

Better is Possible: The American College of Physicians' Vision for the U.S. Health Care System

State Health Policy Networking Webinar
January 29, 2020

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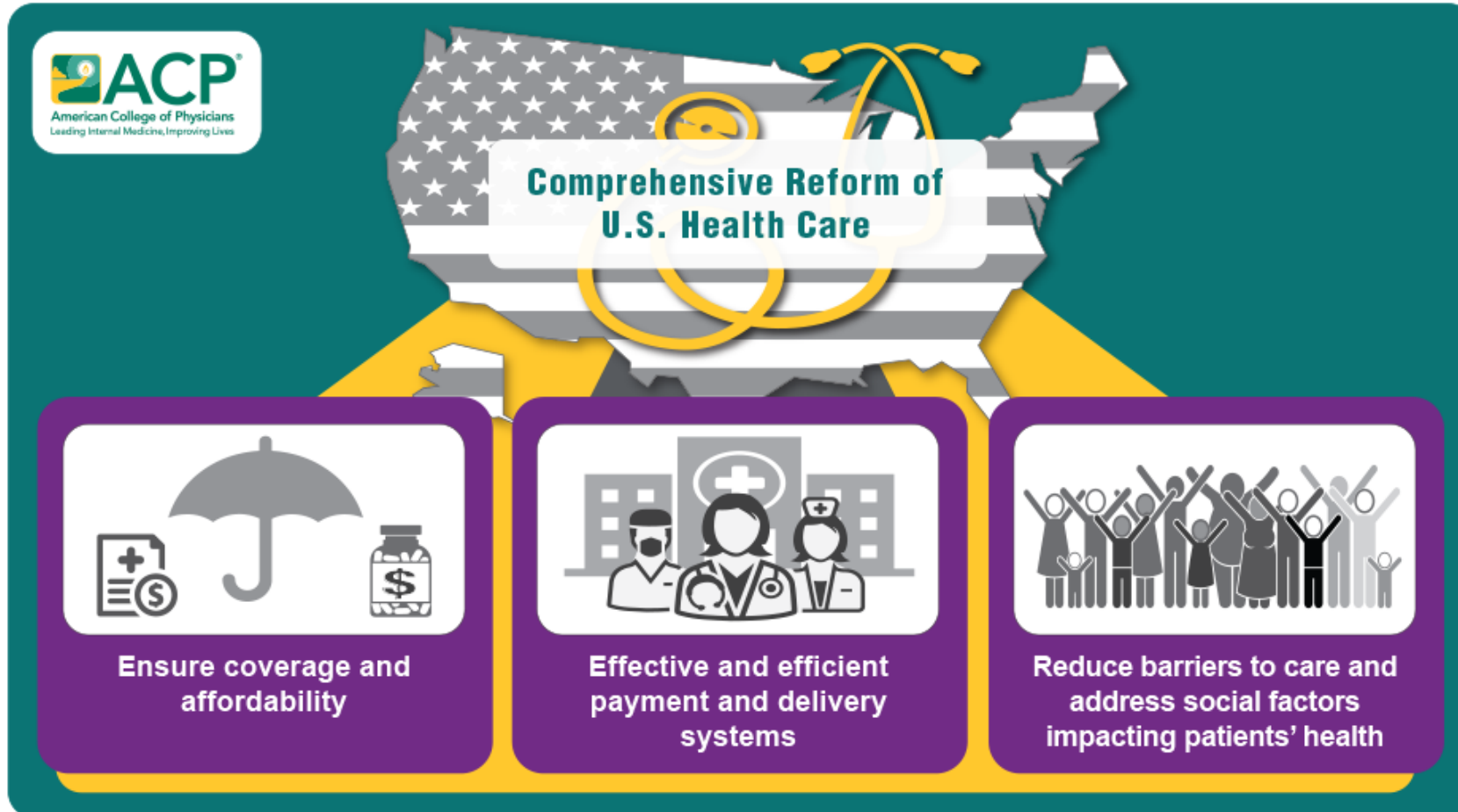
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Better is Possible: ACP's Call to Action

What is the American College of Physicians' (ACP) Vision for a Better US Health Care System for All?



Annals
of Internal Medicine

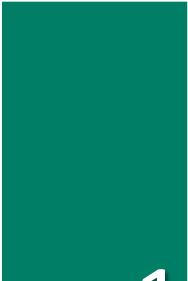
Doherty R, Cooney TG, Mire RD, et al; Health and Public Policy Committee and Medical Practice and Quality Committee of the American College of Physicians. Envisioning a better U.S. health care system for all: a call to action by the American College of Physicians. *Ann Intern Med.* 21 January 2020. doi:10.7326/M19-2411 | <http://annals.org/aim/article/doi/10.7326/M19-2411>

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ACP
College of Physicians
Internal Medicine, Improving Lives

ACP Asked:

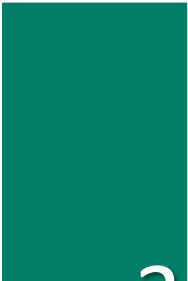
What would a better health care system look like?




1 Why do so many Americans **lack coverage** for the care they need?



2 Why is U.S. health care so expensive and therefore **unaffordable** for many?



3 What **barriers to health care**, in addition to coverage and cost, do patients face?



4 How do delivery and physician payment systems affect costs, **access, quality, and equity**?

This is what we found

American health care is:

- Too expensive
- Leaves too many without coverage
- Spends too much on administration
- Results in inequitable outcomes
- Undervalues primary care
- Undermines the patient-physician relationship
- Enables social and economic circumstances to dictate health, and
- Under-invests in public health.



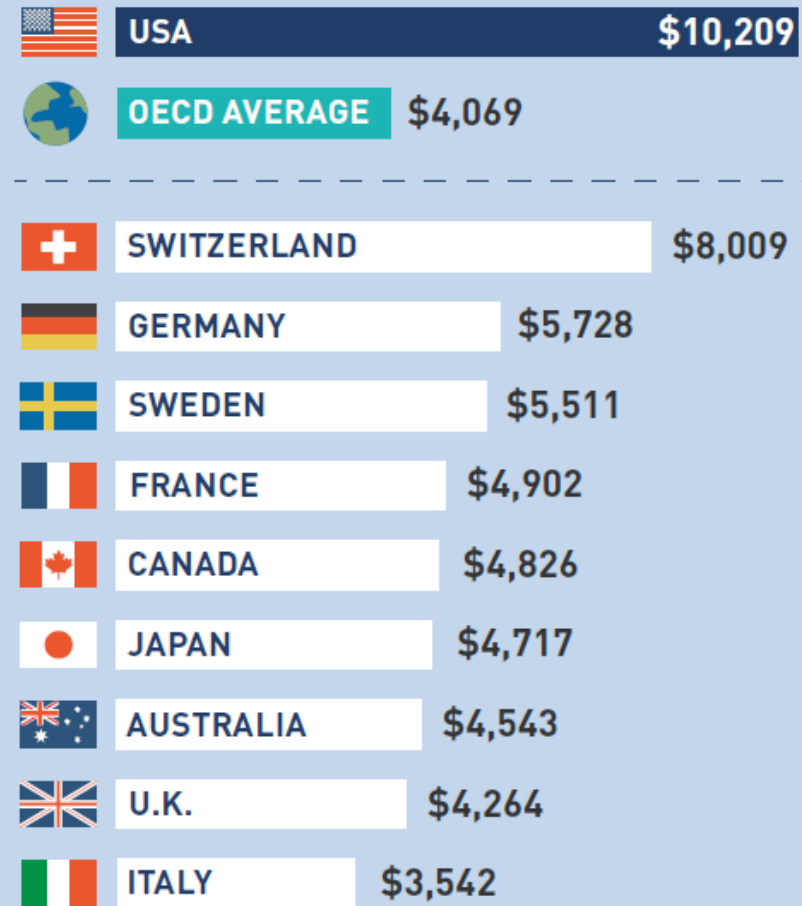
The U.S. Health Care system is failing millions of Americans. It's time to challenge the status quo.

UNITED STATES PER CAPITA
HEALTHCARE SPENDING
IS MORE THAN

2X

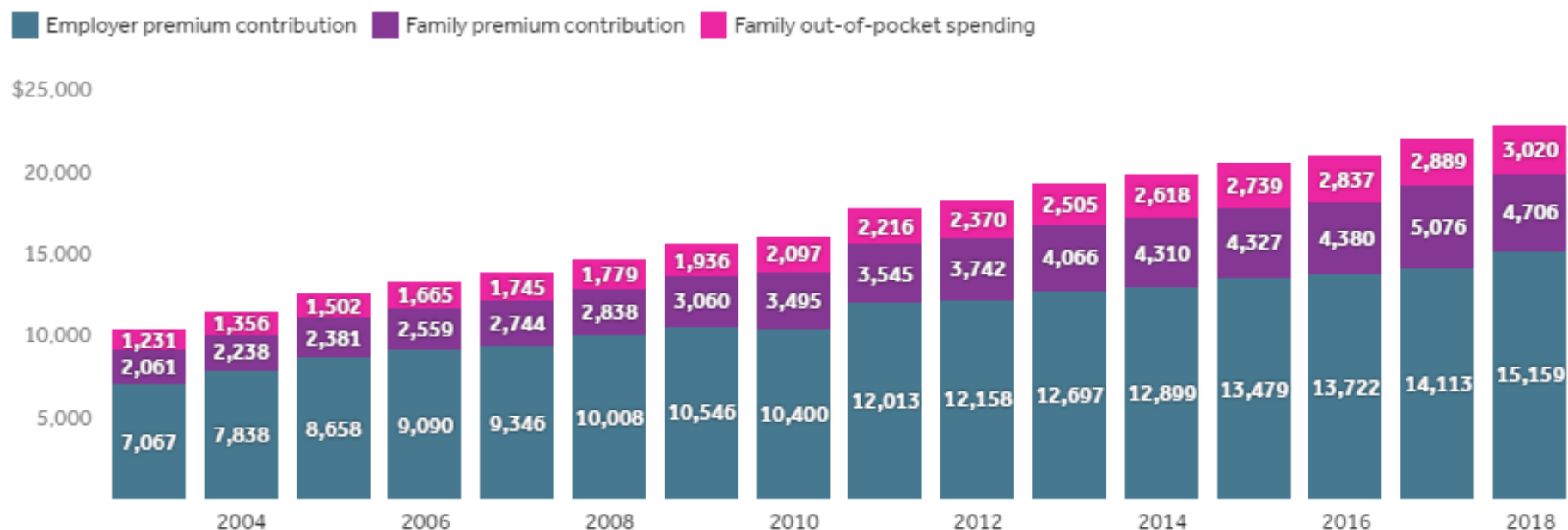
**THE AVERAGE OF OTHER
DEVELOPED COUNTRIES**

HEALTHCARE COSTS PER CAPITA



Total health spending by and on behalf of a family of four with employer coverage tops \$22,000, on average

Health spending by and on behalf of families with large employer coverage, 2003-2018



Note: Out-of-pocket costs are inflated from 2017 to 2018 because data are not yet available. Large firms have one thousand or more employees.

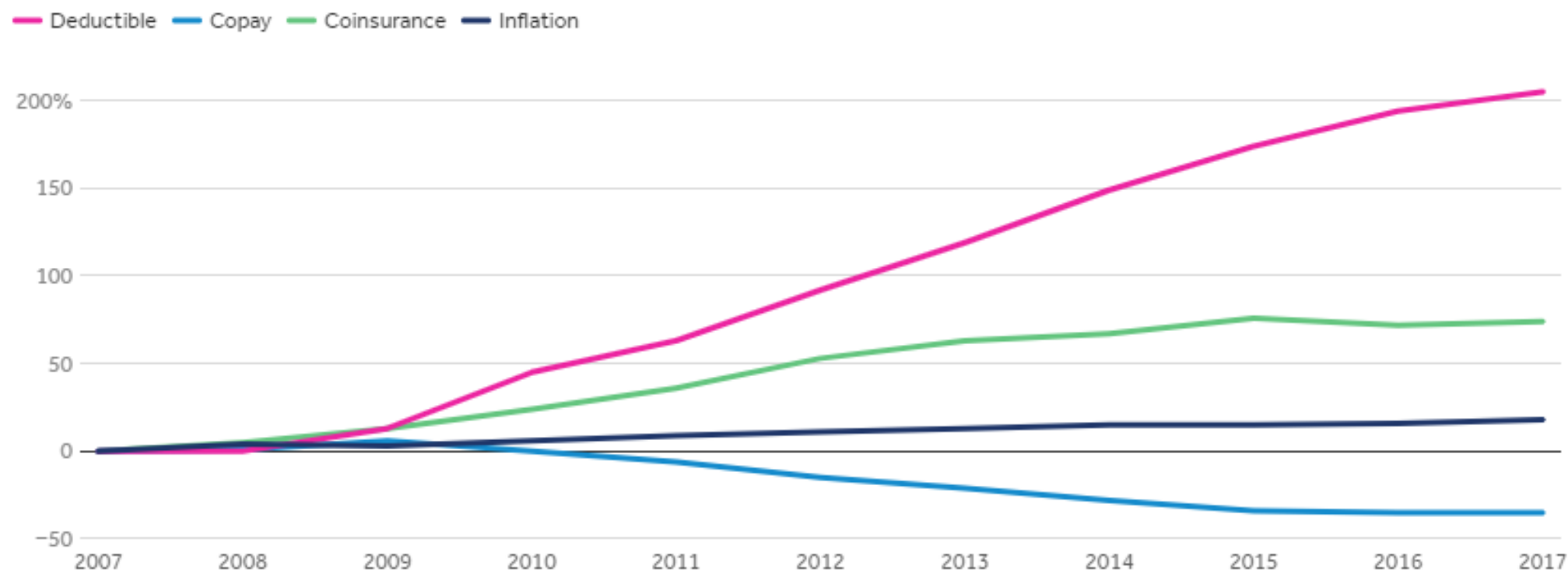
Source: KFF analysis of IBM MarketScan Commercial Claims and Encounters Database and KFF Employer Health Benefits Survey, 2018; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2017

• [Get the data](#) • [PNG](#)

Peterson-KFF
Health System Tracker

Deductible payments have grown more than ten times faster than inflation over the last decade

Cumulative growth in out-of-pocket spending for people with large employer coverage, 2007-2017



Source: KFF analysis of IBM MarketScan Commercial Claims and Encounters Database • [Get the data](#) • [PNG](#)

Peterson-KFF

Health System Tracker

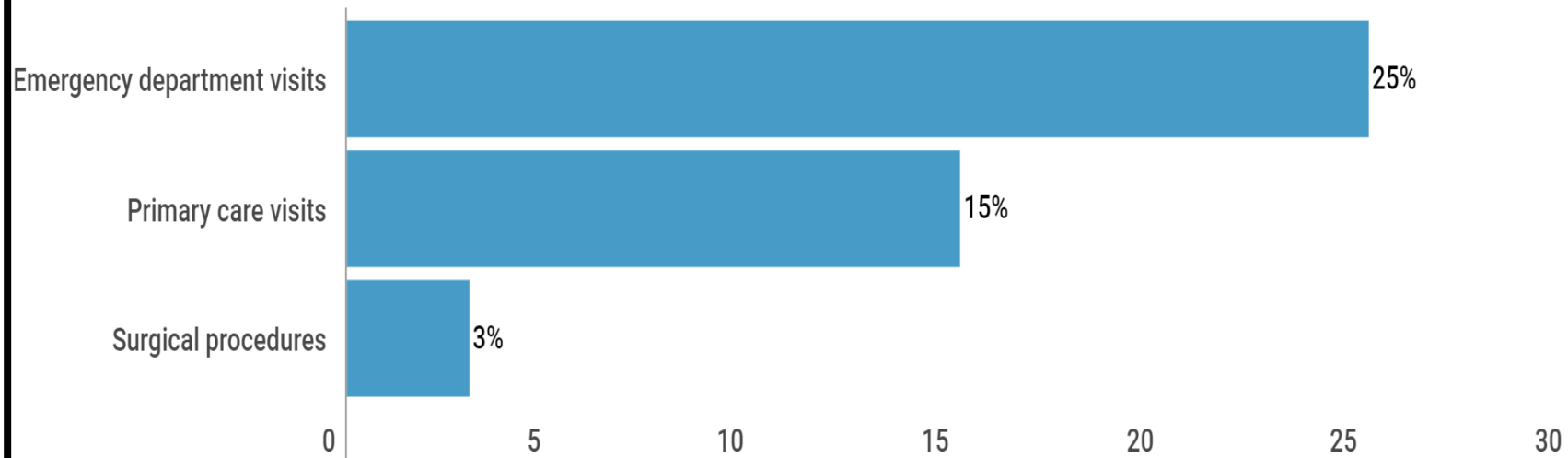


80%

of billing-related costs are a result of our multi-payer US health system

Jiwani, Aliya, et al. "Billing and insurance-related administrative costs in United States' health care: synthesis of micro-costing evidence." *BMC Health Services Research*. 2014.

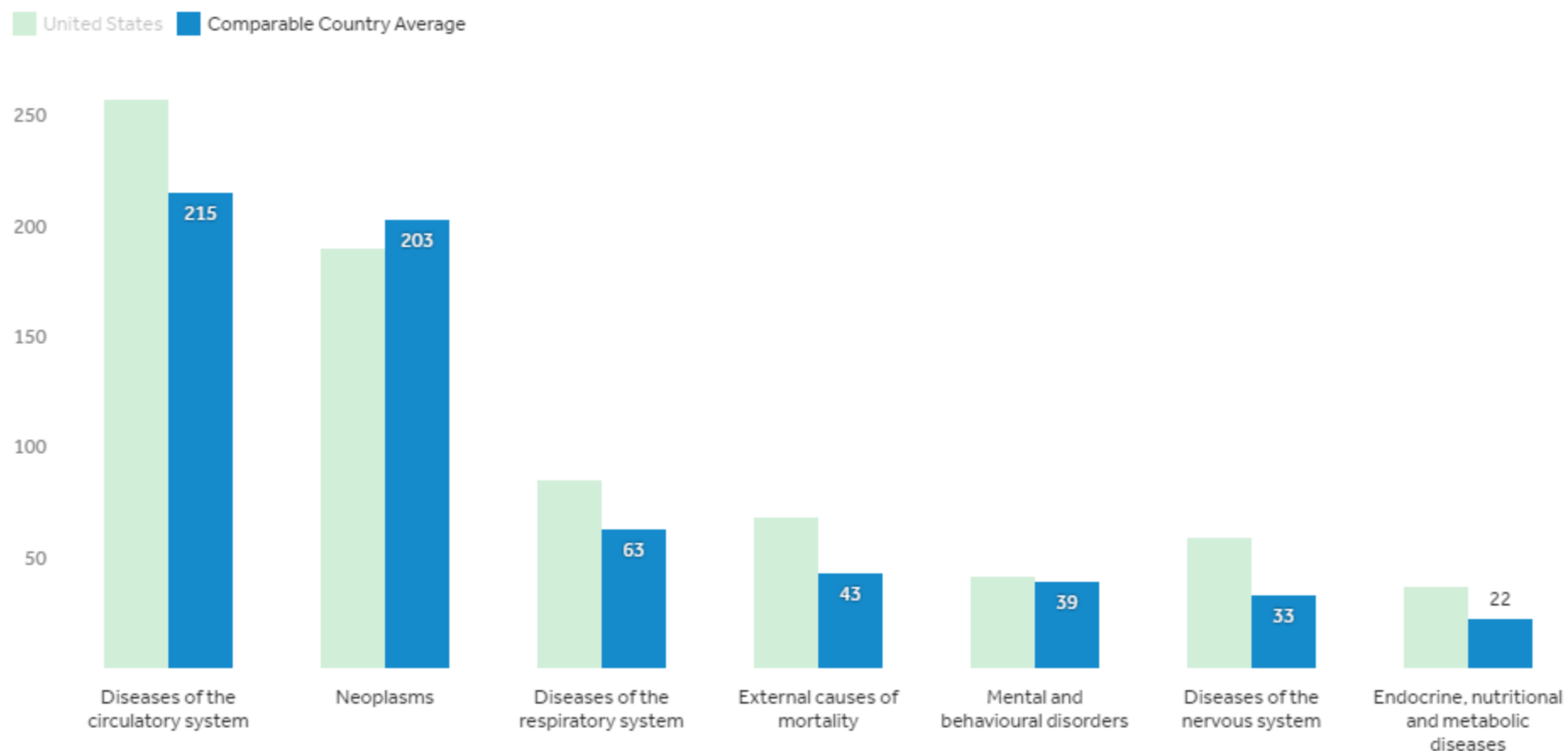
Percent of total revenue spent on billing-related costs



Tseng, Phillip, et al. "Administrative costs associated with physician billing and insurance-related activities at an academic health care system." *JAMA*. 2018.

For most of the leading causes of death, mortality rates are higher in the U.S. than in comparable countries

Age-adjusted major causes of mortality per 100,000 population, 2015



Note: Data for Canada are from 2013 and France are from 2014

Source: [KFF Analysis of OECD Health Statistics \(Database\)](#) • [Get the data](#) • [PNG](#)

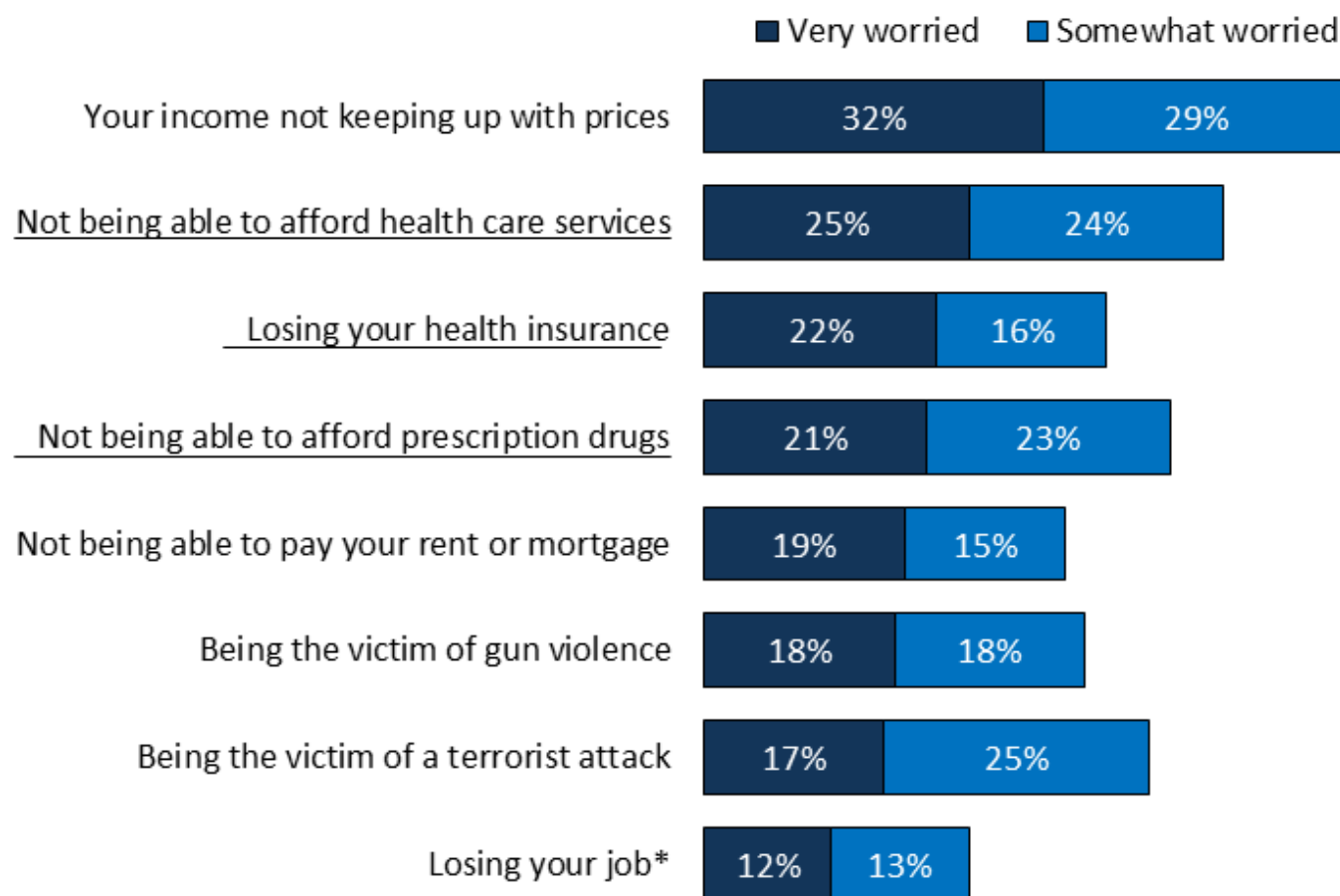
Peterson-KFF

Health System Tracker

Figure 6

Cost Concerns, Including Health Care Costs, Top List of Worries

Percent who say they are worried about each of the following:



NOTE: "Losing your health insurance" was asked among those who were insured and "Losing your job" was asked among those who were employed. Question wording abbreviated. See topline for full question wording.

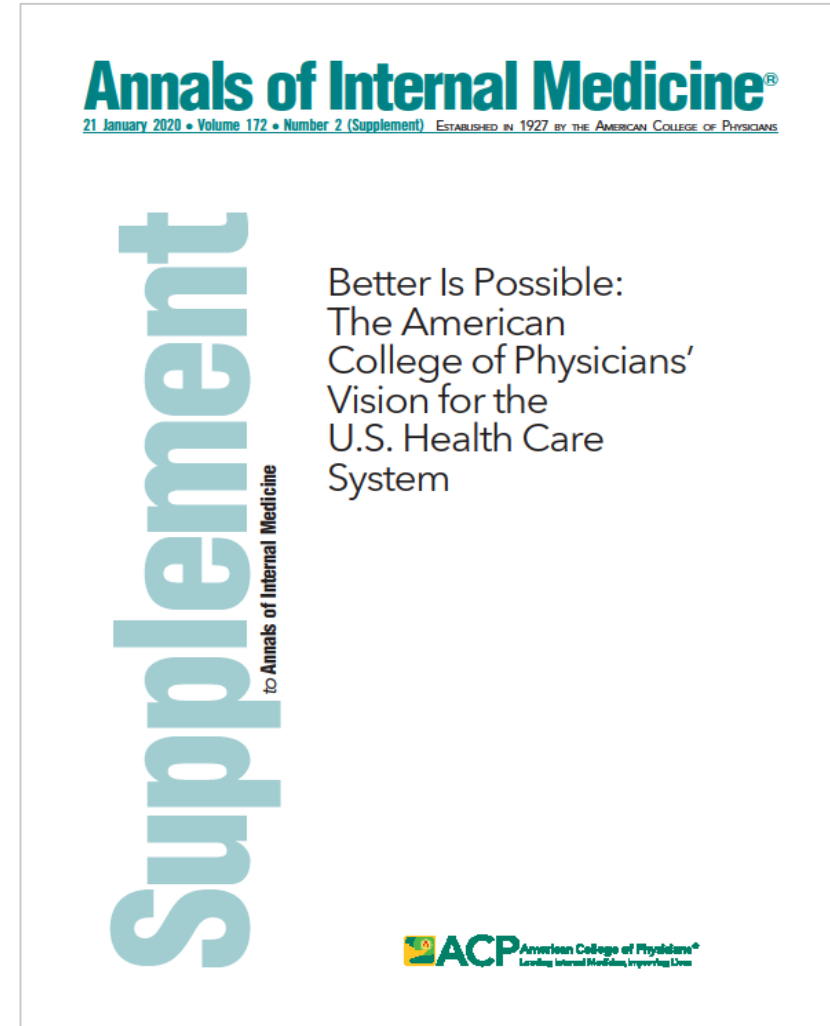
SOURCE: Kaiser Family Foundation Health Tracking Poll (conducted December 13-19, 2016)

Better Is Possible: The American College of Physicians Vision for the U.S. Health Care System

- *Better Is Possible: The American College of Physicians Vision for the U.S. Health Care System*, published as a supplement in *Annals of Internal Medicine*, offers an interconnected, holistic, and comprehensive plan to remove obstacles to care that undermine the patient-physician relationship and harm our patients' health.


Four papers are included in the supplement:

- [A Call to Action from ACP](#)
- [Coverage and Cost of Care](#)
- [Reducing Barriers to Care and Addressing Social Determinants of Health](#)
- [Health Care Delivery and Payment System Reform](#)




ACP's Process for Developing ACP's New Vision for Health Care:


ACP's Board of Regents asked the Health and Public Policy Committee and Medical Practice and Quality Committee to develop a new vision for the future of health care policy.



ACP examined ways to achieve universal coverage, improve access to care and lower costs, reform payment and delivery systems, and reduce the complexity of our health care system.



ACP considered evidence on the effectiveness of the U.S. and other countries' health care systems.



ACP solicited input from members, committees, Regents, Governors, and Council members; finalized recommendations and submitted them to BOR for approval.

ACP's Call to Action: ACP envisions a health care system where

1. Everyone has coverage for and access to the care they need, at a cost they and the country can afford.
2. Social factors that contribute to poor and inequitable health (social determinants) are ameliorated; barriers to care for vulnerable and underserved populations are overcome; and no person is discriminated against based on characteristics of personal identity.
3. Payment and delivery systems put the interests of patients first, by supporting physicians and their care teams in delivering high-value and patient-centered care.
4. Spending is redirected from unnecessary administrative costs to funding health care coverage and research, public health, and interventions to address social determinants of health.
5. Clinicians and hospitals deliver high-value and evidence-based care within available resources, as determined through a process that prioritizes and allocates funding and resources with the engagement of the public and physicians.

6. Primary care is supported with a greater investment of resources; payment levels between complex cognitive care and procedural care are equitable; and payment systems support the value of internal medicine specialists.
7. Financial incentives are aligned to achieve better patient outcomes, lower costs, and reduce inequities in health care.
8. Patients and physicians are freed of inefficient administrative and billing tasks, documentation requirements are simplified, payments and charges are more transparent and predictable, and delivery systems are redesigned to make it easier for patients to navigate and receive needed care.
9. Value-based payment programs incentivize collaboration among clinical care team-based members and use only appropriately attributed, evidence-based, and patient-centered measures.
10. Health information technologies enhance the patient–physician relationship, facilitate communication across the care continuum, and support improvements in patient care.

ACP's Call to Action

Dr. Atul Gawande wrote, *"Better is possible. It does not take genius. It takes diligence. It takes moral clarity. It takes ingenuity. And above all, it takes a willingness to try."*

The ACP rejects the view that the status quo is acceptable, or that it is too politically difficult to achieve needed change. By articulating a new vision for health care, ACP is showing a willingness to try to achieve a better U.S. health care system for all by developing an ambitious and innovative vision of what a better health care system would be like—and how to achieve it.

Ryan Crowley
Senior Associate, Health Policy

Better is Possible: Coverage and Cost of Care

Better is Possible: Ensure Coverage for All

- ACP recommends transitioning to a system of **universal coverage with lower administrative costs** through either a **single payer system, or a public choice option to be offered along with regulated private insurance.**
 - Required [essential] benefits should be established through a process that includes physician and patient engagement.
 - All persons should be enrolled in a plan that covers essential benefits.
 - Patient cost-sharing that creates barriers to evidence-based, high value and essential care should be eliminated, and for patients with certain defined chronic and catastrophic illnesses. If cost-sharing is required for some services, it should be income-adjusted.
- Both approaches could result in substantial administrative savings and reduced burdens on physicians and patients.

Single payer and public choice models both have advantages and disadvantages but are better than our current system

- Under a **single payer** plan:
 - Everyone would have the same coverage through the public plan.
 - Lower administrative costs, more equitable care.
 - More disruptive: limited or no role for private insurance.
- Under a **public choice** model:
 - Everyone would have coverage, either through public plan or regulated private insurance.
 - Administrative savings as more people enrolled in a public plan but less than single payer.
 - More equitable than current system but less than under single payer.
 - More market regulation required.
 - Less disruptive—individuals and employers could enroll in public plan, or keep private coverage.
- Shortages and longer waits for elective appointments *could* occur if either approach is *underfunded* or *payments are set too low*. But under our current system, millions already do not access to affordable care. **ACP advocates that payments be sufficient to ensure access, and be substantially increased for primary care.**
- ACP examined market-based approaches; **none would achieve our vision where everyone has coverage for and access to the care they need, at a cost they and the country can afford.**

Better is Possible: Lower costs and make care affordable

- ACP proposes that care be made affordable by:
 - Eliminating deductible, co-pays for high value care and for patients with chronic illnesses
 - Prioritizing spending and resources
 - Lowering excessive prices and price variation
 - Increasing price transparency
 - Increasing adoption of global budgets and all-payer rate setting
 - Reducing administrative costs
 - Promoting high-value care
 - Incorporating cost and comparative effectiveness into guidelines and coverage.
 - Investing more in primary care

Shari Erickson

Vice President, Governmental Affairs and Medical Practice

Brian Outland, Director, Regulatory Affairs

Better is Possible: Health Care Delivery and Payment

Better is Possible: Improve Health Care Delivery and Payment

ACP recognizes there is not a one-size-fits-all approach to reforming delivery and payment systems and a variety of innovative payment and delivery models should be considered, evaluated, and expanded. ACP recommends:

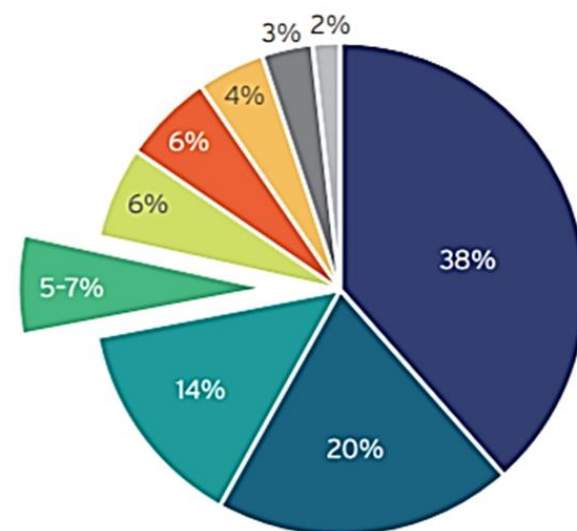
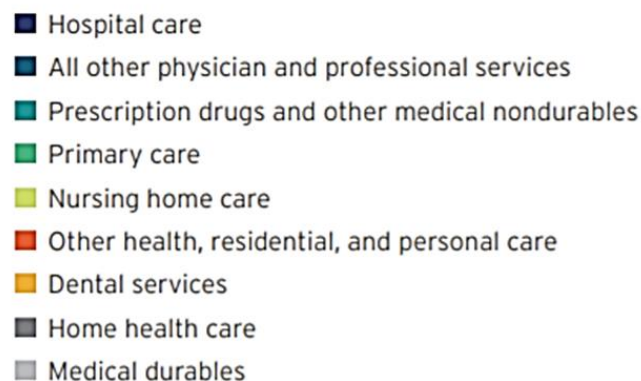
- Increasing payments for primary and cognitive care services
- Redefining the role of performance measures to focus on value to patients
- Eliminating “check-the-box” reporting of measures
- Aligning payment incentives with better outcomes and lower costs
- Eliminating unnecessary or inefficient administrative requirements
- Redesigning health information technology to better meet the needs of clinicians, patients

Better is possible: Invest in Primary Care

- Only between 6 percent and 8 percent of health care dollars are spent on primary care, but greater use of primary care is associated with decreased health expenditures, higher patient satisfaction, fewer hospitalizations and emergency department visits, and lower mortality.
- Recent state-level analyses show an association between investment in primary care and reductions in emergency department visits, total hospitalizations, and hospitalizations for ambulatory care–sensitive conditions.
- U.S. markets with larger numbers of primary care physicians have lower costs and higher quality of care.

FIGURE 1.1

Health Care Spending



Renee Butkus
Director, Health Policy

Better is Possible: Social Determinants and Barriers to Care

Better is Possible: Reduce Barriers to Care and Overcome Social Determinants of Health

- End discrimination and disparities in access and care based on personal characteristics, correcting workforce shortages including the undersupply of primary care physicians, and understanding and overcoming social determinants of health.
- All persons, without regard to personal characteristics, must have equitable access to high quality health care and not be discriminated against based on such characteristics.
- Address urgent public health threats including injuries and deaths from firearms, environmental hazards and climate change, maternal mortality, substance use disorders, and the health risks associated with nicotine, tobacco use, and electronic nicotine delivery systems.

Communications and Outreach

- ACP's public relations and public policy teams are implementing a comprehensive plan with ACP's leadership for outreach and communications to reporters, social media, members and the public.
- January 21-22:
 - letter sent to all ACP members;
 - Letter sent to over 500 key stakeholders and influencers
 - Social media Twitter campaign launched using #ACPVision4HealthCare
 - Dr. McLean and Mr. Doherty did 27 TV/radio interviews via satellite with reporters in communities throughout the United States, including some of the biggest media markets
 - ACP President-elect Dr. Jacqueline Fincher presented ACP's recommendations to better support primary care to a National Academy of Medicine meeting on high value primary care



Dr. Fincher speaking to National Academy of Medicine meeting on value of primary care and internal medicine, 1/22/20

Communications and Outreach

- Dedicated email newvision@ACPonline.org created for members and other interested parties to ask questions or communicate views
- All emails from members will be reviewed by ACP staff and answered.
- Members and others are encouraged to post comments on the papers directly through Annals. <https://annals.org/aim>
- Resource Center for chapters, regents, and governors available on LeaderNet.

Better is Possible: Join Us

Join us in **Envisioning a Better U.S. Health Care System for All: A Call to Action** by the **American College of Physicians:**

- Visit www.annals.org to read ACP's New Vision Papers, or visit www.acponline.org/new-vision for information
- Follow us on Twitter @ACPinternists, @AnnalsofIM, @BobDohertyACP, @SEricksonACP
- Join ACP in stating that the status quo is acceptable and make your voice heard.
- Help spread the work on social media by using **#ACPVision4HealthCare** to discuss how ACP's policy recommendations can help create real change.

