



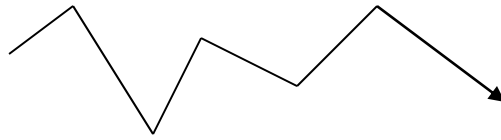
# Newton Got It Right: Action and Reaction

**MANY FACES OF COMMUNITY HEALTH**

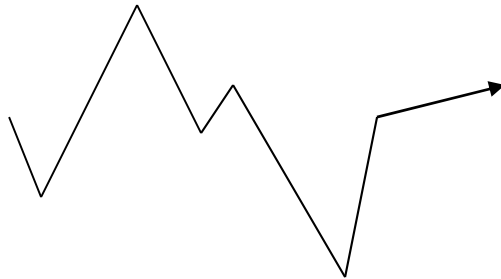
**22 OCT 2009**

**MAUREEN K. REED, M.D., F.A.C.P.**

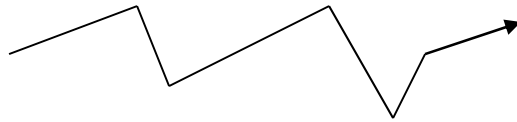
**Problems**



**Solutions**



**Politics**





Economy

Natural  
Disasters

**Problems**

Internet

Climate  
Change

**Solutions**

**Politics**

Scientific  
Discovery

Demographics

International  
Factors



**Problems**

Staff of  
Elected  
Officials

Interest  
Groups

**Solutions**

General  
Public

Elected  
Officials

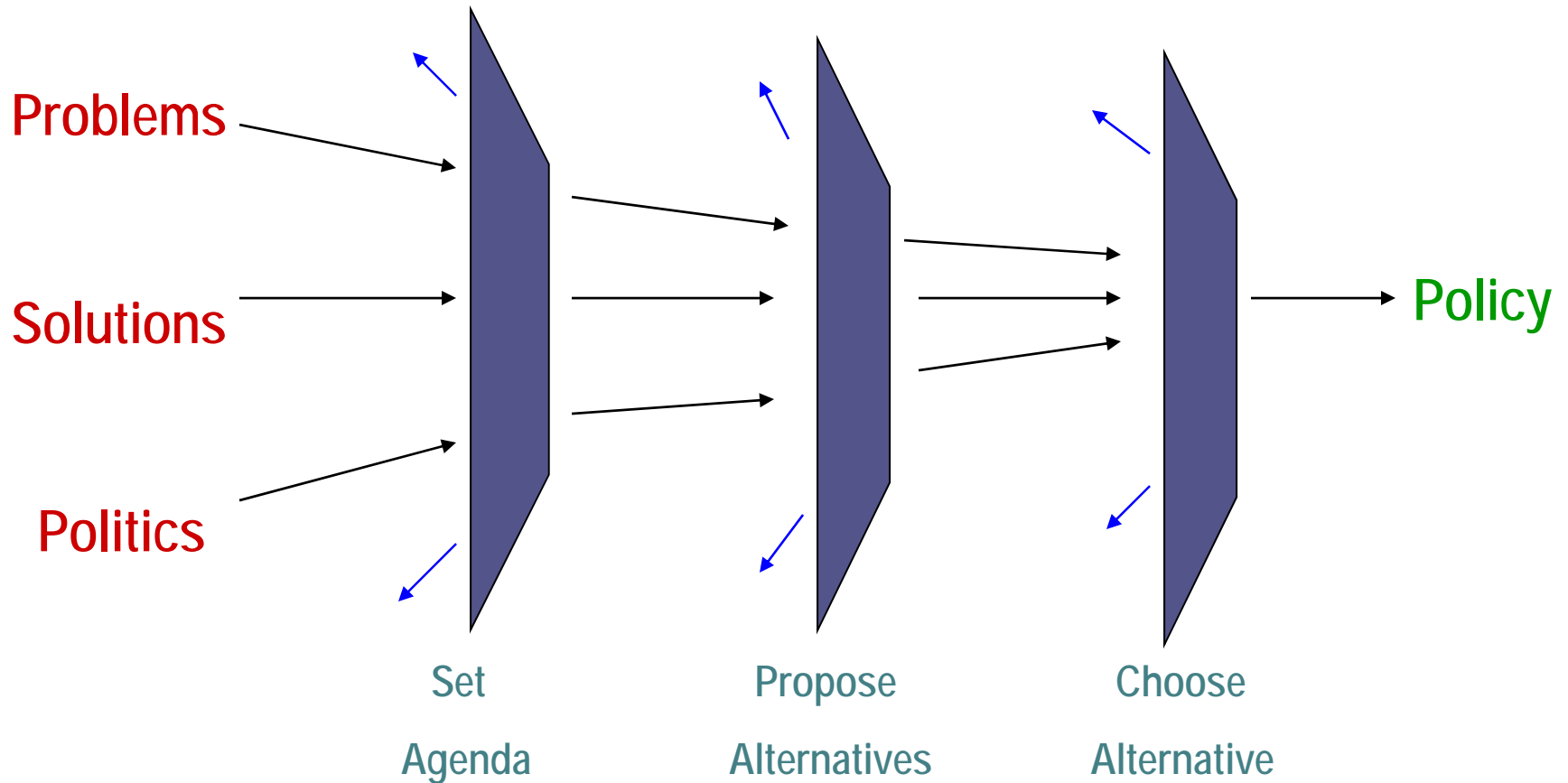
**Politics**

Media

Content  
Experts

# Organized Anarchy

(Kingdon)



# Ideally . . .



- **Problems**

- Crisply defined
- Easily explained
- Known to be “problems”
- Stable, or changing in a predictable manner

- **Solutions**

- Body of facts
- Easily understood
- Undisputed
- Inexpensive
- Painless

# Rationality . . .

(Wildavsky 2001; Stone 2002; Austin-Lane 2007)

## Non-political Rationality

- Solution is considered on its own terms – how well does it solve the problem
- Decision is based on merits of proposal
- Cost-effectiveness or efficiency is often considered.

## Political Rationality

- Decision is based on who supports/opposes.
- Solution(s) are discussed until major opposition disappears.
- Compromise between good and bad solutions is rational.

# Political Questions



- **Who pays?**
- **Who benefits?**
- **Who decides?**

Paul Kivel

# Opposition



- **Specific or Special**
- **Philosophic or Ideologic**
- **Fiscal**
- **Political**

# Patients and Consumers



## SUPPORT:

- Removal of Pre-existing Conditions
- Essential Benefit Set
- Public Option (57% support & 76% support if it is limited to people who can't afford private insurance)
- *Closure of Medicare Part D Doughnut Hole (AARP)*

# Patients and Consumers



## **CONCERNS:**

- **Expansion of coverage might reduce current benefits**
- **Doctors may not see publically funded patients**

## **OFF-SCREEN:**

- **Payment Reform**
- **Care Delivery Reform**

# Insurance Industry



## **SUPPORTS:**

- Individual Mandate
- Premium Assistance
- Broadening Medicaid & SCHIP
- Essential Benefit Set

# Insurance Industry



## **CONDITIONALLY SUPPORTS:**

- **Forbidding Pre-existing Conditions**

## **OPPOSES:**

- **Insurance Exchanges or Use of Exchanges by Large Employers**
- **Public Options or Non-profit Coops**
- **Repeal of Insurance Exemption for Anti-trust Regulation**

# Providers – Nurses



## **SUPPORT:**

- **Public Option**
- **Emphasis on Prevention & Primary Care**
- **Mandates**

# Providers – AMA



## **SUPPORT:**

- Tort reform
- Reform of Medicare Physician Reimbursement Formula
- Mandates

## **OPPOSE**

- Public Option tied to Current Medicare Rates
- Cuts in Medicare Payment (to offset expanded insurance coverage)



# Providers – Hospitals

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## **SUPPORT:**

- **Mandates**

## **OPPOSE/COOL TOWARDS:**

- **Shift from Volume-based to Value-based Payment**
  - **Implementation of Health IT**
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# Employers & Business Groups

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## **SUPPORT:**

- **Removal of Pre-existing Conditions**
- **Insurance Exchanges**
- **Individual Mandates**
- **Tort Reform**

## **OPPOSE:**

- **Employer Mandates**
  - **Increased Government Involvement**
  - **Public Option**
- 

# State & Local Governments



## **SUPPORT:**

- **Reduction of Cost of Care\***
- **Federal Financing**
- **Reduction of Administrative Bureaucracy**

## **OPPOSE/CONCERN:**

- **Expansion of Medicaid**

# Assessment



- It is easier to find agreement on the problem than on the solution.
- We are a long ways from home.
- Health care reform will take years to accomplish.