From Obamacare to Improved Medicare for All

National Health Care for the Homeless Council

Regional Training August, 2014

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It's Imperative: We need Guaranteed Healthcare

Justice

We have a right to health

Equality

We demand a single standard of safe therapeutic care for all

Democracy

We assert popular control over our healthcare system

"The time is always right to do what's right" Dr. Martin Luther King, Jr.

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How does our healthcare system measure up?

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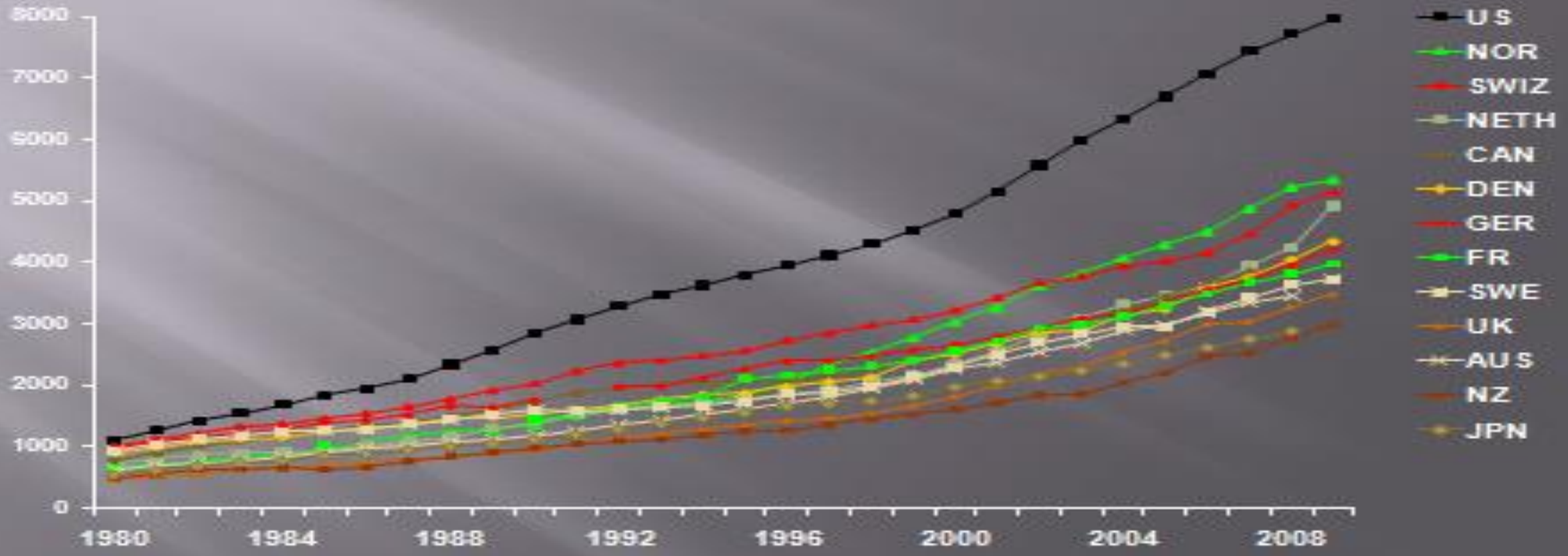
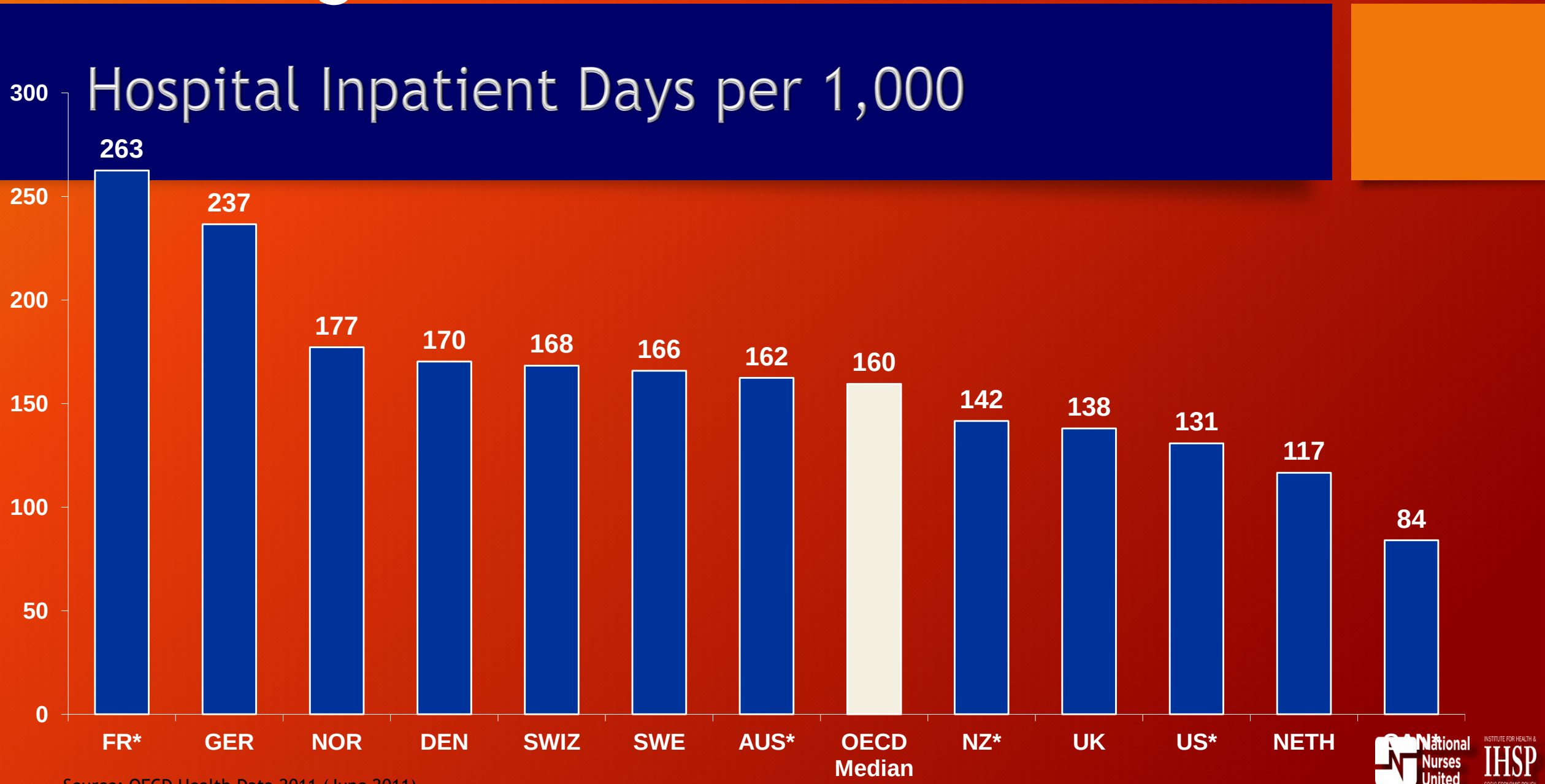
We spend more……..



But we get less……



Source: OECD Health Data 2011 (June 2011).

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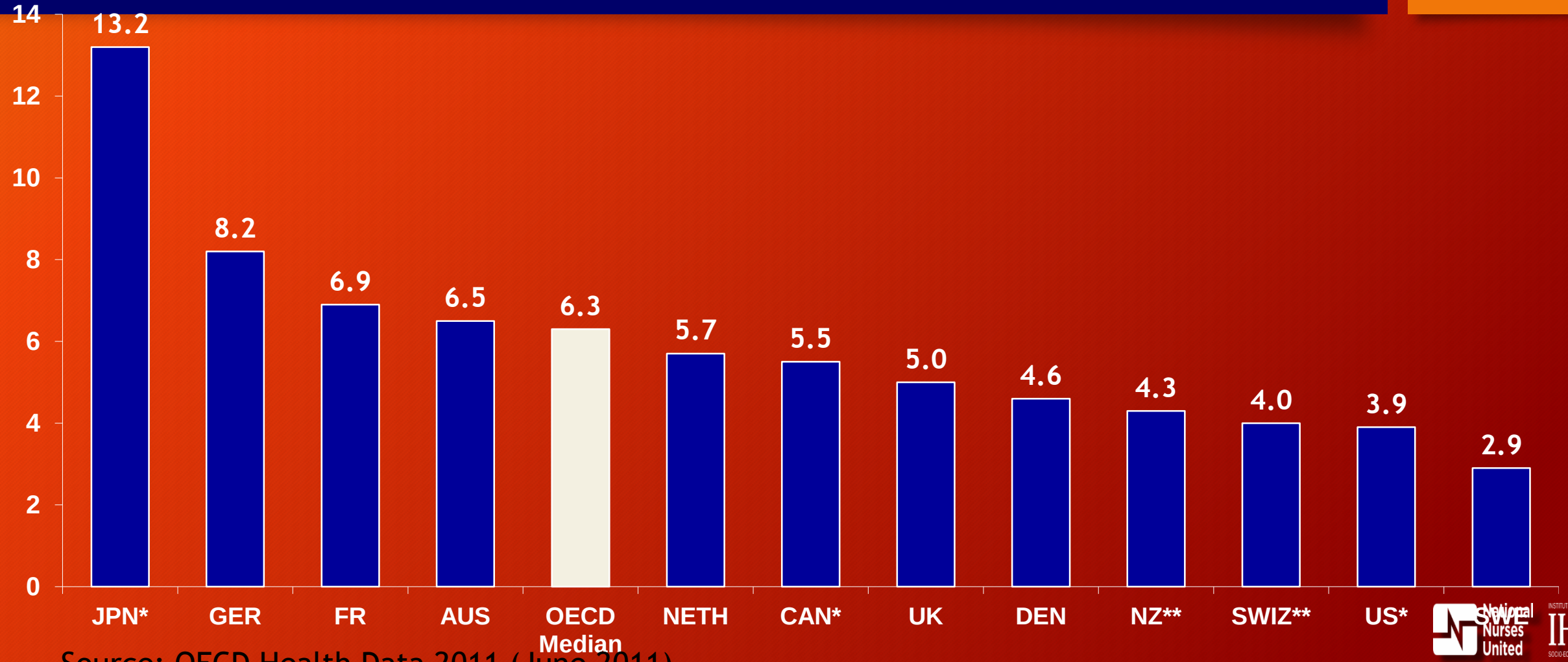
Average Annual Number of Physician Visits per Capita, 2009



Source: OECD Health Data 2011 (June 2011).

Overall Ranking

Country Rankings	
	1.00–2.33
	2.34–4.66
	4.67–7.00







	AUS	CAN	GER	NETH	NZ	UK	US
OVERALL RANKING (2010)	3	6	4	1	5	2	7
Quality Care	4	7	5	2	1	3	6
Effective Care	2	7	6	3	5	1	4
Safe Care	6	5	3	1	4	2	7
Coordinated Care	4	5	7	2	1	3	6
Patient-Centered Care	2	5	3	6	1	7	4
Access	6.5	5	3	1	4	2	6.5
Cost-Related Problem	6	3.5	3.5	2	5	1	7
Timeliness of Care	6	7	2	1	3	4	5
Efficiency	2	6	5	3	4	1	7
Equity	4	5	3	1	6	2	7
Long, Healthy, Productive Lives	1	2	3	4	5	6	7
Health Expenditures/Capita, 2007	$3,357	$3,895	$3,588	$3,837*	$2,454	$2,992	$7,290

Note: * Estimate. Expenditures shown in $US PPP (purchasing power parity).
Source: Calculated by The Commonwealth Fund based on 2007 International Health Policy Survey; 2008 International Health Policy Survey of Sicker Adults; 2009 International Health Policy Survey of Primary Care Physicians; Commonwealth Fund Commission on a High Performance Health System National Scorecard; and Organization for Economic Cooperation and Development, *OECD Health Data, 2009* (Paris: OECD, Nov. 2009).

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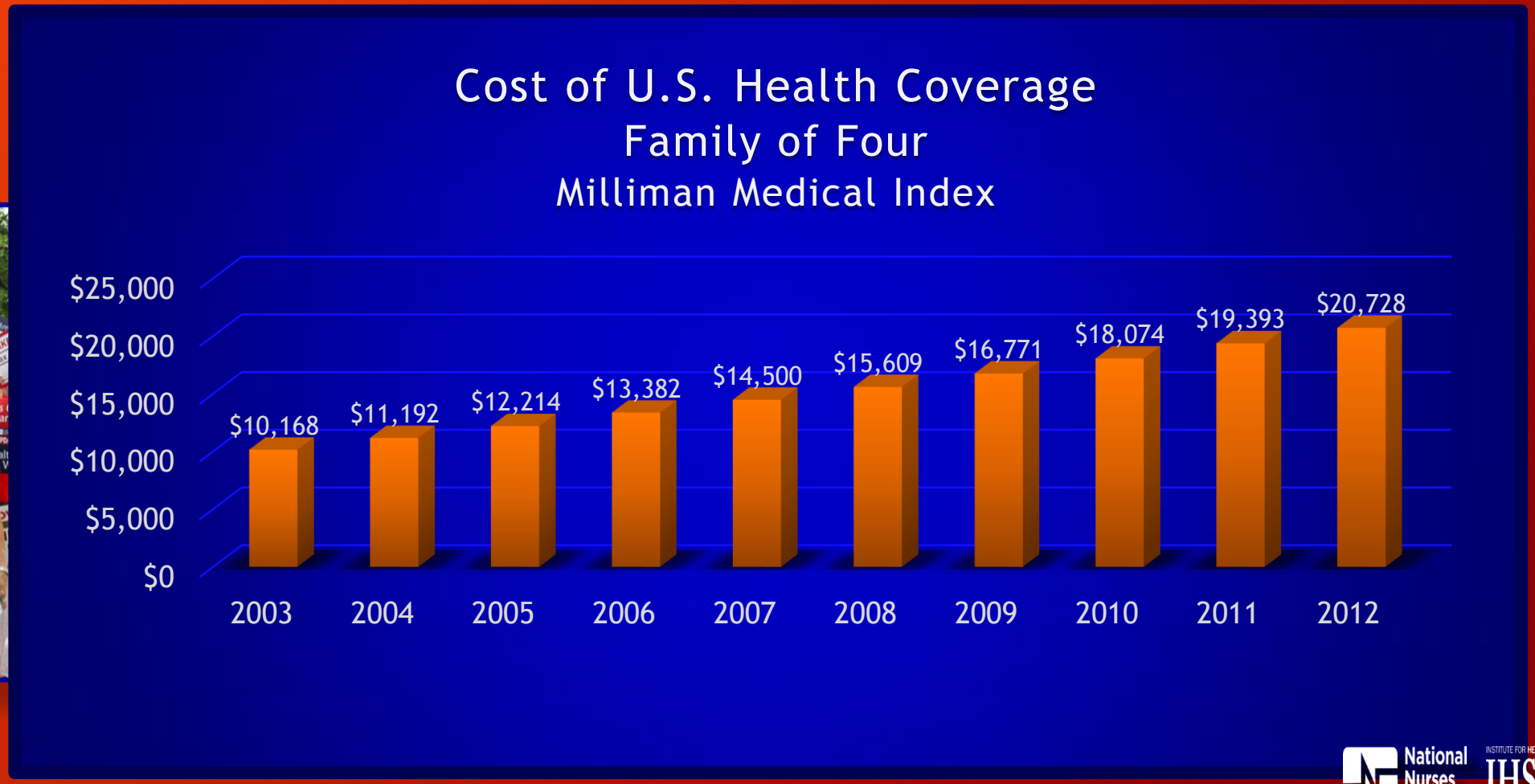
But… we don't live as long

OECD, 2008

The Most Expensive Healthcare in the World



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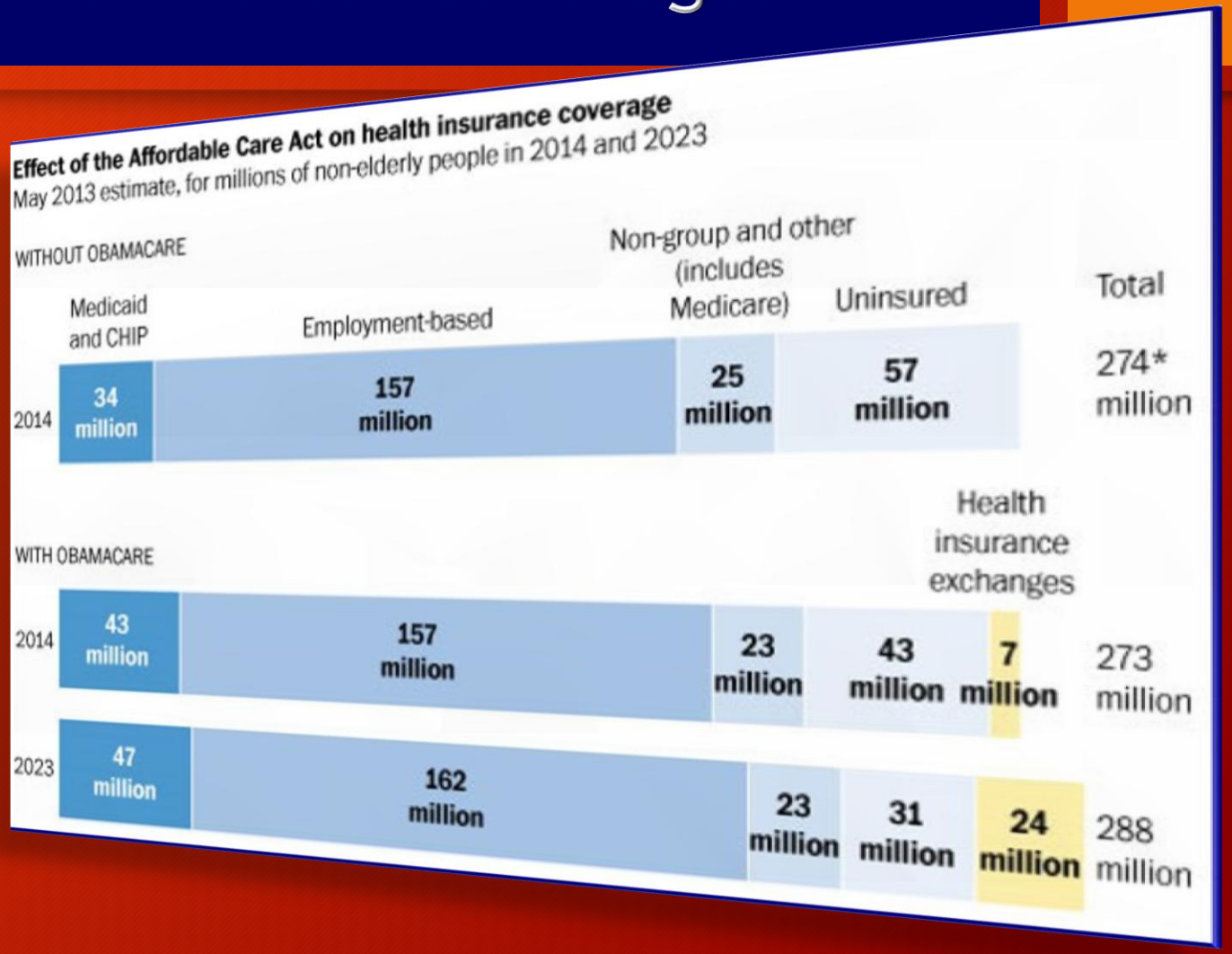
Remember the dream of universal coverage?

Projected U.S. Fatalities Due to Lack of Health Insurance			
Years	**No ACA**	**ACA**	**Medicare -for-All**
2013-2017	247,088	156,270	0
2018-2023	262,509	152,333	0
TOTAL	**509,597**	**308,604**	**0**



ACA Medicaid Expansion

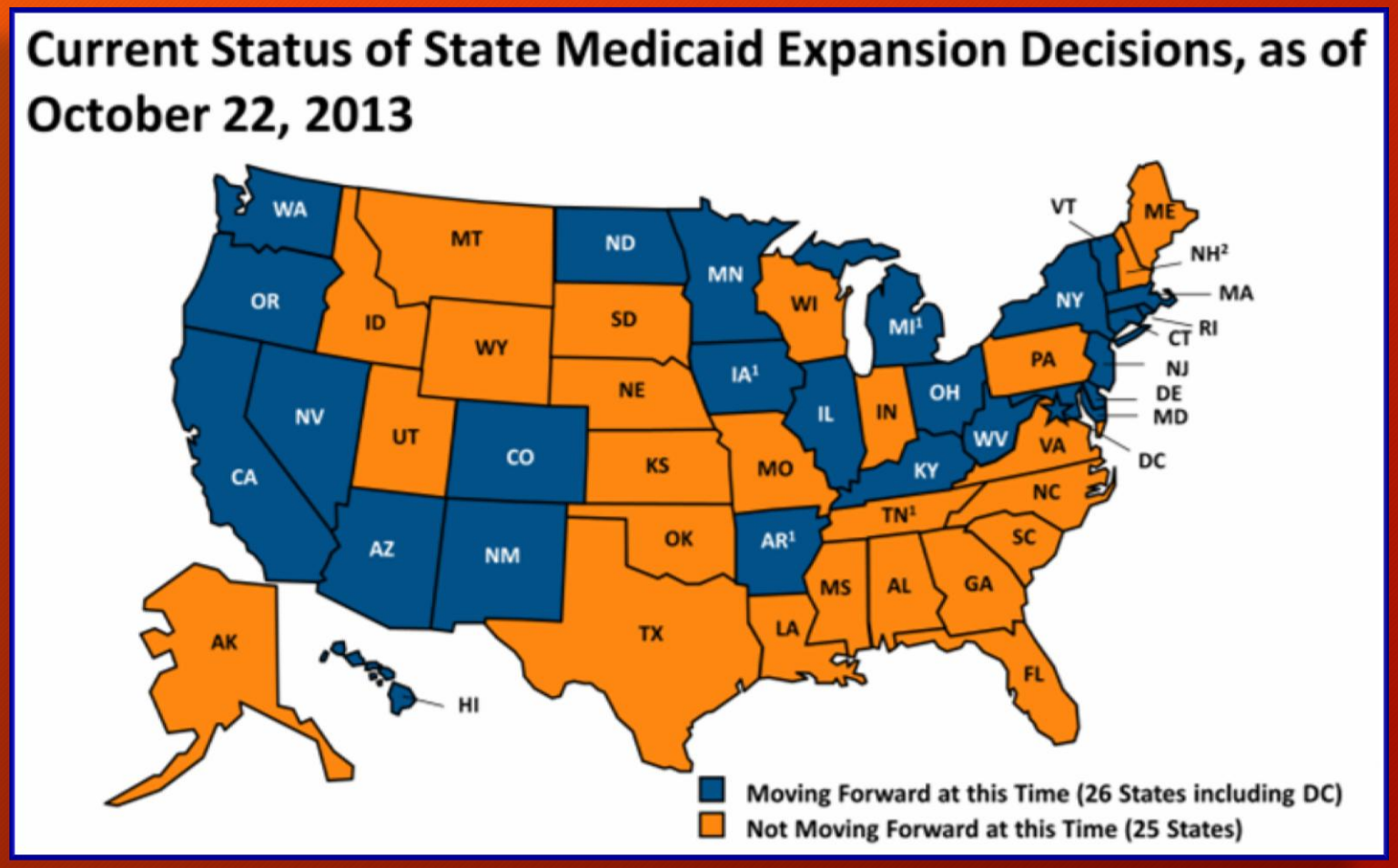
SUPREME COURT OF THE UNITED STATES

Syllabus

NATIONAL FEDERATION OF INDEPENDENT BUSINESS ET AL. *v.* SEBELIUS, SECRETARY OF HEALTH AND HUMAN SERVICES, ET AL.

CERTIORARI TO THE UNITED STATES COURT OF APPEALS FOR THE ELEVENTH CIRCUIT

No. 11–393. Argued March 26, 27, 28, 2012—Decided June 28, 2012*



Household Size	FPL
1	$11,490
2	15,510
3	19,530
4	23,550
5	27,570
6	31,590

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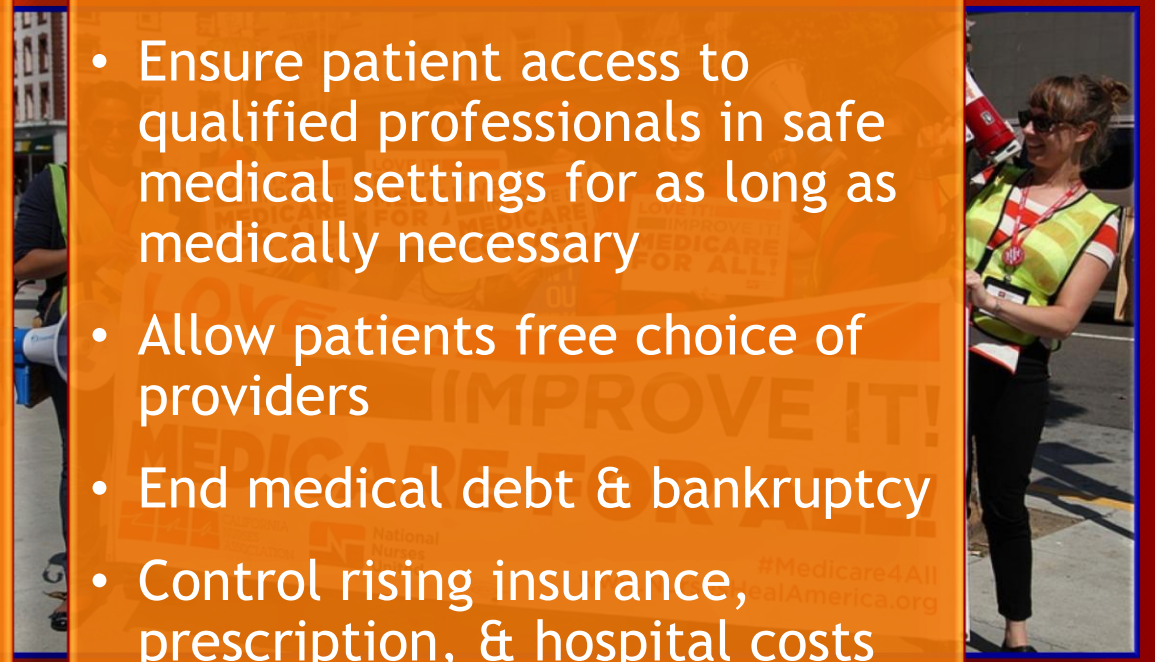
Where are we?

What the ACA Will Do

- Expand Medicaid to include those with income up to 138% of the federal poverty level (FPL) in participating states
- Subsidize private coverage for those with income between 138% & 400% FPL
- Reform insurance markets in some respects
- Establish insurance exchanges with minimum standards where individuals & small employers shop for coverage
- Penalize some large employers that don't insure their full-time employees (eventually)
- Penalize uninsured individuals (immediately)
- Restructure care delivery systems
- Finance these changes

What Needs to Be Done

- Guarantee a single standard of high-quality care to everyone
- Ensure patient access to qualified professionals in safe medical settings for as long as medically necessary
- Allow patients free choice of providers
- End medical debt & bankruptcy
- Control rising insurance, prescription, & hospital costs



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The Private Insurance System

Cutting Costs by Caring Less

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Current Financing

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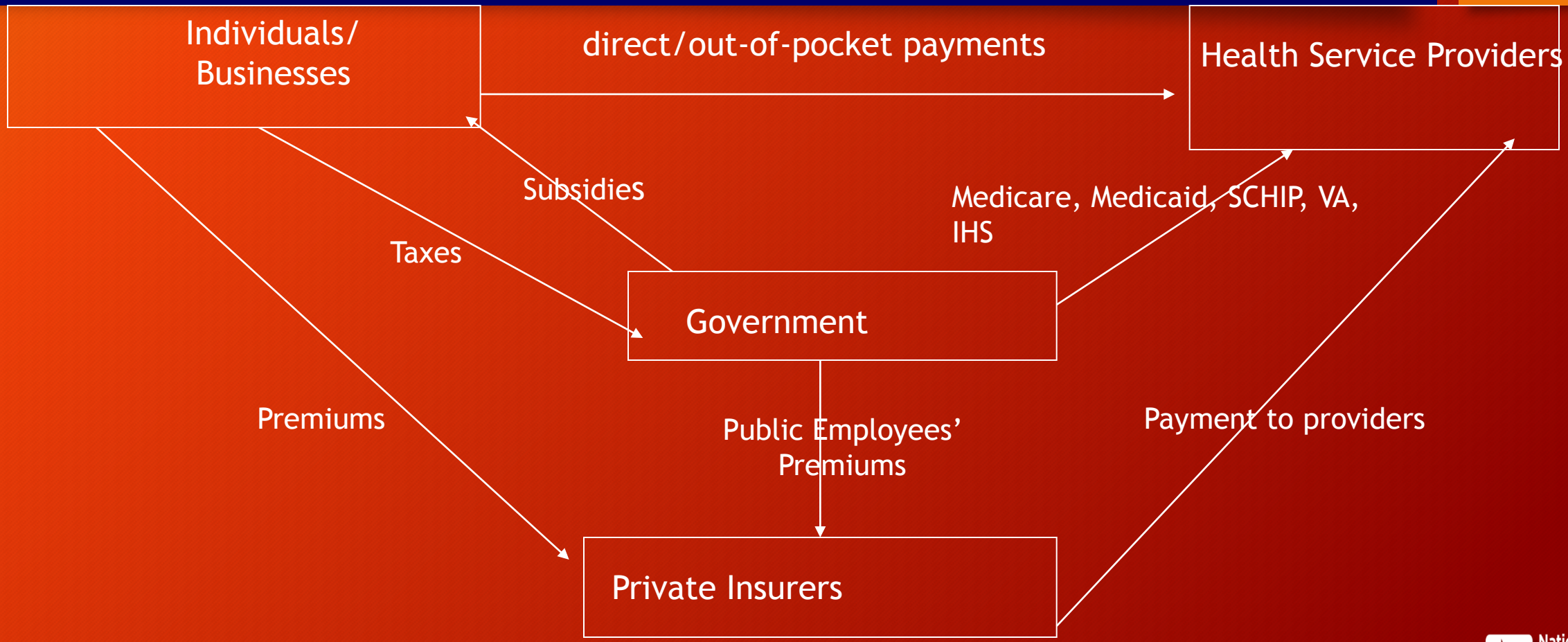
Juner Valencia



“PREMIUM HELP? Some hospitals want to start their own premium-assistance programs, kicking in a share of the cost for especially poor, especially sick patients to get insurance. It'd probably be cheaper for hospitals than providing uncompensated care, but they're meeting resistance from insurance companies, who fear such a scheme would lead to a sicker overall risk pool and higher premiums for everyone.”

(Julie Appleby, Kaiser Health News, August 14, 2014)

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“You’ve got to get rid of the middleman,” he said, “and that middleman is the private health-insurance industry.”

And they have got to go.

Dr. Zarr Harper’s Feb 2009

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Administration Overhead

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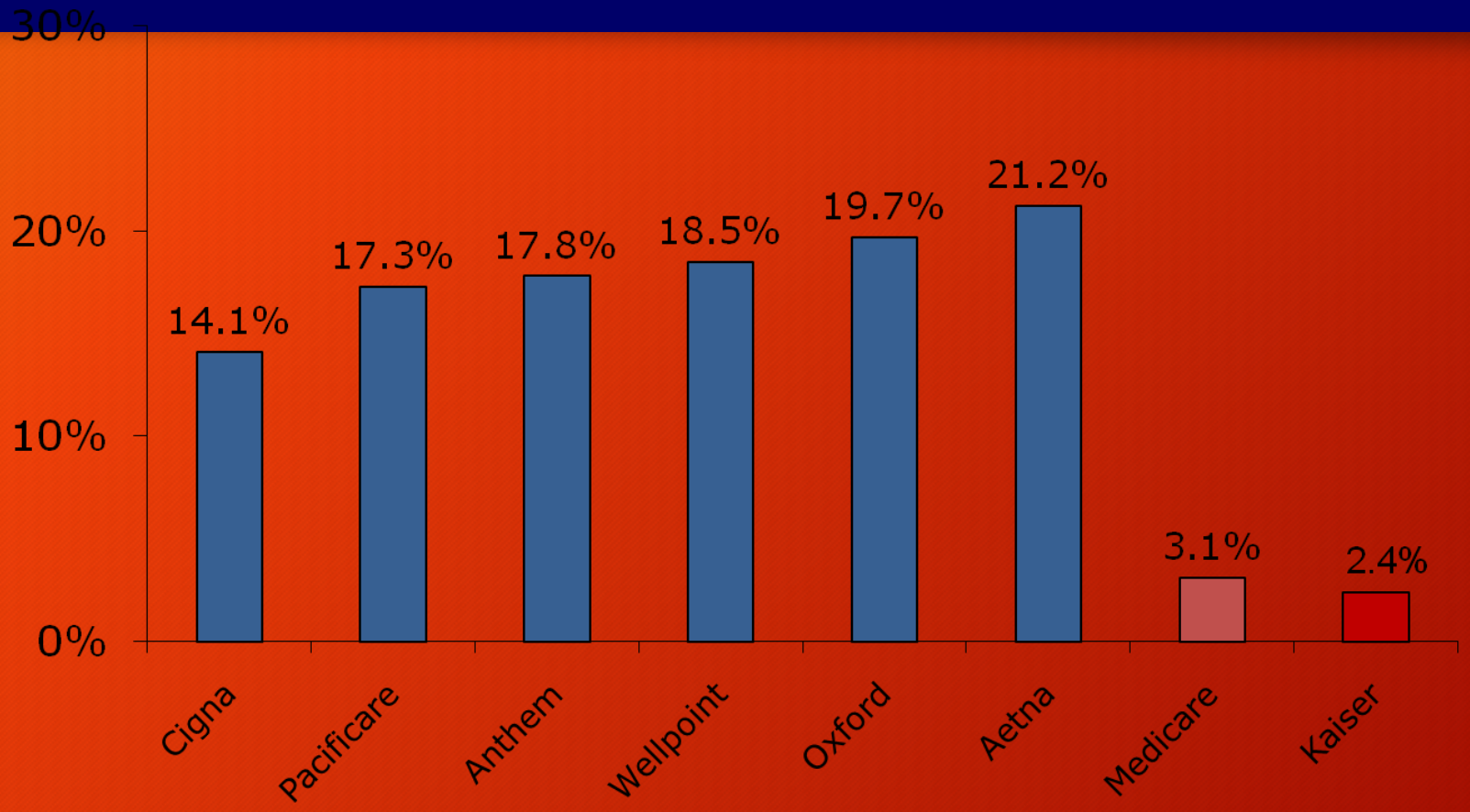

Managed Care Magazine July, 2003; Kaiser data: CMA Knox-Keane Report, May 2005
International Journal of Health Services, 2005

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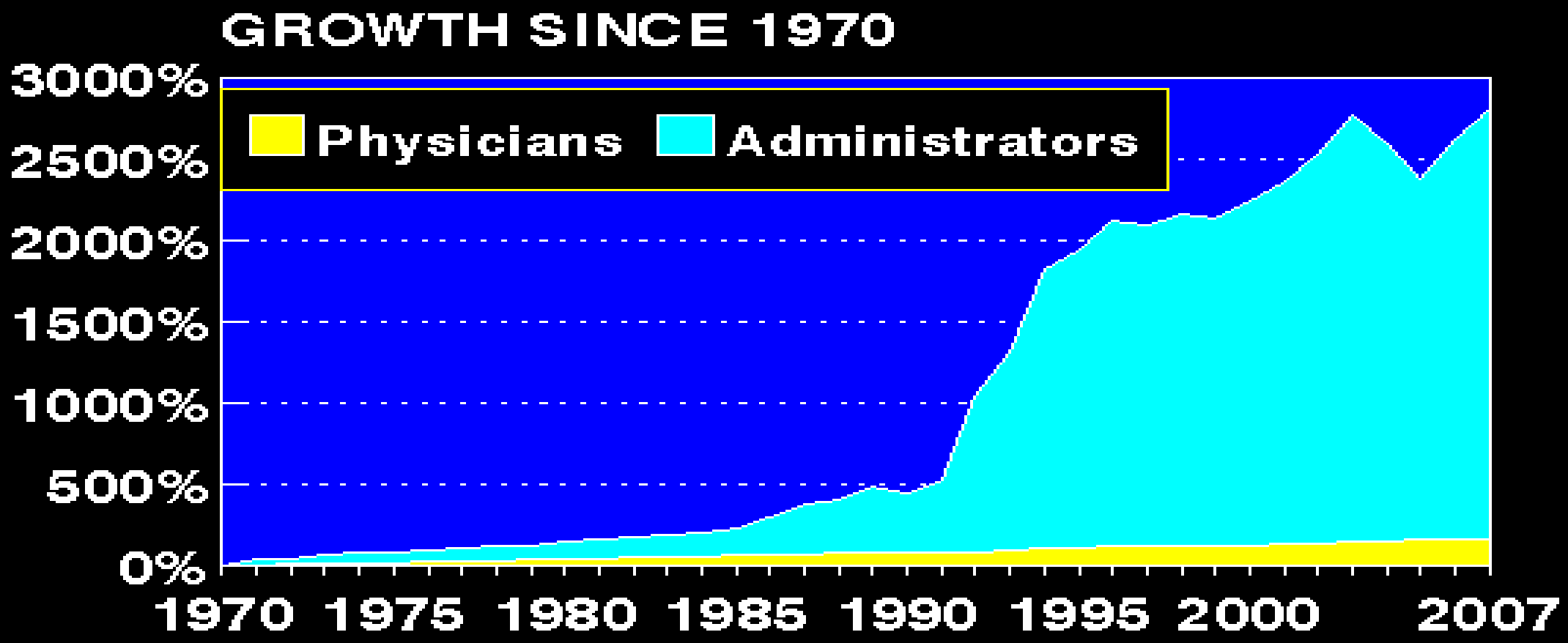
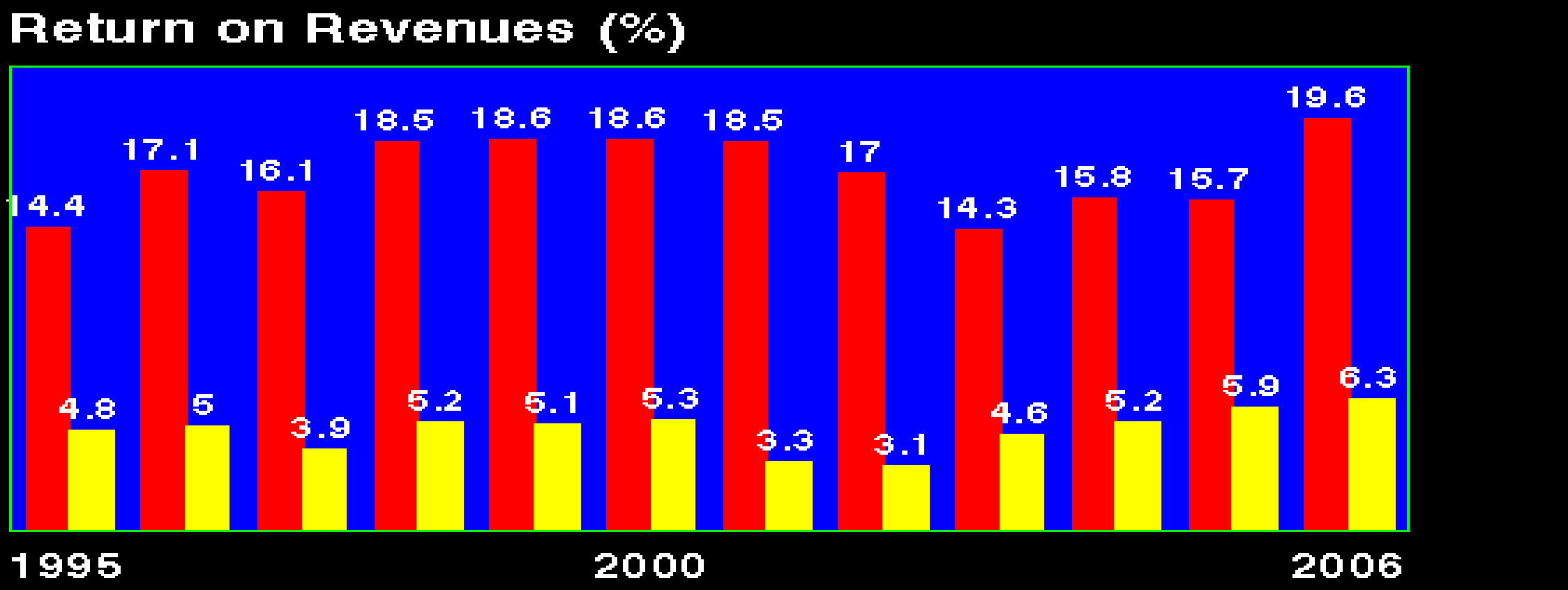
GROWTH OF PHYSICIANS & ADMINISTRATORS 1970-2007



Source: Bureau of Labor Statistics; NCHS; and analysis of CPS

PNHP

Drug Company Profits, 1995-2006

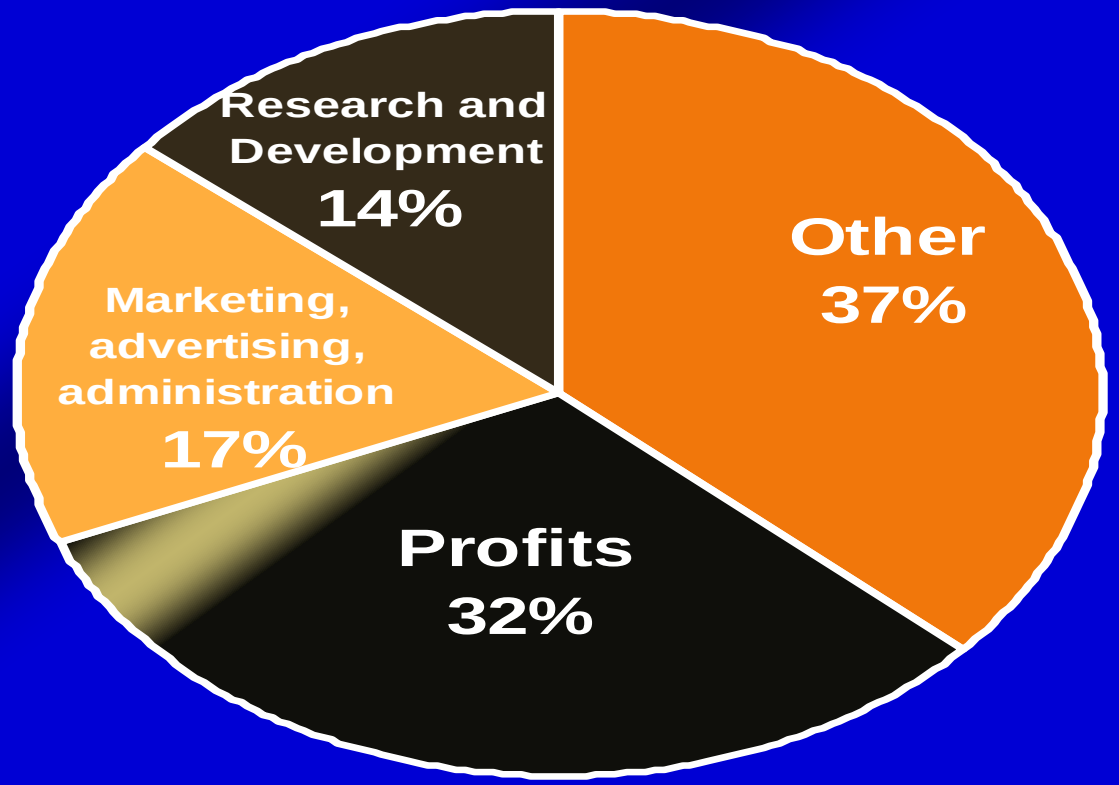


Source: Fortune 500 rankings for 1995-2006

Total drug company profits, 2006 = $49.0 billion

PNHP

How Pharma Spends A Dollar



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Care in the Cross Hairs

Restructuring Care Delivery

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Sob Story

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IHSP Institute for Health & Socio-Economic Policy

Patient Centered Medical Homes

- **Quality and Safety**
  - Evidence based medicine
  - Performance measurement
  - Patient satisfaction
  - Population health management
- **Patient Need and Clinical Judgment**
  - Group results vs. individual care
  - Health IT vs. comprehensive charting
  - Needs, goals and preferences vs caregiving

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Care Shift Doesn't Save Money

- Increasing outpatient services may not be a mechanism for reducing spending. (Joynt, JAMA 6/13)
- 90% of inpatient spending for high-cost patient group was for treatment you wouldn't think would be preventable by outpatient management. (Joynt, JAMA 6/13)
- 10% of patient who had highest cost, accounted for 79% of inpatient costs. (Joynt, JAMA 6/13)
- Hospitals buying medical group practices and their clinics in order to charge higher rate for same procedures. (Welch, NYT, 7/13)

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What's an economy for?

Unemployed & Underemployed

-

1%

Uninsured & Underinsured

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Next Stop: Improved Medicare for All

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Single Payer: Multiple Providers

Single National Insurance Pool

- **All Providers:**
  - All Hospitals
  - Doctors
  - Nursing Homes
  - Rehab Facilities
  - Pharmacies
  - Clinics
  - Laboratories
  - Home Health

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Why Improved Medicare for All Works Better

Coverage

Financing

Delivery

- Everybody in, nobody out – spread expense
- Progressive taxes replace premiums;
- Global budgets and fees based on patient services;
- Bulk Purchasing/price controls for prescription drugs.
- Patient care pays
- Doctors and nurses exercise clinical judgment

How do we know this will work?

Lea Rosemurgy, RN
Juner Valencia

- This is an improvement and expansion of Medicare. A proven system that provides high quality care for person 65 and older with operating costs of just 3% overhead.
- Similarly, the VA or Department of Veteran's Affairs has low operating costs, bulk purchasing power and electronic medical records
- We have examples Canada, Germany, Taiwan, UK, France and many more around the world that prove effectiveness, cost control and universality

http://www.pnhp.org/facts/singlepayer_faq.php

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Single Payer Financing

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Medicare $

Medi-Cal $

Employer Payroll Tax $

Employee Payroll Tax $

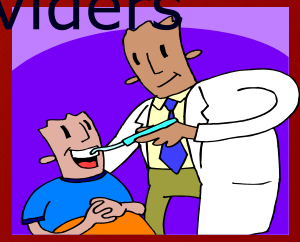
Income tax $

Single Payer Healthcare Fund

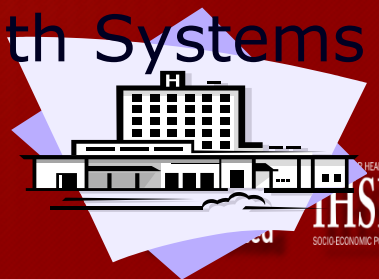
$$$$$$

Rx

Healthcare Providers



Integrated Health Systems



Lewin 2004

Medicare is a Single-Payer System

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Juner Valencia

Income tax $

Payroll tax $

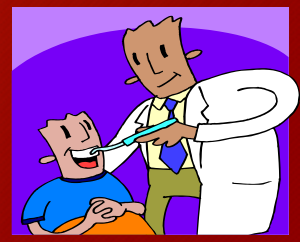
Out-of-pocket Payments $

Medicare

$$$$$$

Rx

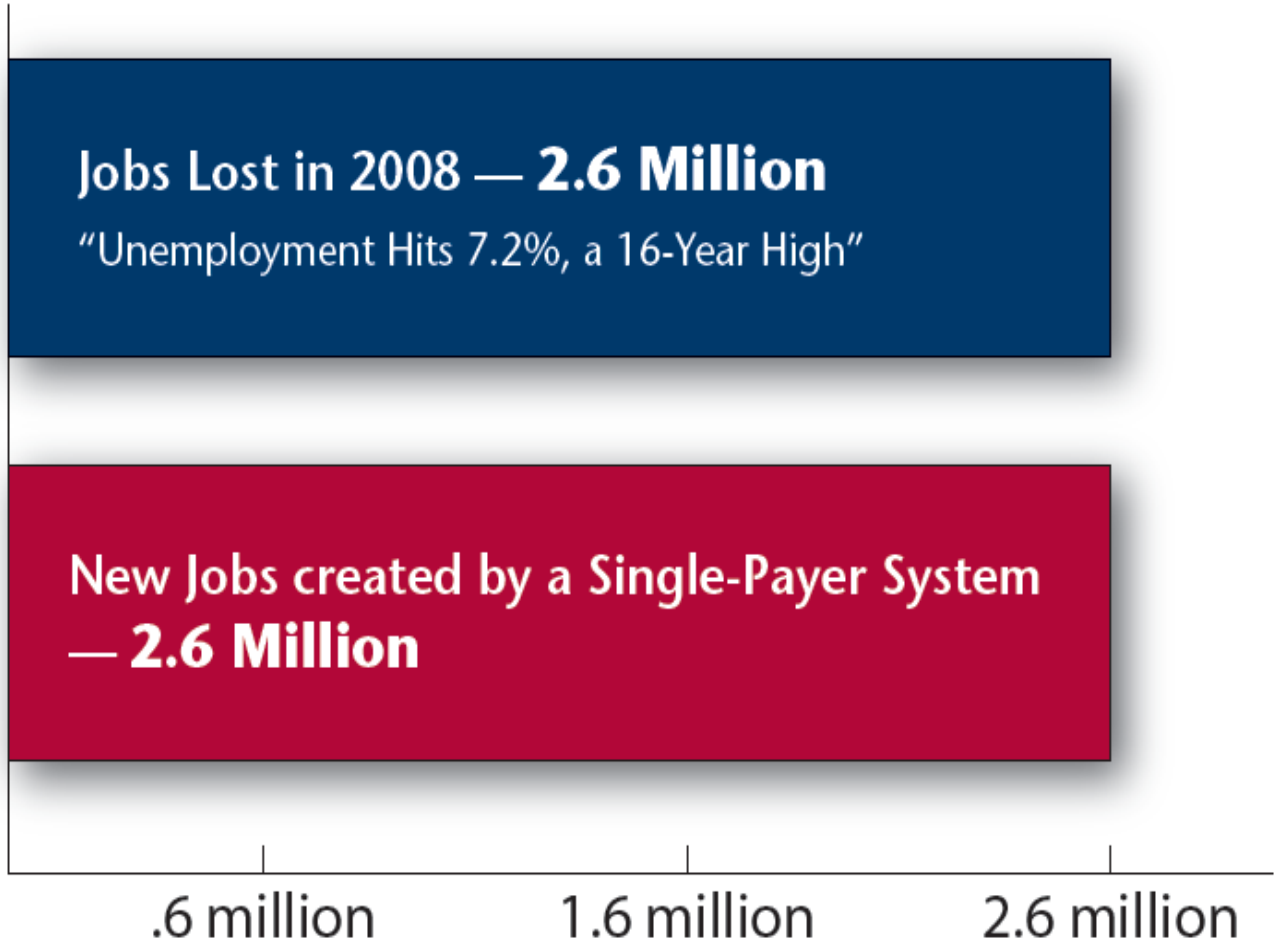
Healthcare Providers



Integrated Health Systems

Lewin 2004

The Single-Payer Job Recovery

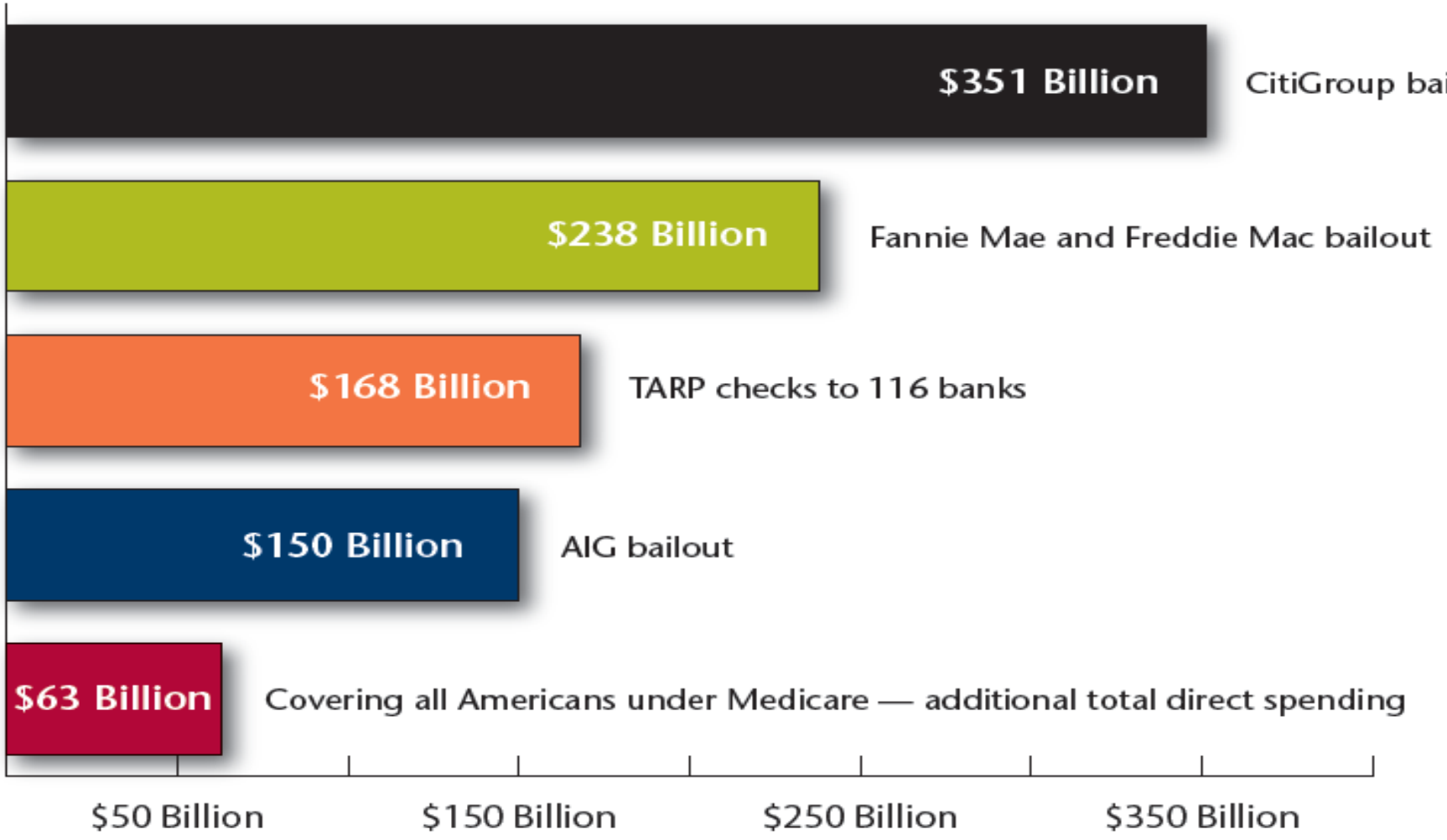


sources: *"Unemployment Hits 7.2%, a 16-Year High," New York Times, Jan. 10, 2009; "Single-Payer/Medicare for All. An Economic Stimulus Plan for the Nation," IHSP, Jan. 15, 2009*

The Single-Payer Economic Stimulus

source: "Single-Payer/Medicare for All. An Economic Stimulus Plan for the Nation," IHSP, Jan. 15, 2009

An Economic Stimulus Comparison



sources: *Wall Street Journal, November 24, 2008; Financial Times, January 7, 2009; Reuters, November 10, 2008; CNN, December 19 2008; IHSP, January 15, 2009*

The Single-Payer Solution: Cost Savings

Lea Rosemurgy, RN
Juner Valencia

- Global Budgets, like fire departments
- Population based asset purchases and capital investments (ie CAT scans, EMR)
- Bulk purchasing power for pharmaceuticals and equipment
- Conversion to a Not-for-Profit System
- Reduced Administrative Costs
- Pooling low-risk and high-risk patients in one fund
- Elimination of cost for employee and retiree health care benefits in county and state budgets

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The Single Payer Solution: Cost Containment

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Administrative Costs Compared:

- 3% Medicare
- 30% Private sector

- Bureaucracy
- Duplication
- Marketing
- Profits
- Smaller risk pools

Source: *Shredding the Social Contract: The Privatization of Medicare*. Geyman. 2006 and PNHP June 7, 2004.

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The Single-Payer Solution: Preventive Care

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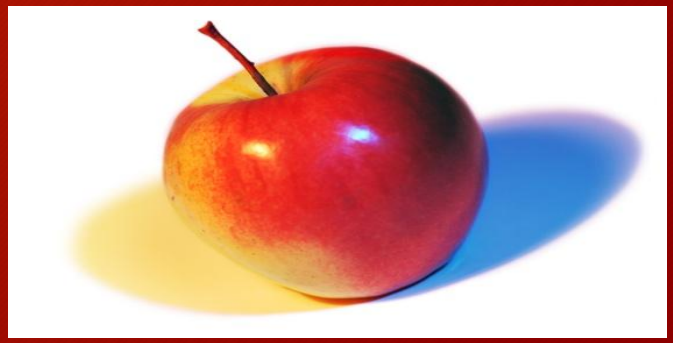
- Higher compliance rates
- Reduced pressure on emergency rooms
- Reduction in acute care treatment and expense
- Improved longevity and infant mortality
- Greater capacity to treat infectious disease
- Lifetime opportunity for health education
- Improved continuity of care



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The Single-Payer Solution Summary

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- Public Insurance: Private Providers
  - Low cost
  - Portability
  - Inclusivity
  - Comprehensive care
  - Improved population health

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Top Ten Reasons for Single Payer

1. **Everybody in, nobody out**

- Universal means access to healthcare for everyone, period

2. **Portability**

- Even if you are unemployed, or lose or change your job, your health coverage goes with you.

3. **Uniform benefits**

- No Cadillac plans for the wealthy and Pinto plans for everyone else, with high deductibles, limited services, caps on payments for care, and no protection in the event of a catastrophe. One level of comprehensive care no matter what size your wallet.

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Top Ten Reasons for Single Payer

4. Prevention

- By removing financial roadblocks, a single payer system encourages preventive care that lowers an individual's ultimate cost and pain and suffering when problems are neglected, and societal cost in the over utilization of emergency rooms or the spread of communicable diseases.

5. Choice of physician

- Most private plans restrict what doctors, other caregivers, or hospital you can use. Under a single payer system, patients have a choice, and the provider is assured a fair reimbursement.

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Top Reasons for Single Payer

6. Ending insurance industry interference with care

- Caregivers and patients regain the autonomy to make decisions on what's best for a patient's health, not what's dictated by the billing department or the bean counters.

7. Reducing administrative waste

- One third of every health care dollar goes for paperwork, such as denying care, and profits, compared to about 3% under MediCare single-payer, universal system.

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Top Ten Reasons for Single Payer

8. Cost savings

- Would produce the savings needed to cover everyone, largely by using existing resources without the 30% current administrative overhead. Taiwan, shifting from a U.S. healthcare model, adopted a single-payer system in 1995, boosted coverage from 57% to 97% with little increase in overall healthcare spending.

9. Common sense budgeting

- The public system sets fair reimbursements applied equally to all providers while assuring all comprehensive and appropriate health care is delivered, and uses its clout to negotiate volume discounts for prescription drugs and medical equipment.

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Top Ten Reasons for Single Payer

And most importantly….

10. Public oversight!

- The public sets the policies and administers the system, not overpaid CEOs meeting in secret and making decisions based on what inflates their compensation packages

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Consumers in a Healthcare Industry Or Patients Getting Care?

Services based on ability to pay	Healthcare provided to meet patient needs
Market Competition	Morality of Caregiving
Maximize Reimbursement	A single standard of quality care for all
Shift care to lowest cost setting	Safe, effective therapeutic care in the most appropriate setting
De-skilling of professions	Highest skilled caregiver closest to the patient
Technology Centers	Enhancement of professional clinical judgment

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Nurses' Patient Protection Bill of Rights

- Every resident has the right to a single standard of high quality safe, therapeutic care as determined by their physician or registered nurse. If we are sick, we have the right to be cared for by registered nurses.
- Every resident may use their private or public health insurance at any healthcare facility and with any healthcare provider in their state of, at no additional cost for "out of network" providers.
- If patients are in the emergency room, they have the right to be admitted to the hospital quickly when they need nursing care.

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Nurses' Patient Protection Bill of Rights

- If patients are hospitalized, they have the right to be cared for until they get better. Patients shall not be discharged early or before full recovery, nor be inappropriately transferred from one hospital to another. Patients have the right to receive appropriate care for the severity of our illness in the hospital.
- Patients have a right to medical privacy, and hospitals, clinics, doctors, and other providers must submit comprehensive clinical and economic data to the appropriate state agency.

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Policy Reforms Now

- Expand regulation of outpatient settings to increase patient safety based on the principle that if hospital procedures go out of the hospital, where those procedures are done should be regulated like hospitals.
- Takeaway the reimbursement incentives, and individual co-pay revenue, associated with clinics (including higher payments to hospital-linked clinics, and higher utilization by doctors of proprietary labs).
- Strictly regulate ACO's, including raising fees on mergers and acquisitions, and limiting incentives that restrict access to care.

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Policy Reforms Now

- Mandate RN staffing levels in all settings.
- Limit co-pays and deductibles in insurance products.
- Regulate medical technology as a medical device, and mandate in regulation that the preservation and enhancement of professional (Doctor, RN) clinical judgment be required a part of the use of new technologies, otherwise the technology cannot be utilized.

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ObamaCare: Version 2.0?

- Healthcare as Individual Responsibility, or Healthcare as a Human Right?
- Opportunity for Industry, or Gateway to SinglePayer?

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A Proper Sense of Priorities DC - 1968

"On some positions cowardice asks the question, it is safe? Expediency asks the question, is it politic? Vanity asks the question, is it popular? But conscience asks the question, it is right? And there comes a time when one must take a position that is neither safe, nor politic, nor popular, but must take it because conscience tells him it is right."