4 million have no health insurance at all."

“Inequities in power, money, and resources give rise to inequities in the conditions of daily life, which in turn lead to inequities in health.”

- Sir Michael Marmot

US Life Expectancy by Year of Birth



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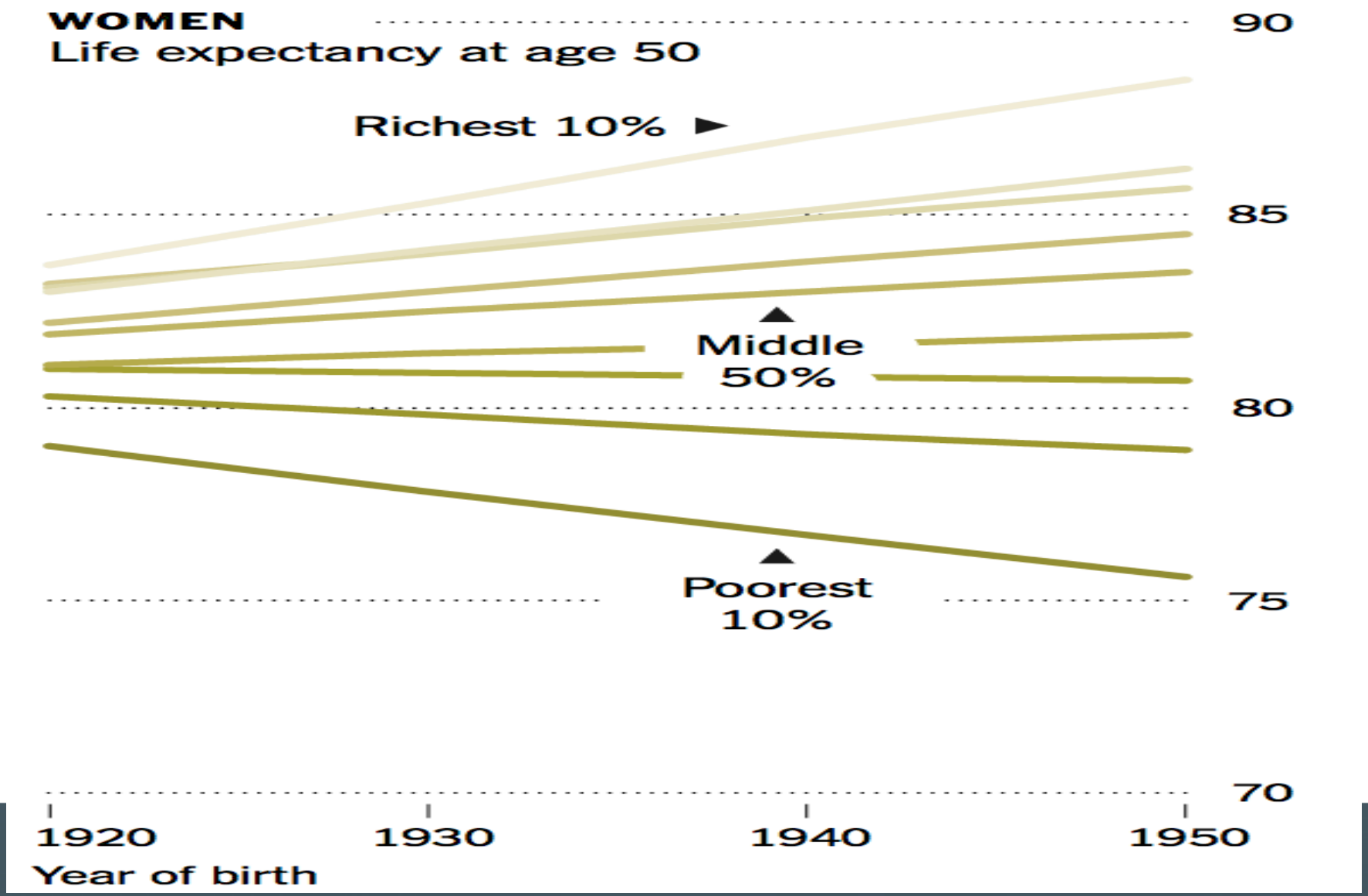


Woolf and Schoomaker, JAMA, November 26, 2019

Special Communication

November 26, 2019

Life Expectancy and Mortality Rates in the United States, 1959-2017

Steven H. Woolf, MD, MPH[1]; Heidi Schoomaker, MAEd[2,3]

» Author Affiliations | Article Information

JAMA. 2019;322(20):1996-2016. doi:10.1001/jama.2019.16932

"Between 1959 and 2016, life expectancy increased by almost 10 years , from 69.9 years in 1959 to 78.9 years in 2016… US life expectancy peaked in 2014 and subsequently decreased significantly for 3 consecutive years."

From: **Life Expectancy and Mortality Rates in the United States, 1959-2017**

JAMA. 2019;322(20):1996-2016. doi:10.1001/jama.2019.16932

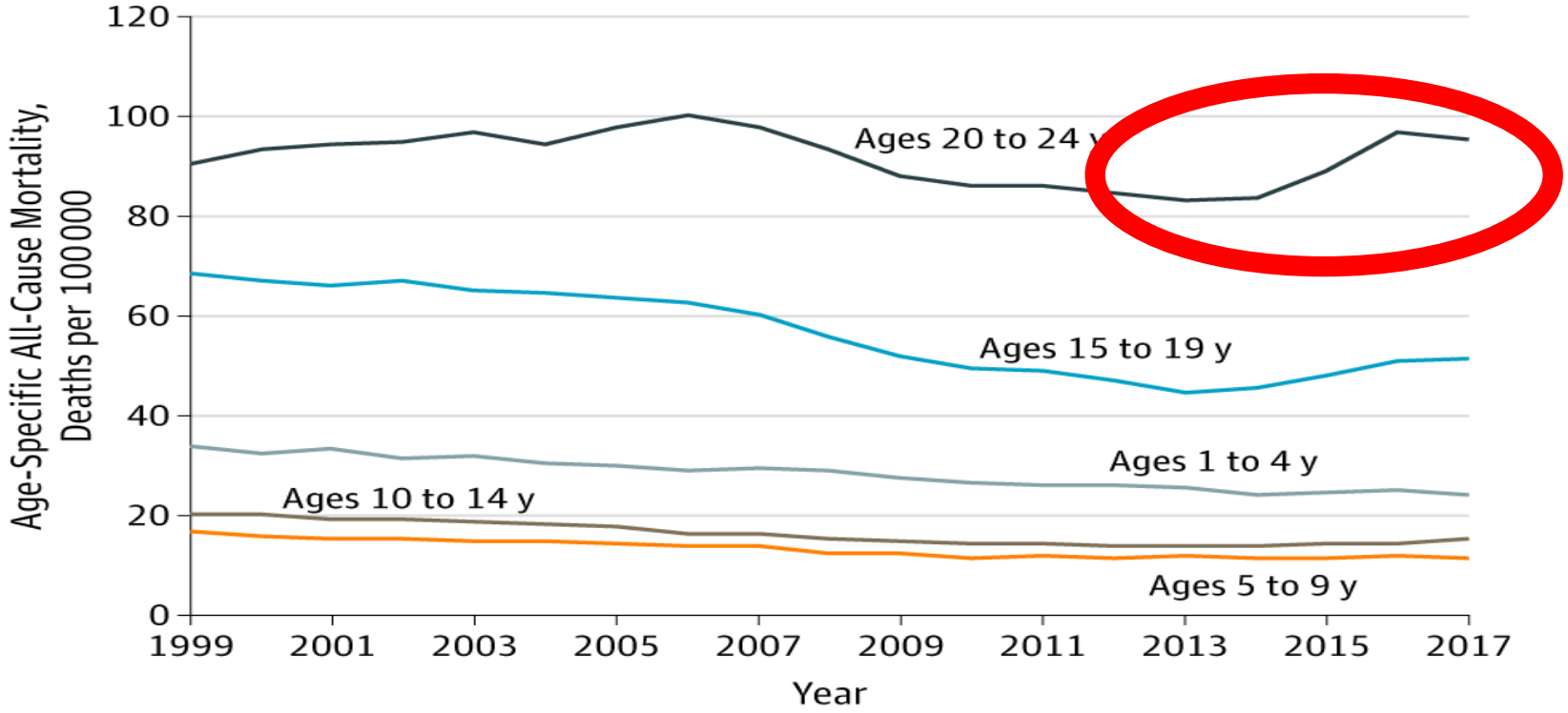
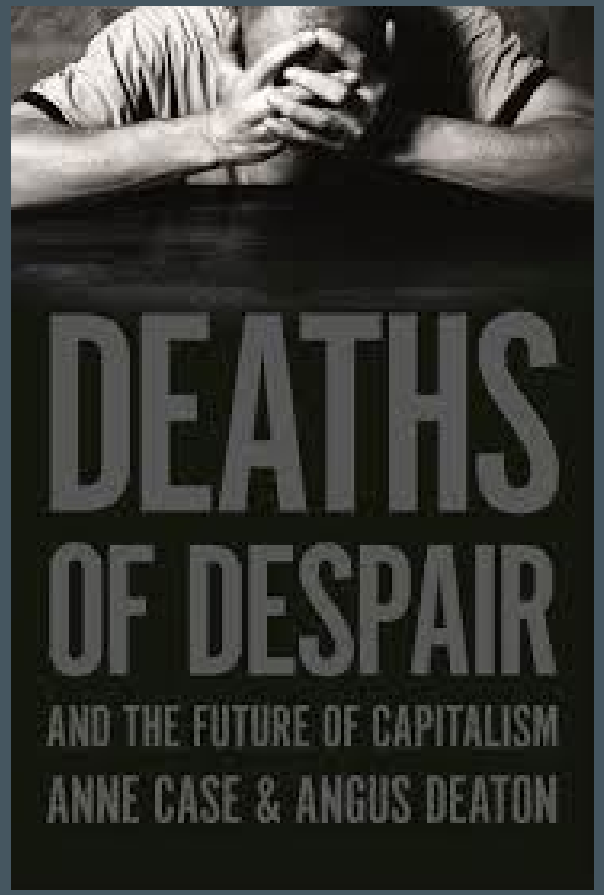
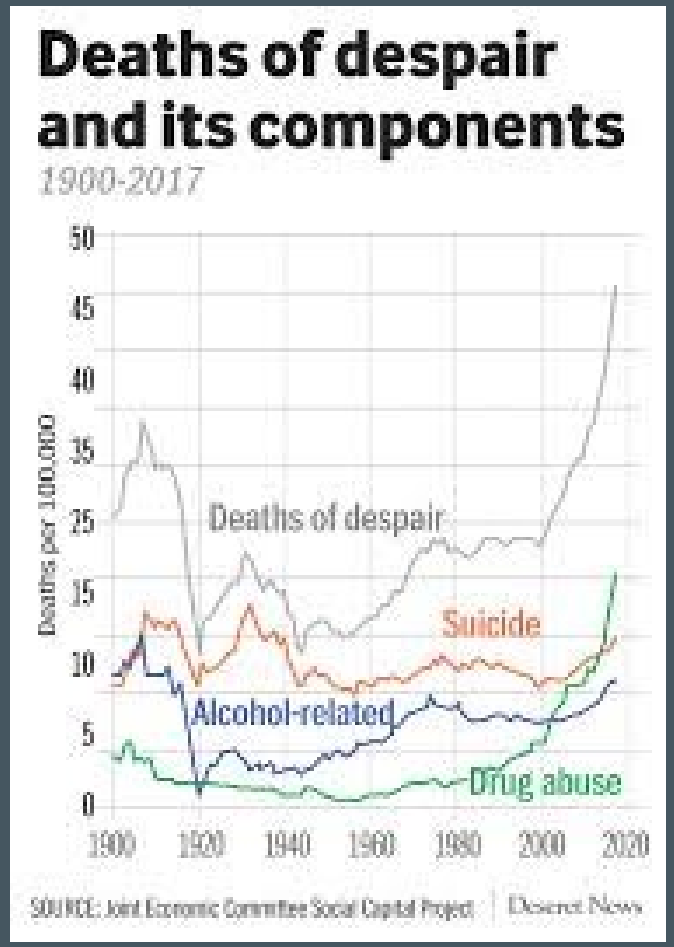


Figure Legend:

Age-Specific, All-Cause Mortality Rates Among US Youth, Aged 1-24 Years, 1999-2017Source: CDC WONDER.

Angus Deaton and Anne Case – Princeton University



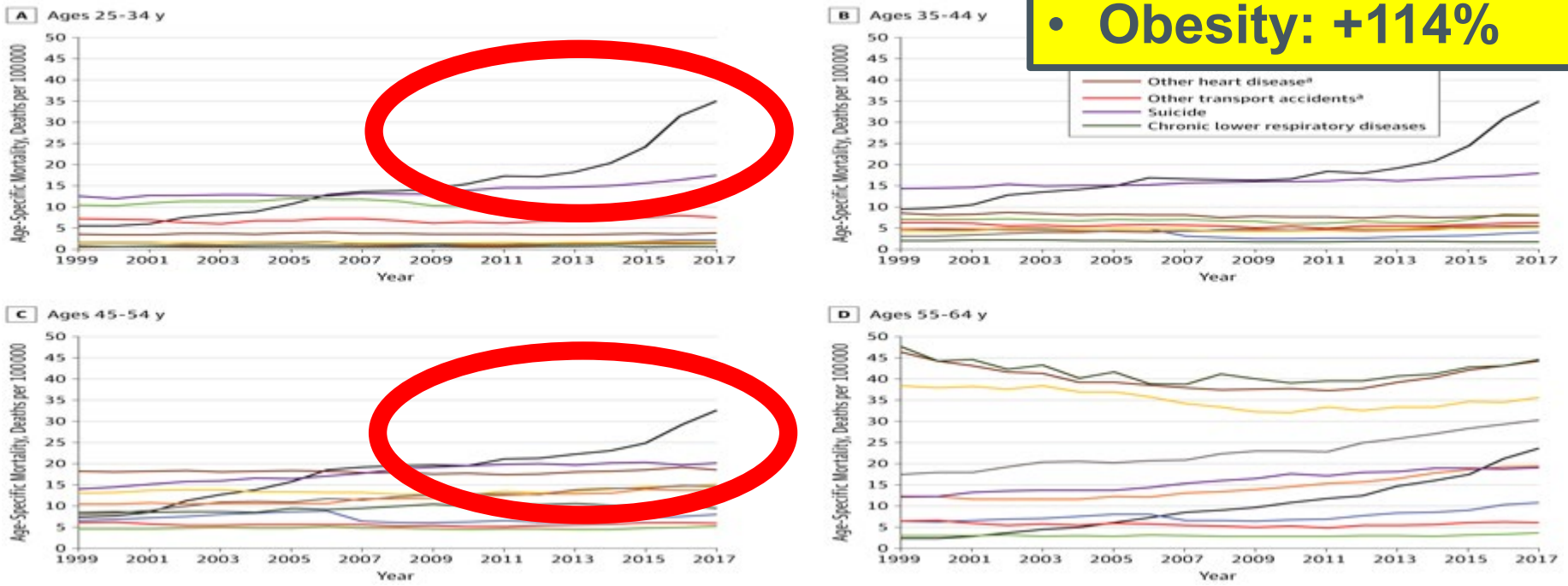


From: **Life Expectancy and Mortality Rates in the United States, 1959-2017**

JAMA. 2019;322(20):1996-2016. doi:10.1001/jama.2019.16932

Increased Death Rates from:

- **Drug Overdoses: +386%**
- **Alcoholic Liver: +41%**
- **Suicide: +38%**
- **Hypertension: +79%**
- **Obesity: +114%**



Homeless Children in New York City

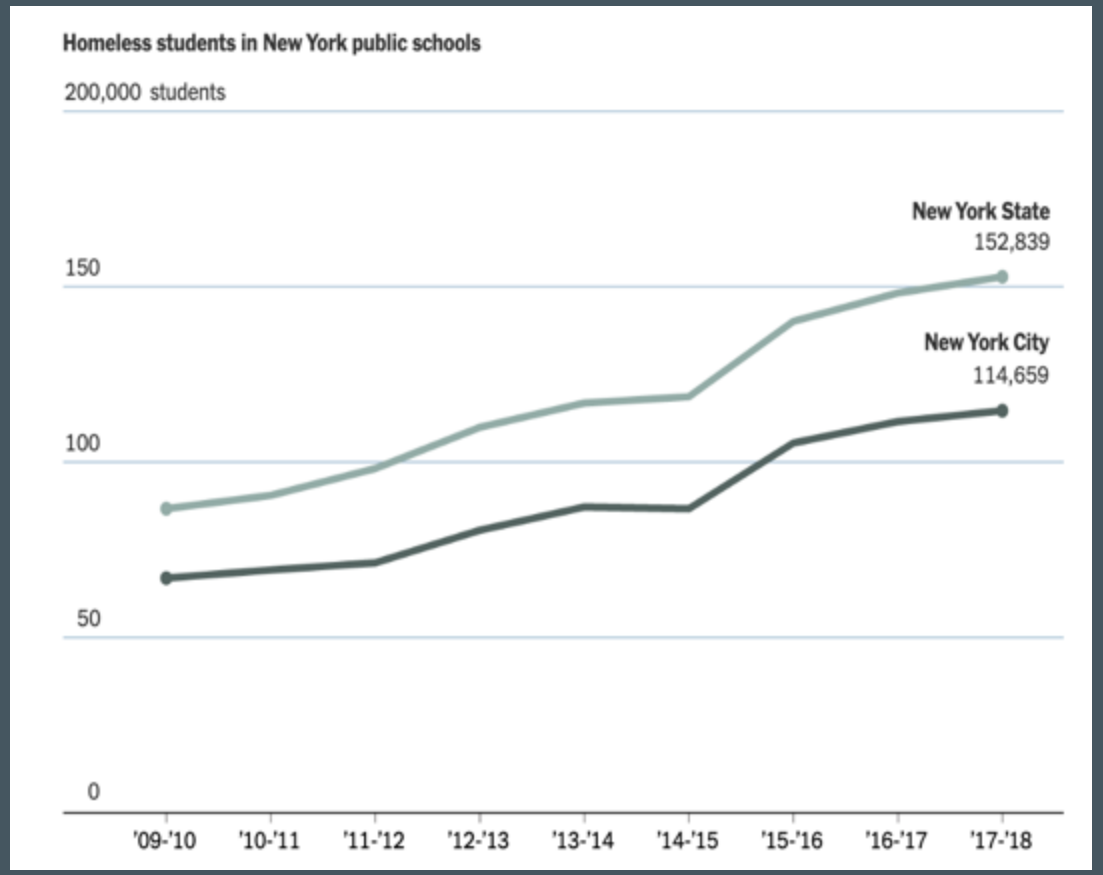
Homelessness in New York Public Schools Is at a Record High: 114,659 Students

One out of every 10 students lived in temporary housing during the last school year.

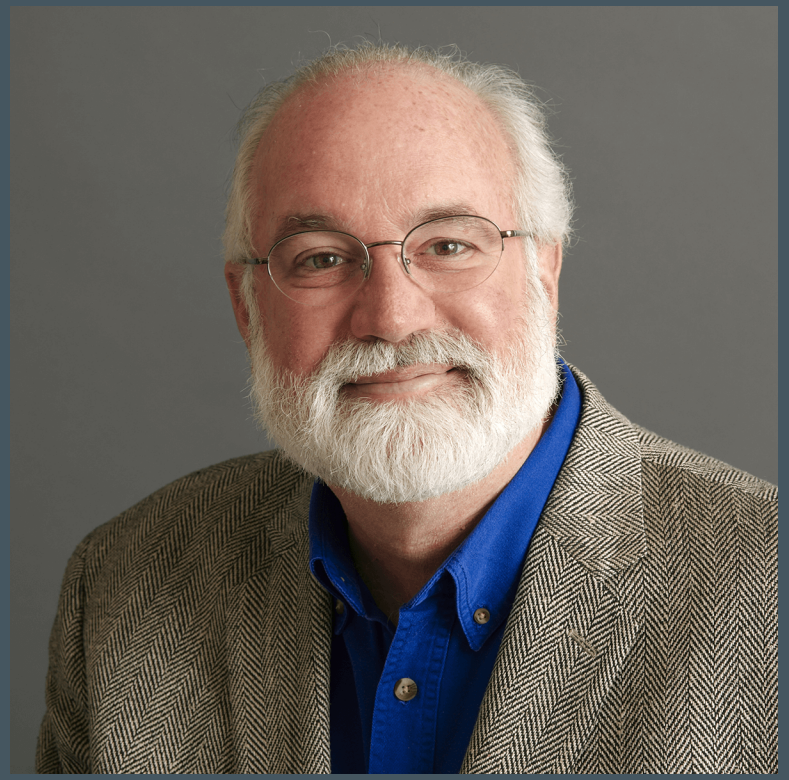
The New York Times, October 15, 2018

There are more homeless students in New York City than people in Albany

At 144 public schools, a third of the children are homeless



Father Greg Boyle



“Here is what we seek:

A compassion that can stand in awe at what the poor have to carry, rather than stand in judgment at how they carry it.”

Institutional Racism and the “Moral Law”

Topics in Policy – Biden-Sanders Unity Task Force

- COVID-19 and Public Health Response
- Coverage
  - Public Option
  - Medicare Expansion
  - Medicaid Repair
  - Medicaid Expansion
- Prescription Drugs
- LTSS
- Delivery System Improvements
- Improving Equity

NOTE: This represents the personal interpretation of the presenter and is not intended to represent any official position of the Biden Campaign

Biden-Sanders Health Care Unity Task Force:

COVID Response and Public Health

- Free testing, treatment, vaccines for COVID-19 (or any health crisis) – regardless of immigration or economic status
- Free or low cost access to high-quality Marketplace plans
  - Zero deductible option
  - Free premiums up to 200% FPL
  - Platinum level
  - Eliminate 400% FPL cliff, and limit premium to 8.5% of income
- Automatic prospective enrollment in Public Option for those <200% FPL or enrolled in social safety net program (e.g. SNAP or TANF), with opt out available
- 100% COBRA coverage
- Autoenrollment in Public Option when COBRA expires for those who quality for free premiums
- Open ACA Marketplaces outside of normal enrollment periods
- Automatic trigger for these expansions in future public health crises or severe economic downturns
- Invest in at least 100,000 public health system workers, and increase public health funding, including to CDC
- Support a national public health surveillance system, national testing strategy, national vaccine campaign
- Support the World Health Organization

Coverage

- Allow Americans to enroll in Medicare at age 60
- Explore financially sustainable ways to add vision, hearing, and dental to Medicare benefits
- Eliminate 400% FPL cliff and cap on subsidies, and limit premium to 8.5% of income
- Establish a high-quality Public Option plan
  - Administered by CMS
  - On Marketplaces
  - Include a zero-deductible choice
  - Gold level value
  - Automatic enrollment with opt out available for people eligible for zero premiums
- Reduce OOP drug spending cap in Medicare and free or low-cost drugs of proven benefit for chronic illness
- Empower states to use ACA innovation waivers to explore, e.g.: universal health care approaches
- Expand mental health treatment and treatment of opioid addiction, including for incarcerated people and returning citizens.

Biden-Sanders Health Care Unity Task Force:

"Public Option"

"Private insurers need real competition to ensure they have incentive to provide affordable, quality coverage to every American. To achieve that objective, we will give all Americans the choice to select a high-quality, affordable public option through the Affordable Care Act marketplace. The public option will provide at least one plan choice without deductibles, will be administered by the traditional Medicare program, not private companies, and will cover all primary care without any copayments and control costs for other treatments by negotiating prices with doctors and hospitals, just like Medicare does on behalf of older people. The lowest-income Americans not eligible for Medicaid will be automatically enrolled in the public option at no cost to them, although they may choose to opt out at any time. Everyone will be eligible to choose the public option or another Affordable Care Act marketplace plan, even those who currently get insurance through their employers, because Democrats believe working people shouldn't be locked in to expensive or insufficient health care plans when better options are available. To help close the persistent racial gap in insurance rates, Democrats will expand funding for Affordable Care Act outreach and enrollment programs, so every American knows their options for securing quality, affordable coverage."

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Biden-Sanders Health Care Unity Task Force:

Coverage – Medicaid, etc.

- Medicaid Repair – undo toxic waivers and sub-regulatory damage (short term plans, work requirements, enrollment barriers, navigators, etc. etc.)
- End use of Public Charge Rule
- Medicaid Expansion
  - Expand FMAP available to non-expansion states
  - Public Option at zero premium for eligible people in non-expansion states
- Lift five-year waiting period for low-income lawfully present immigrants for Medicaid and CHIP (4.1 million people)
- Extend ACA coverage to DACA recipients, with subsidies as applicable
- “No Wrong Door” enrollment processes
- Support expanded alternative payment models:
  - ○ Encourage accountable payment in the Public Option and Medicare
  - ○ Expand competitive bidding under CMS
  - ○ Expand and improve opportunities for Accountable Care Organizations

Prescription Drugs

- Direct Medicare to negotiate prescription drug prices
- Apply negotiated prices to all purchasers (with tax penalties)
- Direct Medicare to target excessively priced prescription drugs with little or no competition
- Limit cost inflation for all brand name and abusively priced generic drugs to CPI inflation rate
- Empower the HHS Secretary to negotiate prices that are capped at average OECD median prices
- End “pay for delay” deals, and equip FTC to enforce
- Use antitrust authority to challenge mergers that lesson generic competition
- Allow individuals to import high-quality and safe prescription drugs
- Eliminate tax deductions for drug advertising

Long Term Care Supports and Services

- Increase home care workforce by at least 600,000, and assure pay of at least $15 per hour plus benefits
- Eliminate current home care waiting lists, including eliminating institutional bias in Medicaid

Delivery System Improvements

- Double investments in community health centers
- Provide explicit five-year authorization for CHC's and National Health Service Corps
- Provide for rural health demonstration projects, including new financing models for community-based, integrated care systems

Improving Equity

"Democrats will launch a sustained, government-wide effort, with leadership at the highest levels, to eliminate racial, ethnic, gender, and geographic gaps in insurance rates, access to quality care, and health outcomes. That includes tackling the social, economic, and environmental inequities—the social determinants of health like poor housing, hunger, inadequate transportation, mass incarceration, air and water pollution, and gun violence—that contribute to worse health outcomes for low-income Americans and communities of color."

Improving Equity

- Executive Order and White House Oversight
- Increase and make mandatory funding for the Indian Health Service
- Invest in recruitment, training, and support for providers of color, including health training grants for HBCU's

Executive Order on Equity and Disparities

Direct all relevant federal departments and agencies, under the coordination of the Domestic Policy and National Economic Council Directors and with the direct oversight of the President, to actively engage in a reporting and policy execution process supported by cross-government resource reallocation and new investments to advance equity and eliminate disparities in the United States for every category of essential support necessary for individual achievement, including but not limited to health and health care. Each designated office will:

- Document all major disparities of supports and status that currently exist amongst people of color;
- Establish a unified data-driven baseline that gives the President and the public a starting point to measure improvement over time, and track and report status frequently over time;
- Detail statutory, regulatory, and implementation barriers that stand in the way to eliminate or overcome barriers to progress;
- Identify policies that are necessary to address inequities and disparities with financing requirements;
- Set realistic goals and timetables for short, intermediate and ultimate success;
- Issue data-driven progress reports to DPC/NEC every six months throughout the Administration that are consolidated and summarized for the President's review and consideration;
- Assist in the prioritization and execution of recommendations for the President;
- Report back on a semi-annual basis on progress of achieving improvement goals, utilizing improved and unified data; and
- Provide explicit rationale for any delay that documents barriers and implications; and

How to Interrogate Health Care "Reform"

- Universal Coverage
- Improving Quality
- Improving Social Determinants of Health
- Reducing per Capita Costs

All now in the context of…

- COVID-19 and Future 21st Century Threats
- George Floyd, Structural Racism, and Mobilization