

# NATIONAL COMMISSION TO REDESIGN **HEALTHCARE**

## Fifteen Reasons Why a Commission is Needed

1. Average life expectancy compared to other rich countries has been declining for several decades.
  - a. In 2013, the Institute of Medicine (now the National Academy of Sciences) concluded Americans live shorter lives, are in poorer health throughout their life course and experience no compression of disease. Our health is also affected by the differences in relative income meaning individuals on every rung of the socio-economic ladder are compromised.
2. The number of non-elderly uninsured has been increasing since 2016 and now numbers over 30 million or 11 percent of the non-elderly population.
3. Nearly half of those insured are under-insured, the same percentage as before passage of the Affordable Care Act.
  - a. A recent Gallup poll found 34 million Americans admitted knowing someone who died because they could not afford necessary medical care.
4. A widely reported 2018 Federal Reserve poll found 40% of adults could not afford an unexpected expense of \$400.
5. The decades-long decline in cardiovascular disease mortality, which still accounts for one in three deaths, has not only stopped but has recently increased for females.

6. Obesity prevalence is 40%.

7. More than one-third of the U.S. population is diabetic or pre-diabetic.

8. Drug overdoses and suicides remain epidemic.

9. Social service supports remain largely unaddressed.

- a. Integrating social service supports to address social determinants of health, that explain 60 percent of health status, into the clinical practice setting remains in its infancy. For example, only half of Medicare ACOs have even conducted standardized screenings to determine social service needs.

10. Healthcare disparities, for example, African-American infant and maternal mortality, persist unabated.

11. Healthcare spending, currently at more than \$3.6 trillion, is projected to reach \$6 trillion by 2027 assuming the Medicare, currently projected to go bankrupt in 2024, persists.

12. Upwards of one-third of healthcare spending, or currently well over \$1 trillion, is considered waste.

- a. The NAS has also concluded approximately one-third of health care costs do not improve our health status. Administrative waste constitutes approximately one quarter of the NAS estimate, or enough money to provide universal health care coverage.

**13. Pay-for-performance models, such as accountable care organizations and bundled-payment arrangements, have yet to come close to bending the cost curve.**

- a. Efforts to improve Medicare's spending efficiency via Alternative Payment Models (APMs), moreover Accountable Care Organizations (ACOs) and bundled payment arrangements, have yet, for many, to produce meaningful savings.
- b. The Medicare Advantage program that now accounts for approximately one-third of Medicare beneficiaries does not score savings as an administrative pricing program. Efforts to improve MA spending efficiency, for example via the Value Based Insurance Design (VBID) demonstration, has yet to demonstrate results.

**14. Medicare continues to measure and reward quality without simultaneously accounting for spending or value (i.e., outcomes achieved relative) resulting in, for example, a reverse Robin effect.**

**15. Physicians and other clinicians are experiencing unprecedented rates of burnout, Major Depressive Disorder and unacceptable rates of suicide.**