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PRESIDENT'S COLUMN

Will we return to a time when millions of people are afraid they will get sick?

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It was Sunday morning and my 29-year-old daughter sounded very scared when she called her doctor-dad on the way to a Washington, DC, emergency department (ED). Overnight she had experienced high fever and shaking chills. In the early morning she had developed a severe headache and stiff neck—I told her I agreed with her decision to go to the ED. Relatively soon thereafter I got the next text: "They want to do a spinal tap." I tried to reassure her that the test was the right thing to do, but she was understandably anxious. After a very long hour of waiting, a new text: "The fluid was normal, no meningitis." We were all relieved. Three weeks later she called again from New York, but this time she was crying: "I just got the hospital bill—$8,000! When I was in DC I had just left my last job—I don't know if I was covered by insurance!" I could hear her fear—for three hours of care the bill was more than three months' rent for her tiny New York apartment.

There is no excuse for the fact that Americans spend almost twice as much per capita on health care than the next most expensive country in the world. Both the Congressional Budget Office and Institute of Medicine agree that almost a third of this cost does not add value to patients' care. Health care reform and passage of the Affordable Care Act (ACA) have begun the process of changing the organizing principles of US health care. The most egregious insurance abuses—benefits rescission, pre-existing condition exclusions—are now illegal. For most people, insurance benefits are a little more clear; elimination of copayments for preventive care and closing the doughnut hole for Medicare recipients have been addressed. State and federal exchanges make the purchase of health insurance more transparent, and subsidies make insurance more affordable. Importantly, exchanges have begun to disconnect the link between employment and individuals' access to health insurance—itself an accident of history dating back to the wage and price freeze of World War II. Some state governments that initially refused Medicaid expansion are quietly reconsidering that decision.

The key to sustaining reform, however, is to slow the unsustainable rise of per capita cost, and there is evidence that this is occurring. Health care providers and payers have begun the fundamental shift from buying and selling health care transactions under fee-for-service to value-based sale and purchase of services that maintain or improve patient health. The new alphabet soup of reform—ACO (accountable care organization), PCMH (patient-centered medical home), MSSP (Medicare shared savings plan), CMMI (Center for Medicare and Medicaid Innovation), PCOR (patient-centered outcomes research)—represents incentive shifts and organizational changes that will continue to "bend the curve" of health care expenditures in the United States. I am reticent to admit that electronic health records, with which we have a love-hate relationship as they evolve, are a critically important enabling technology for measuring (however imperfectly) the value of that care to patients and populations.

The November mid-term elections may threaten this progress. Although wholesale repeal of the ACA is unlikely during the Obama administration, many believe Congress will try to limit budgets that support ACA implementation to inflict "the death of a hundred cuts."[1] The Supreme Court ruling on federal exchange subsidies is another threat. But federal and state governments are not the only concerned stakeholders—employers and employees are beginning to appreciate the impact of reform strategies, and insurers are developing products and services for this new reality. Despite a dysfunctional federal government, I am optimistic that the shift from volume to value has taken hold. We need to be vigilant as the new congress convenes. We also need to intensify our patient-focused advocacy by vocally supporting those private sector reforms that are within our power to advance.

I think we need a new catch phrase to accompany the principle of "volume to value"—one that reassures patients that they need not fear overwhelming bills or bankruptcy just for getting the care they need. Perhaps we could call it "trepidation to trust."

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On the phone my daughter was still afraid. I walked her through the $8,000 bill, starting with the title "Explanation of Benefits—this is not a bill." She had still been covered by insurance, and the insurance worked: Young and healthy, my daughter needed emergency care, she got the care she needed, and the care did not cost her several months' pay. She laughed through her tears, "I guess I should have read that first!"

Reference

1. New York Times Editorial Board. The Piecemeal Assault on Health Care. New York Times, November 22, 2014.

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