



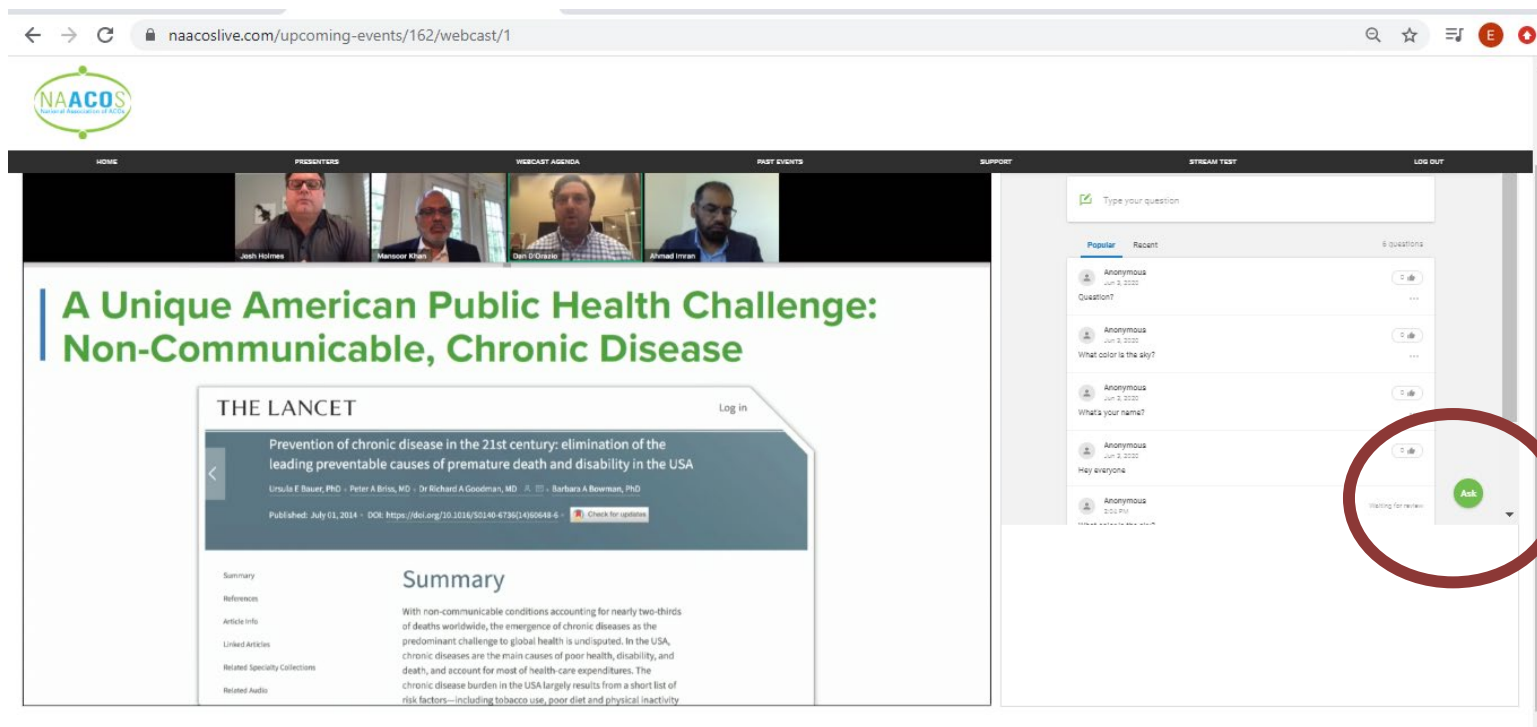
# Welcome to the NAACOS Virtual Conference



# Agenda



1. Speakers will present for approximately 45-50 minutes
2. Q&A will take the rest of the time.
  - To ask a question, click on the green “ask” button in the bottom right of the questions box. Please see the screen shot below.
  - You can type in a question at any time during the presentation.



# What we are doing in the pandemic



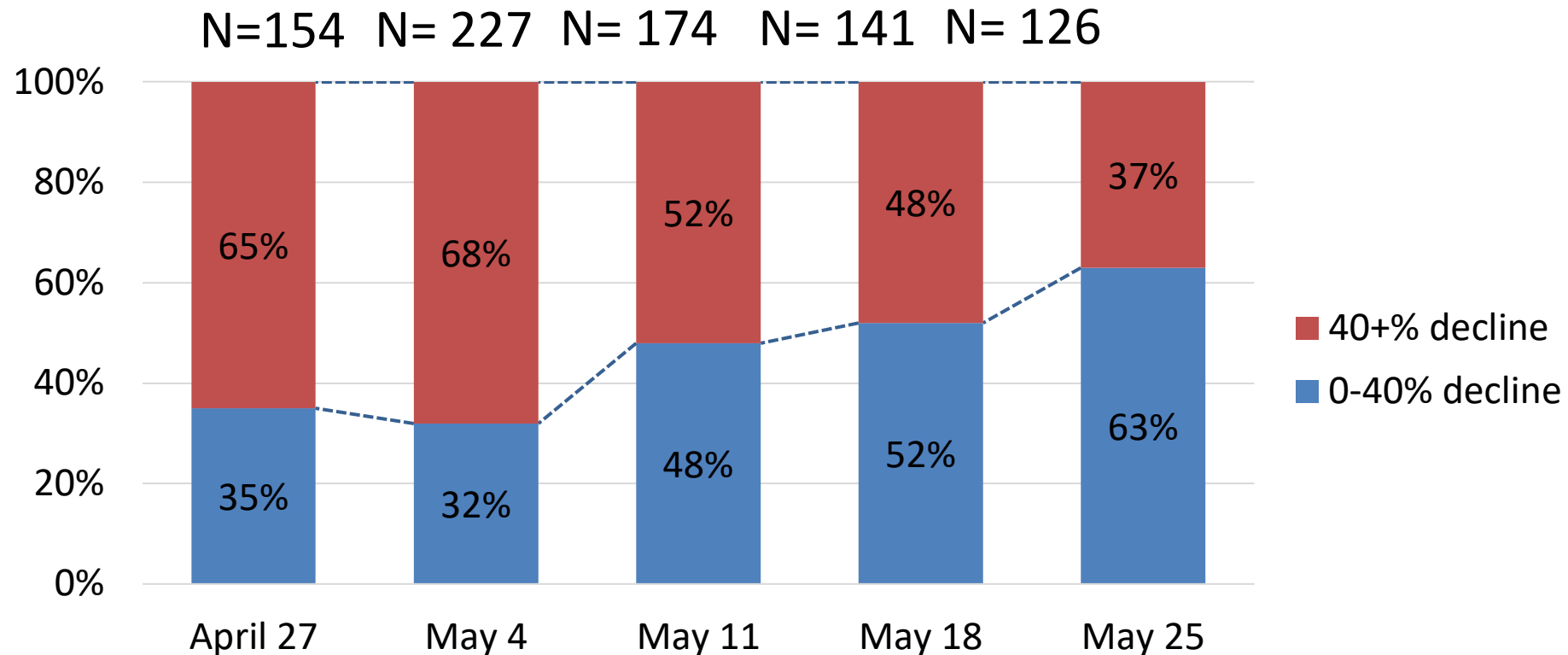
- Leveraging data infrastructure to identify frail and COVID vulnerable patients
- Expanded testing and tracking
- Proactively contacting high risk patients and providing counseling and risk mitigation practices
- Rapidly bring up telehealth services and remote monitoring
- Transforming nurse call centers to COVID triage centers
- Deploying meal delivery, medication supplies, transportation, and other patient services

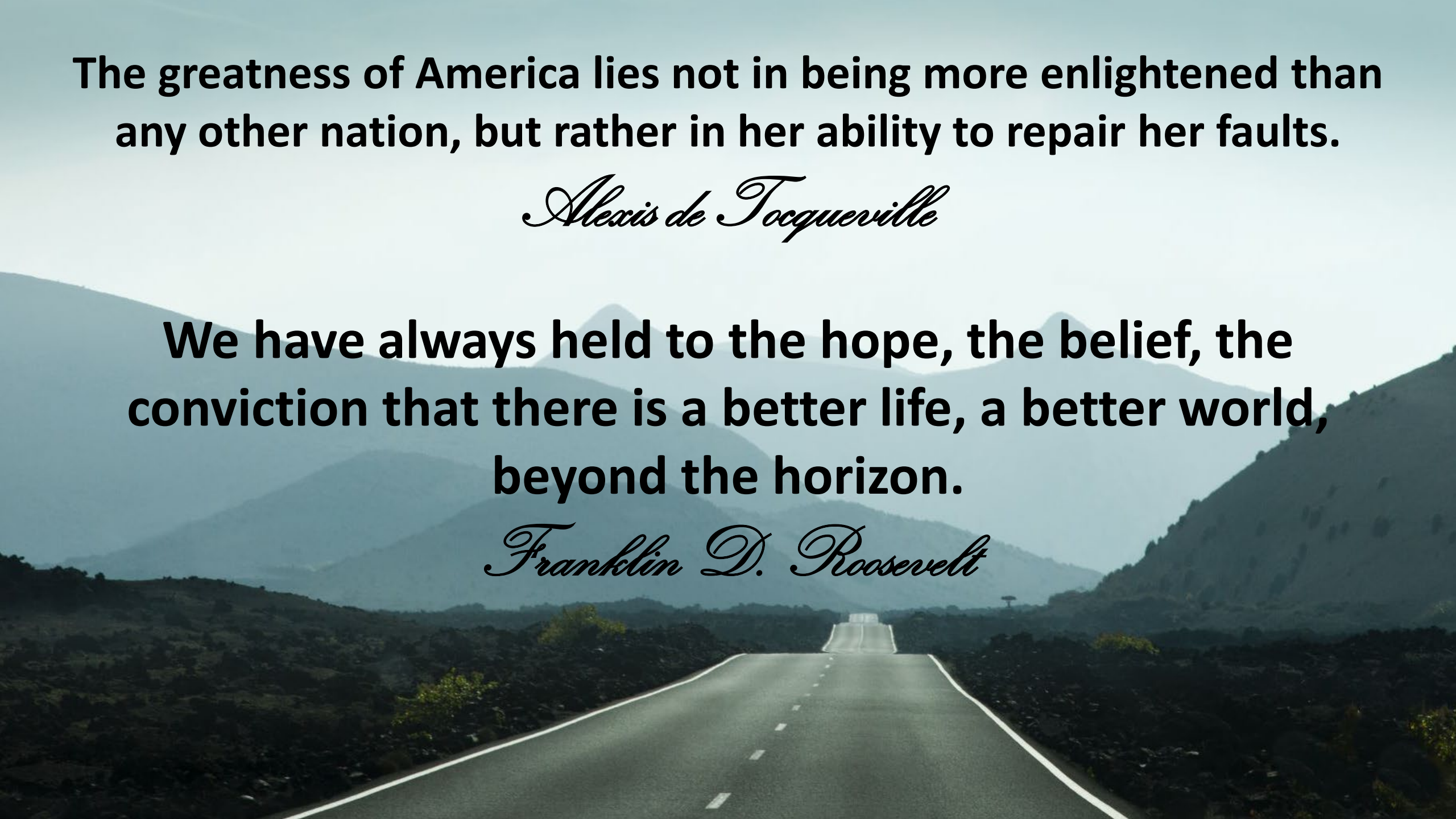
# COVID In-Person Visit Changes



## Change in ACO In-Person Physician Office Visit Volume Versus Pre-COVID Levels: April 27 to May 25

Percent of ACOs Reporting Declines by Magnitude of Decline





The greatness of America lies not in being more enlightened than any other nation, but rather in her ability to repair her faults.

*Alexis de Tocqueville*

We have always held to the hope, the belief, the conviction that there is a better life, a better world, beyond the horizon.

*Franklin D. Roosevelt*

**The greatest glory in living lies not in never falling, but in rising every time we fall.**

*Nelson Mandela*

**It was once said that the moral test of government is how that government treats those who are in the dawn of life, the children; those who are in the twilight of life, the elderly; and those who are in the shadows of life, the sick, the needy and the handicapped.**

*Hubert H. Humphrey*

# Keynote Speaker.....



Donald M. Berwick, MD, is president emeritus and senior fellow at the Institute for Healthcare Improvement (IHI), an organization he co-founded and led as president and CEO for 18 years. He is one of the nation's leading authorities on health care quality and improvement. In July 2010, President Obama appointed Dr. Berwick to the position of administrator of CMS, which he held until December, 2011. A pediatrician by background, he has served as clinical professor of pediatrics and health care policy at the Harvard Medical School, professor of health policy and management at the Harvard School of Public Health, and as a member of the staffs of Boston's Children's Hospital Medical Center, Massachusetts General Hospital, and the Brigham and Women's Hospital. He has also served as vice chair of the U.S. Preventive Services Task Force, the first "independent member" of the board of trustees of the American Hospital Association, and chair of the National Advisory Council of the Agency for Healthcare Research and Quality.

# Emerging from COVID-19: The Health Care System on the Other Side of the Curve

*Donald M. Berwick, MD*

*President Emeritus and Senior Fellow  
Institute for Healthcare Improvement*



# How to Interrogate Health Care “Reform”

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



# 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 21<sup>st</sup> Century Threats
- George Floyd, Structural Racism, and Mobilization



May 4, 2020

## Choices for the “New Normal”

Donald M. Berwick, MD, MPP<sup>1</sup>

[» Author Affiliations](#) | [Article Information](#)

*JAMA*. Published online May 4, 2020. doi:10.1001/jama.2020.6949



Editorial  
Comment



Interviews



Multimedia

**T**he severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has only 15 genes, compared with 30 000 in the human genome. But it is a stern teacher, indeed. Answers to the questions it has raised may reshape both health care and society as a whole.

No one can say with certainty what the consequences of this pandemic will be in 6 months, let alone 6 years or 60. Some “new normal” may emerge, in which novel systems and assumptions will replace many others long taken for granted. But at this early stage, it is more honest to frame the new, post-COVID-19 normal not as predictions, but as a series of choices. Specifically, the pandemic nominates at least 6 properties of care for durable change: tempo, standards, working conditions, proximity, preparedness, and equity.



# 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



# Speed of Learning and Change

- “17 Years” from bench to bedside
- How to maintain new pace, but with responsible attention to learning and evidence?



# Standardization and Commitment to Science

- What degree of unwarranted variation is defended?
- How to bring science to its proper place in decision-making?



# Virtual Care and Reconsidering “Proximity”

- Overuse of ineffective care is widespread.
- Is the office visit a dinosaur?
- Telehealth as the new way



# Theoretical Waste Categories

1. Overtreatment
2. Failures to Coordinate Care
3. Failures in Care Delivery
4. Excess Administrative Costs
5. Excessive Health Care Prices
6. Fraud and Abuse

# Waste Category Annual Dollar Estimates

Category	Cost to US Healthcare (2011 \$B)
Overtreatment	\$158 to \$226
Failures to Coordinate Care	\$25 to \$45
Failures in Care Delivery	\$102 to \$154
Excess Administrative Costs	\$107 to \$389
Excessive Health Care Prices	\$84 to \$178
Fraud and Abuse	\$82 to \$272
<b>2011 Total Waste</b>	<b>\$558 to \$1263</b>
<b>% of Total Spending</b>	<b>21% to 47% (MED = 34%)</b>

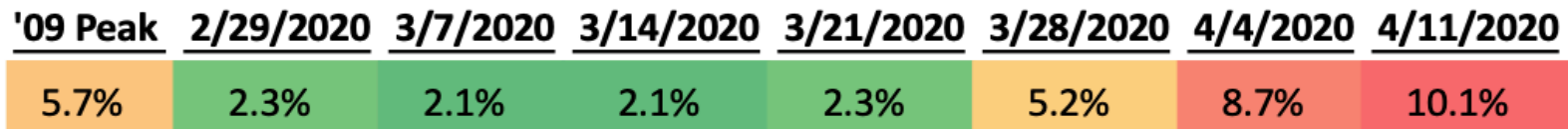
# Protecting the Workforce

- Stunning degree of workforce exposure to hazards in the COVID-19 pandemic.
- The lower the pay grade, the worse the exposure.

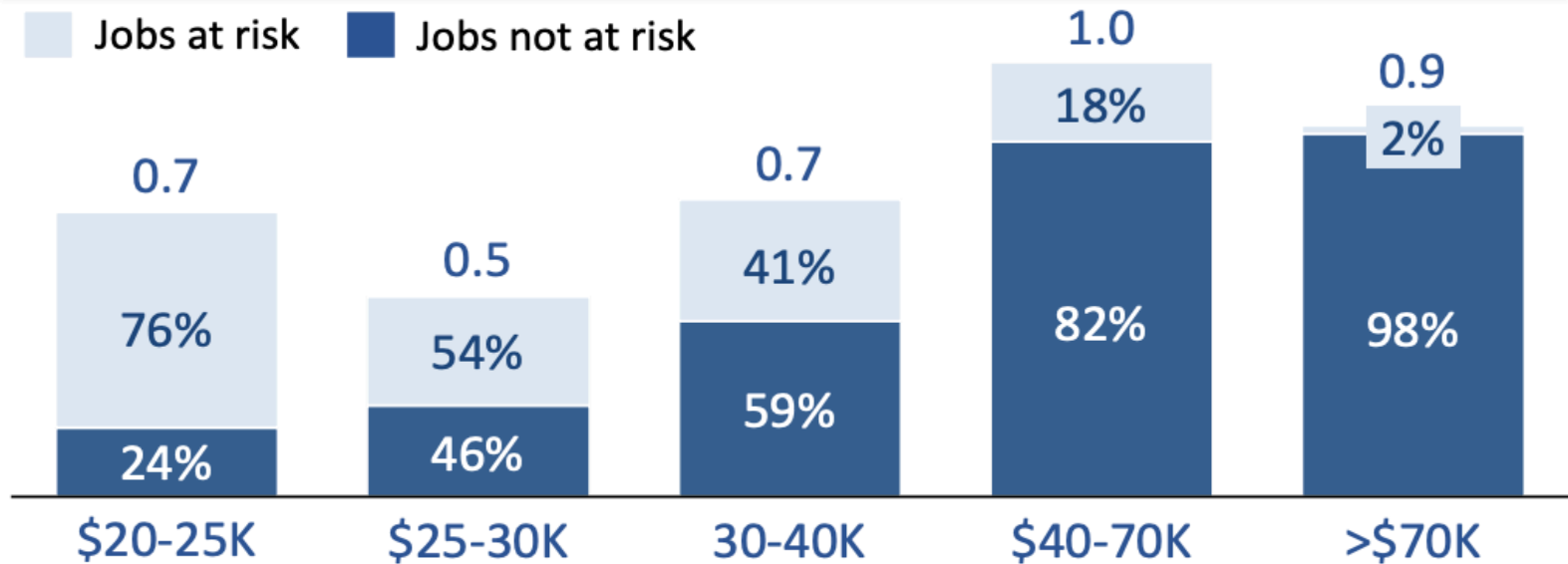


# Massachusetts High Technology Council: COVID-19 Back to Work Planning Briefing

## MA Unemployment approaching 2x+ '09 levels



## MA Job Vulnerability by Income Band



*“Mitigation efforts are having a significant impact on the economy, and impact is most severe in low income workers”*



# 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.”*



# Preparedness

- We were caught sleeping. Despite repeated warnings.



# We Have Known It for Over a Decade

## Viewpoint

February 6, 2020

## Enhancing Private Sector Health System Preparedness for 21st-Century Health Threats

Foundational Principles From a National Academies Initiative

Donald M. Berwick, MD<sup>1</sup>; Kenneth Shine, MD<sup>2</sup>

» [Author Affiliations](#) | [Article Information](#)

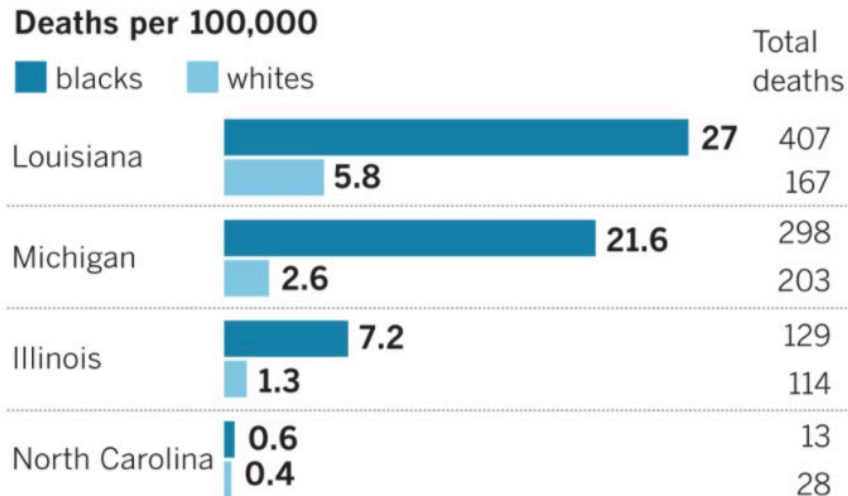
JAMA. 2020;323(12):1133-1134. doi:10.1001/jama.2020.1310

“...the US health care system is wholly unprepared for a wide range of 21st-century health threats. It lacks the will, coordinative mechanisms, habits of cooperation, governance agreements, and shared resource investments essential to preparedness.”



## Coronavirus deaths and race

COVID-19 is disproportionately killing black Americans, according to data released by several states.



Death totals as of Tuesday afternoon.  
State governments, U.S. Census Bureau

Lorena Elebee / Los Angeles Times

**The latest overall COVID-19 mortality rate for Black Americans is 2.4 times as high as the rate for Whites and 2.2 times as high as the rate for Asians and Latinos.**

**If they had died of COVID-19 at the same rate as White Americans, about 13,000 Black Americans, 1,300 Latino Americans and 300 Asian Americans would still be alive.**

**“The Problem Is Not Race; It Is Racism”**



# Poverty: Prevalent, Deep



**A journey through a land  
of extreme poverty:  
welcome to America**

The UN's Philip Alston is an expert on deprivation - and he wants to know why 41m Americans are living in poverty. The Guardian joined him on a special two-week mission into the dark heart of the world's richest nation

**2016 Poverty Statistics**  
Overall rate: 12.7%  
Twice FPL: 29.8%  
Half FPL: 5.8%  
Child rate: 18%  
Latino rate: 19%  
Black rate: 22%  
N American rate: 26.2%

# Mollie Orshansky – Social Security Administration

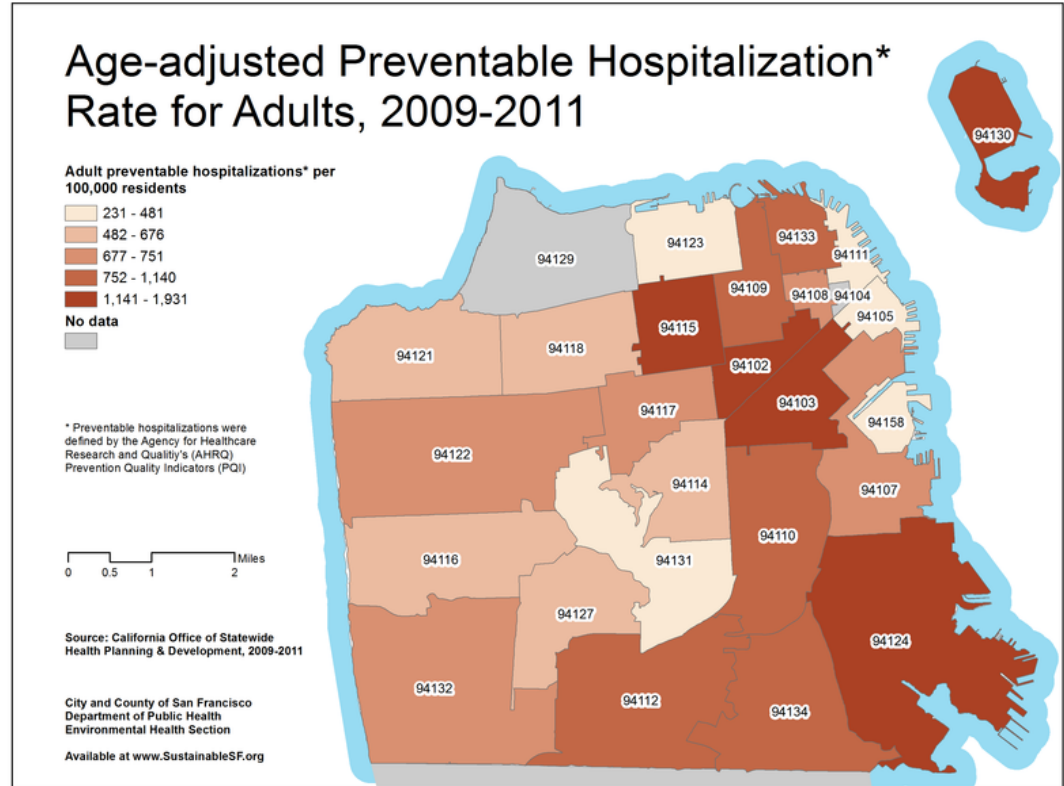
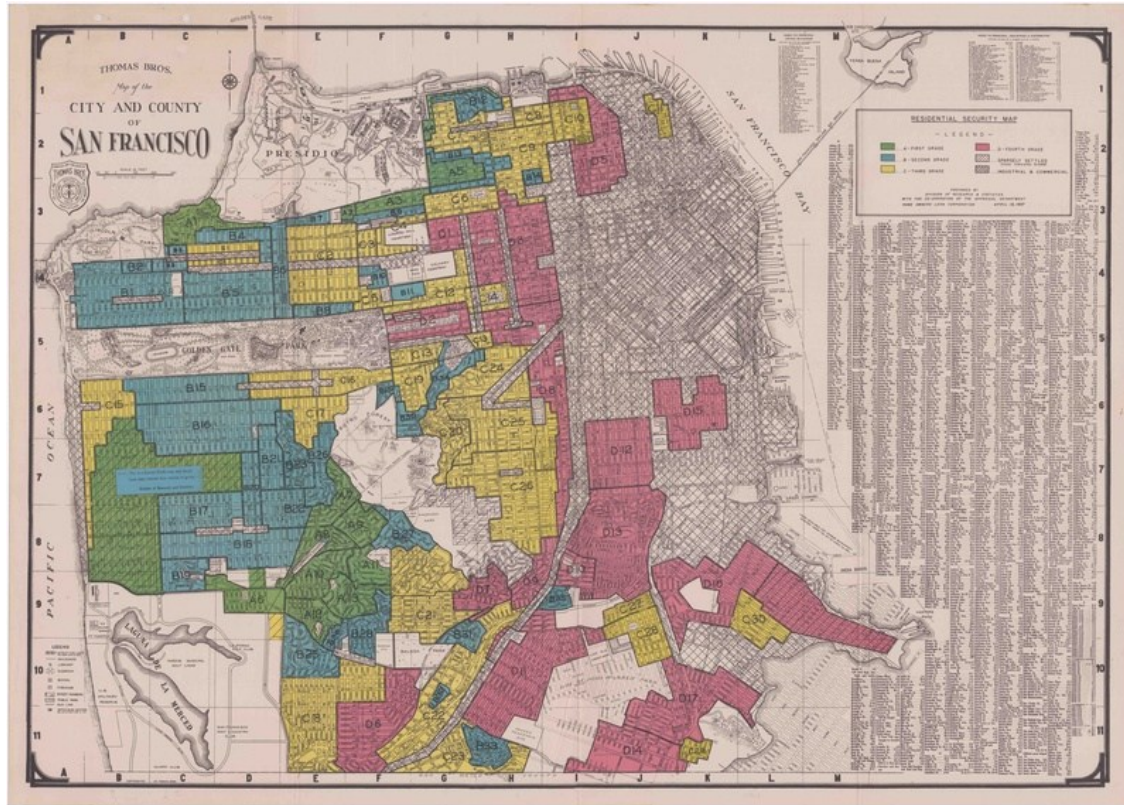
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- Poverty thresholds developed in 1963.
- Based on Department of Agriculture’s “thrifty food plan” which was “designed for temporary or emergency use when funds are low.”
- 1955 Household Food Consumption Survey showed average family spent about 1/3 post-tax income on food.

*If it is not possible to state unequivocally ‘how much is enough,’ it should be possible to assert with confidence how much, on average, is too little.*



# Poverty: Reified, Racialized



# Life Span and Life Circumstances

**Life Expectancy**  
**Δ 10 years**



**Loss of Life:**  
**6 Months/Minute**  
**2.3 Years/Mile**

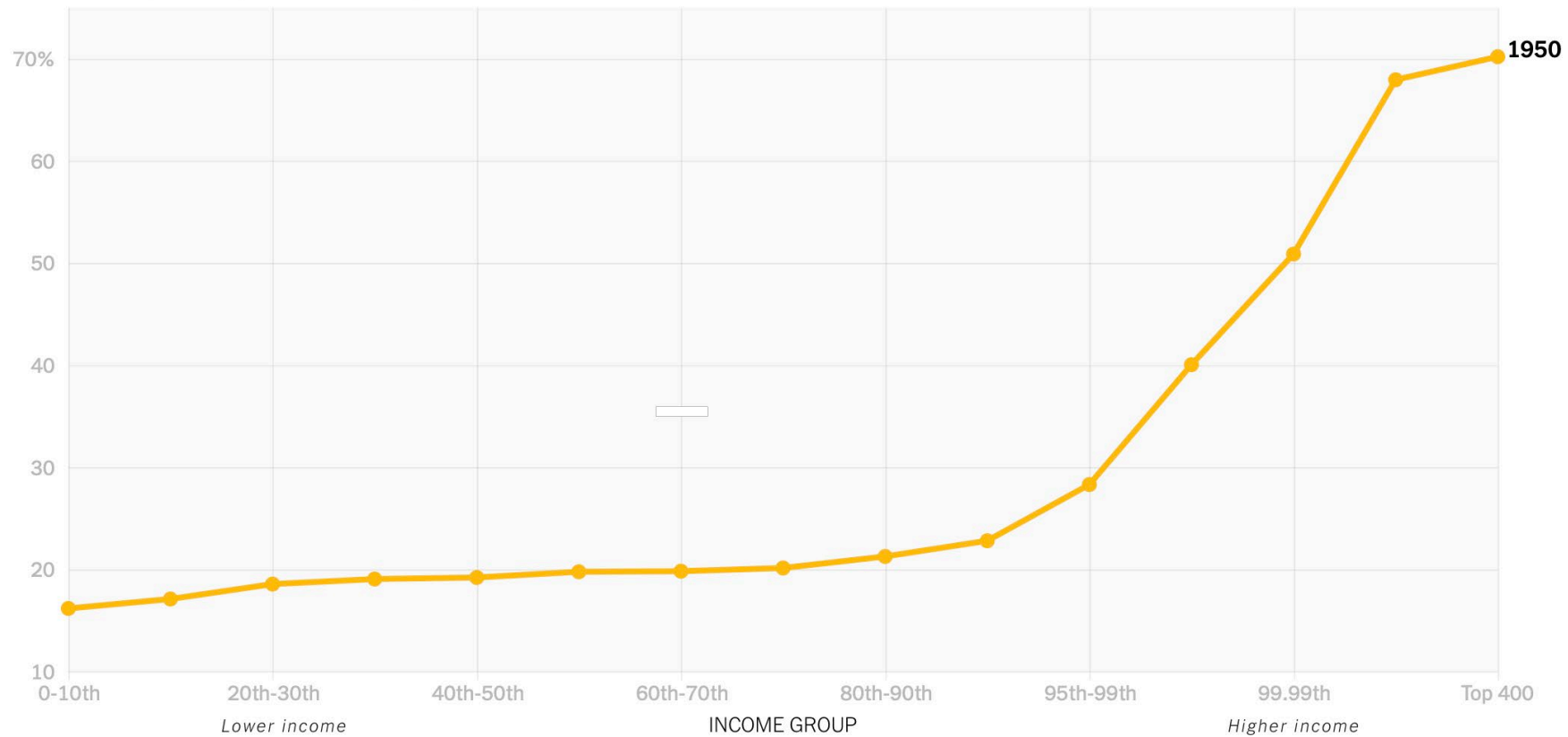


*“6 months for every minute on the subway;  
3.2 years for every mile travelled.”*



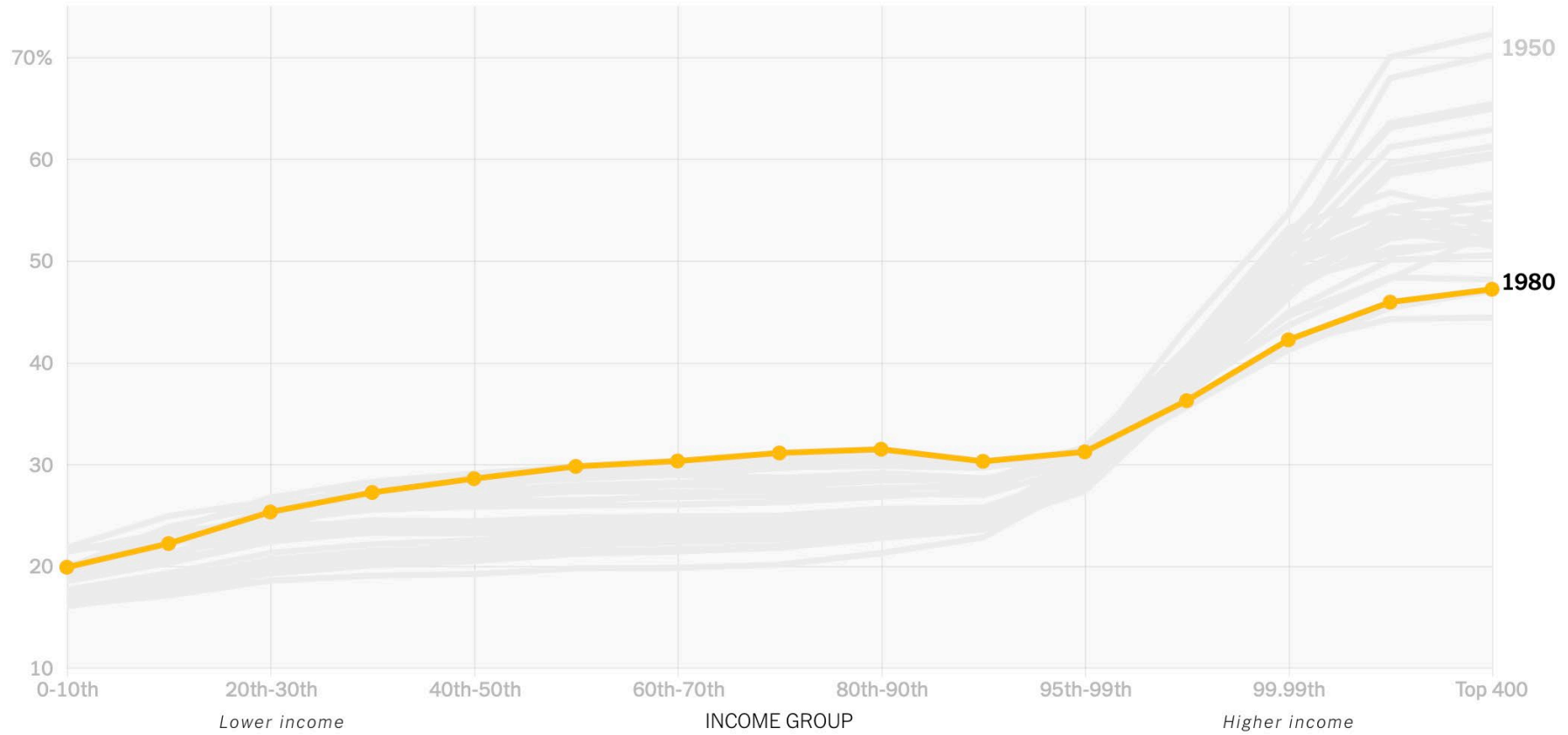
# US Tax Rates by Income:<sup>29</sup> 1950

TOTAL TAX RATE (FEDERAL, STATE AND LOCAL)



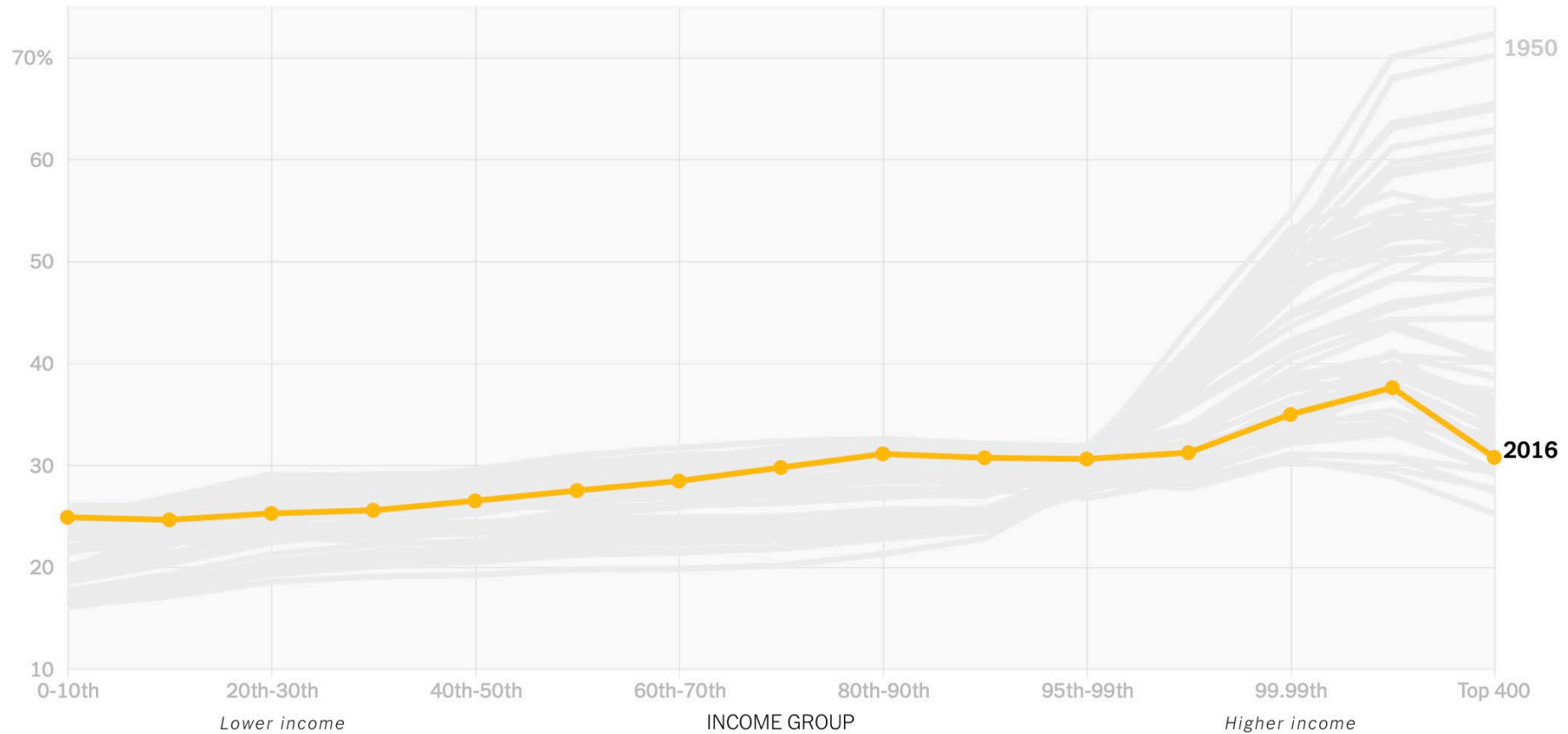
# US Tax Rates by Income: 1980

TOTAL TAX RATE (FEDERAL, STATE AND LOCAL)



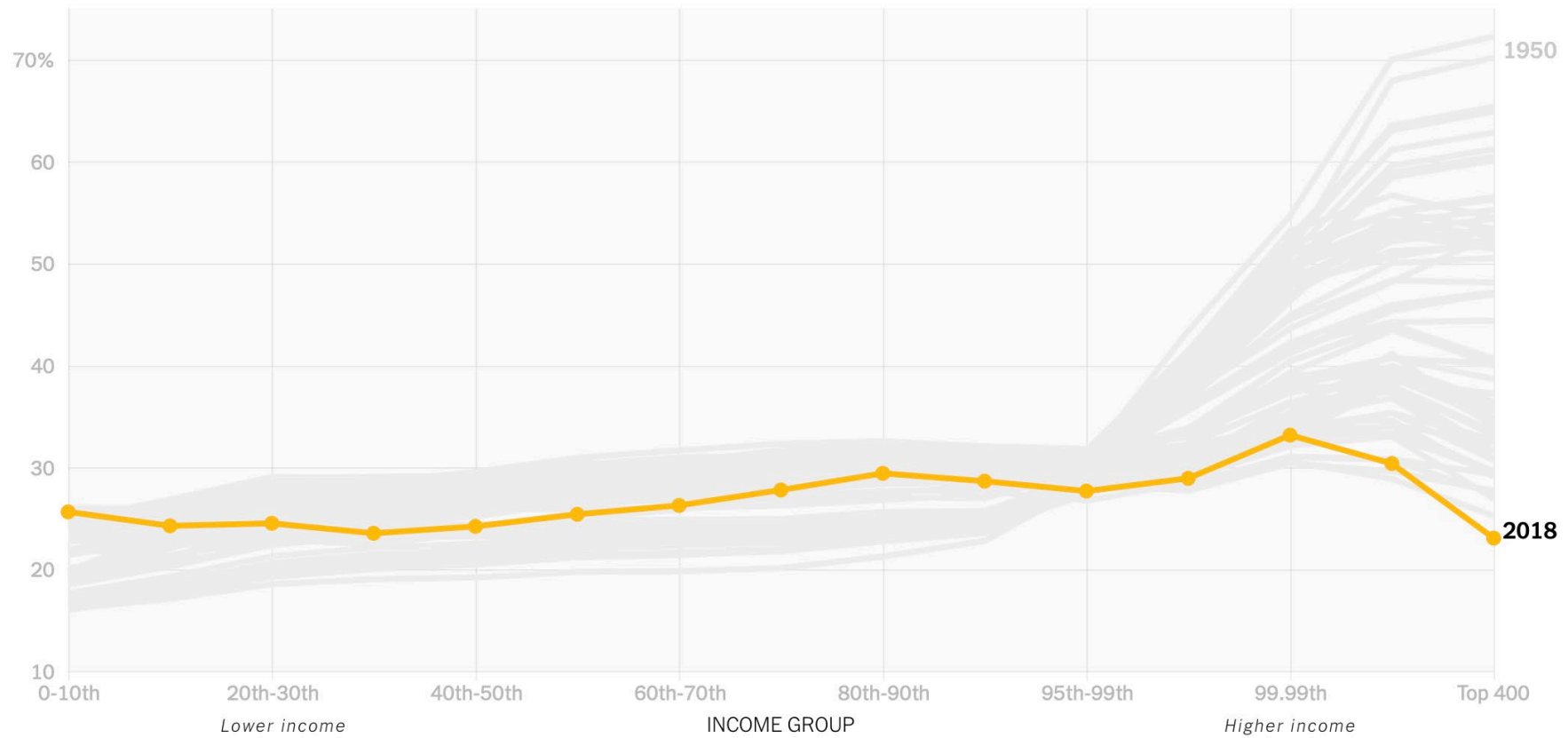
# US Tax Rates by Income: 2016<sup>31</sup>

TOTAL TAX RATE (FEDERAL, STATE AND LOCAL)

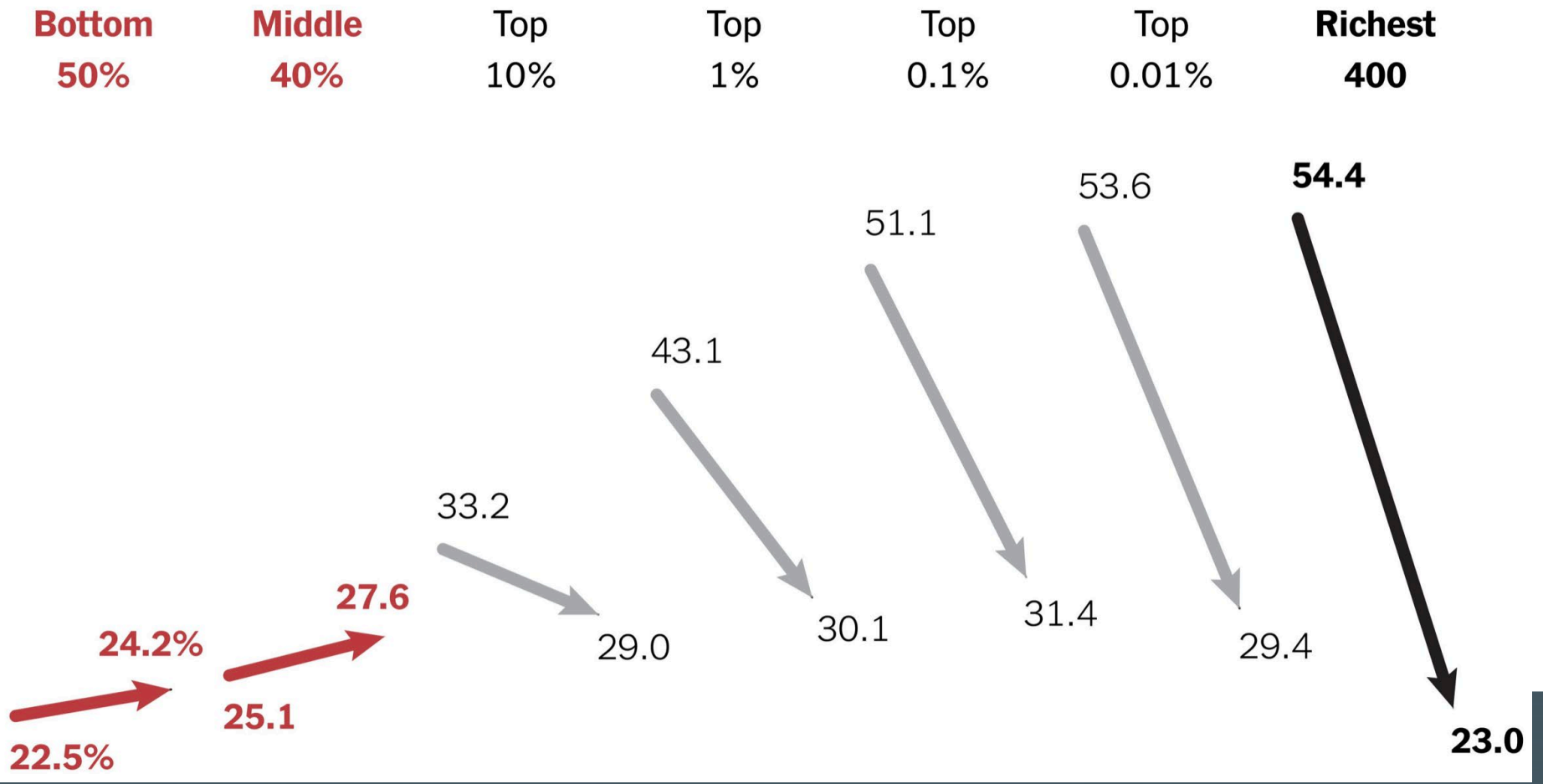


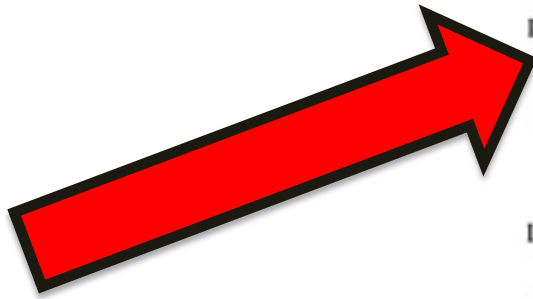
# US Tax Rates by Income: 2018<sup>32</sup>

TOTAL TAX RATE (FEDERAL, STATE AND LOCAL)

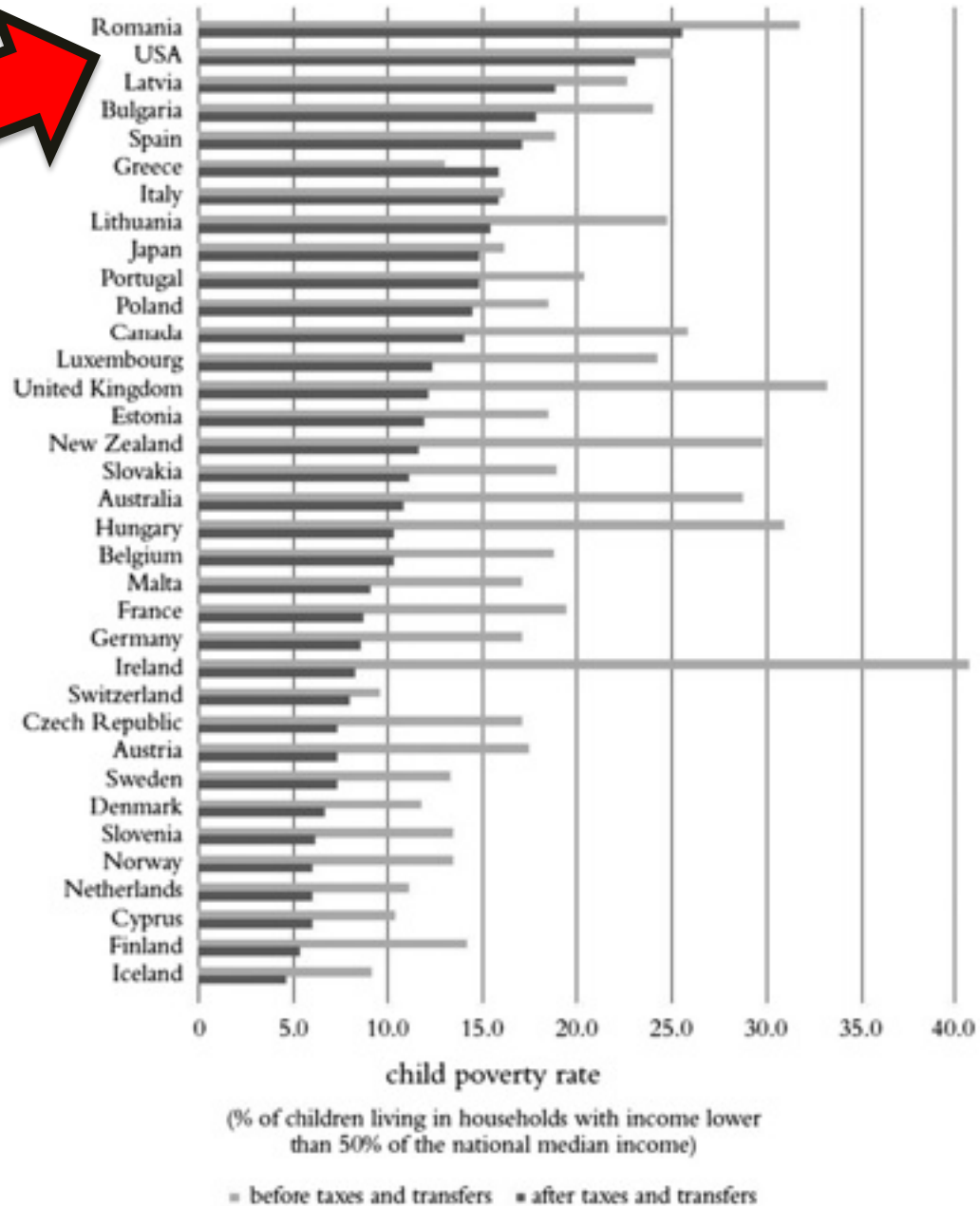


# Change in Effective Tax Rates 1962-2018 USA





**Child Poverty  
Rate in the  
USA ...  
2<sup>nd</sup> Highest  
of 35 Nations**

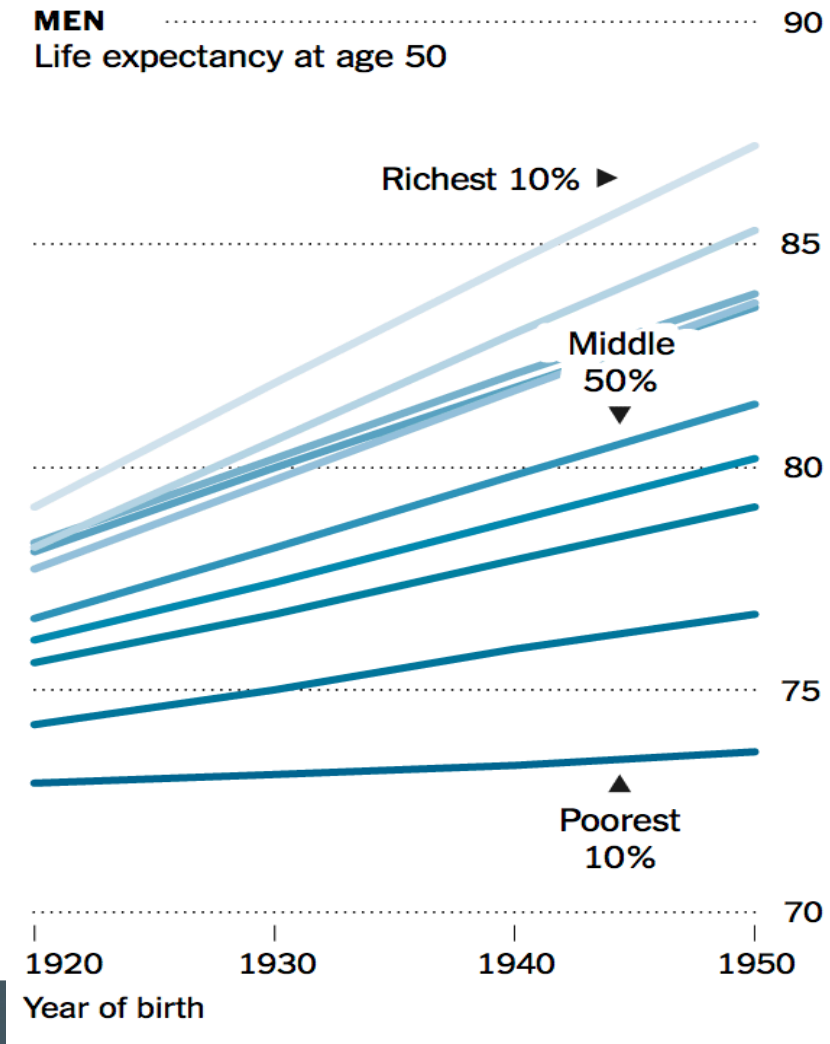


**Child Well-Being  
in the USA ...  
Ranked Last  
among 20  
Nations**

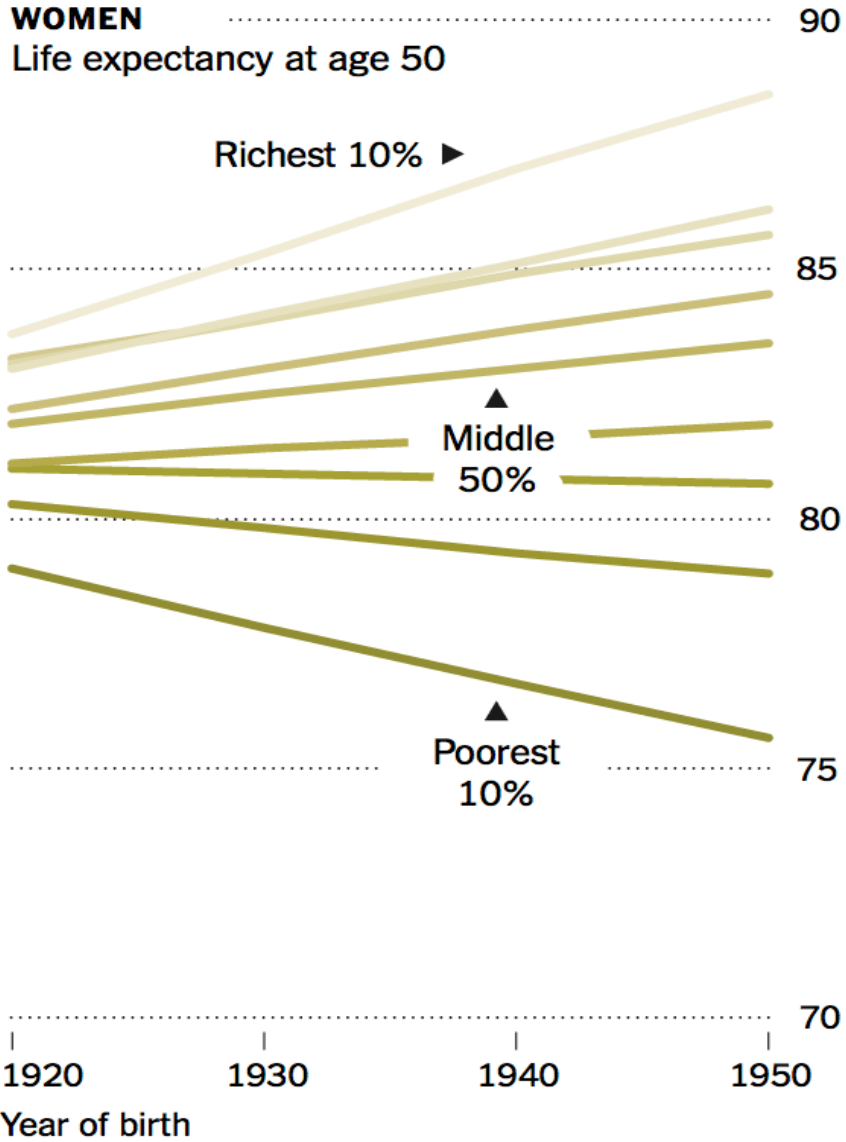
Rank	Late 2000s
1	Netherlands
2	Norway
3	Finland
4	Sweden
5	Germany
6	Denmark
7	Belgium
8=	France
8=	Ireland
8=	Switzerland
11	Portugal
12	Poland
13	Czech Republic
14=	Canada
14=	Italy
16	United Kingdom
17	Austria
18=	Greece
18=	Hungary
18=	Spain
21	United States



# US Life Expectancy by Year of Birth



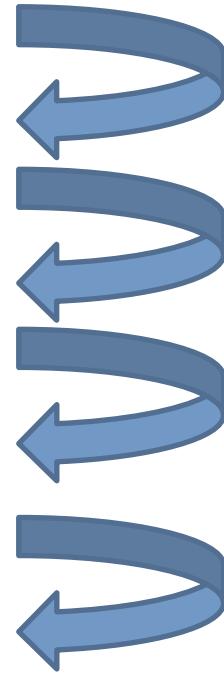
# US Life Expectancy by Year of Birth



# A Chain of Effect

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- Regressive Policy
- Deepening Poverty
- Isolation
- Despair
- Poor Health



*“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



# 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



# Three Competing Streams for Health Care Reform - 2020

- 1. Medicare for All – a.k.a. National Health Insurance
- 2. Expanded Public Insurance as a Mainstay
  - Public Option
  - Medicaid Expansion
  - Medicare Expansion
  - Benefit Enhancements (Vision, Hearing, Dental, Lower Cost-Sharing)
  - Long Term Support Systems
- 3. Incremental Improvements with Private Insurance at the Core
  - Medical Advantage
  - Increasing Risk and VBP
  - Tweaks in Subsidies
  - Pharmaceutical Cost Containment



# All in the Current Context

- COVID-19 Emergency Adjustments
  - COBRA subsidies
  - Medicaid
  - Public Health increases
  - Hospital and physician bailouts
- Racism and Social Determinants



# Unknowns

- Does anyone care about cost?
- Will risk-bearing grow?
- Will risk-bearing deliver the goods?
- Will private insurance dominate the public sector?
- Will structural racism continue?
- Will public health systems develop?
- Will anyone invest in improving social determinants?



# Institutional Racism and the “Moral Law”



# The Potential Role of ACOs

- Can you reduce cost without rationing – for real?
- Can you rebalance toward social determinants – for real?
- Can you improve quality in all its dimensions – including equity?
  - Safety
  - Effectiveness
  - Patient-Centeredness
  - Timeliness
  - Efficiency
  - Equity
- Can you offer the fundamental care redesigns that are capable of achieving the above?



*Thank you!*

