

NATIONAL COMMISSION TO REDESIGN **HEALTHCARE**

Five Guiding Principles for the National Commission

1. Healthcare coverage is universal and affordable.

Despite coverage gains under the 2010 Affordable Care Act (ACA), the uninsured rate has been rising since 2016 rising to, per a CBO estimate, to 31 million in 2020 – largely due to unaffordability. In addition, per Commonwealth's most recent biennial health insurance survey, nearly 43 percent of non-elderly adults are inadequately insured or under-insured, approximately the same percent as pre-ACA. Health care in this country should be a right not a privilege. All Americans equally should have access to affordable, accessible and high quality health care.

2. Emphasis is placed on primary care, behavioral health and healthy aging.

Primary care, the foundation of health care delivery, is stretched dangerously thin. The failure of behavioral health is made evident by, for example, the ongoing opioid and suicide epidemics. So called “deaths of despair” resulting in part from drug overdose, suicide and alcohol abuse, account for approximately 100,000 deaths annually. Despite a rapidly aging and substantially co-morbid aged population, the country remains without a non-catastrophic long-term care policy – that has placed an increasing burden on the Medicaid program. These realities, along with, for example, the ongoing COVID-19 pandemic, have contributed to a multi-decade decline in US life expectancy compared to other rich countries. Patients should have timely access to primary care that integrated behavioral health and seniors offered access to social service supports that enable them to age in place.

3. Health care should integrate the social determinants of health in a comprehensive care model.

Despite the fact the US vastly outspends all other rich countries on health care, the US ranks last or near last in most health care performance measures. What largely explains this high spending - poor health paradox are the social determinants of health (SDOH). These are generally defined as education, economic circumstances, food security, housing and social, environmental and related exposures. Where people live, work and socialize determines approximately 60% of their health status whereas medical care accounts for approximately 10%. Despite the essential role social determinants play, the US has the lowest ratio of health care spending to social services spending in the OECD. For every dollar spent on healthcare, the US spends one dollar on social services. Across the remaining 36 OECD countries, the ratio averages \$1:\$2.50. Two related points deserve note. The US suffers extreme income and wealth inequality. The US has the fifth highest OECD Gini coefficient and the top 0.1% of the US population holds approximately the same share of wealth as the bottom 90 percent. Health care and social support services need to be integrated.

4. Healthcare spending is efficient, meaning it is of increasingly higher value, measured as outcomes achieved relative to spending

Americans are forced to spend more than \$1 trillion annually on health care that does not improve their health status. Beyond administrative waste and no/low value care, this is significantly due to the fact that Americans are unable to determine the value, or spending efficiency, they receive for their health care dollar. CMS has recently begun to recognize the importance of rewarding value via its Merit-Based Incentive Payment System (MIPS) MIPS Value Pathways (MVPs) regulation. In addition, the HELP Committee's 2020 passed bill, the Lower Health Care Cost Act, included a provision requiring commercial insurance plans to publicly report value or spending efficiency data. Since, moreover, the Medicare program is facing insolvency in less than three years, priority should be given to establishing policies that achieve sustainable healthcare spending.

5. Education, training and workforce supply should meet the health care demand.

According to HRSA, there are currently more than 7,000 primary care Health Professional Shortage Areas (HPSAs) that affect more than 79 million Americans.

There are also 5,100 mental health HPSAs that effect more than 115 million Americans. The US neither actively regulates the number of type, nor the geographic distribution of, physicians and mid-level clinicians. This has resulted in an incongruity between supply and demand particularly in areas of social deprivation. The healthcare work force should be readily accessible to all patients in need, especially minority communities. Additionally, medical curriculum also needs to evolve to better reflect changes in healthcare delivery models, including consideration of SDOH, financing and patient self-management.
