Commentaries

A vision of hope for US domestic and international health policy

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'The time has come – this year, in this new Administration – to modernize our health care system for the twenty-first century; to reduce costs for families and businesses; and to finally provide affordable, accessible health care for every American.'
Barack Obama, President-elect of the United States, 11 December 2008

'It’s time we once again put science at the top of our agenda and worked to restore America’s place as the world leader in science and technology.'
Barack Obama, President-elect of the United States, 20 December 2008

Things will change

With the election of a youthful, inspirational and first-ever African American to the Presidency of the United States, voters in this robust democracy asserted a collective intention to change the way government responds to their needs. These changes signal the end of an incompetent administration that presided over an unwinnable war; permitted ill-advised economic policies that led to recession; allowed environmental policies that ignored global warming; supported foreign policies that alienated US friends and foes alike; fought against science policies that could stimulate innovation; blurred the boundaries of state and church with ‘faith-based initiatives’; and failed to reform a healthcare system that left us with 47 million uninsured and an unmanaged health budget. With the January inauguration, Americans recaptured a moral compass for their governance. This compass is even more important given the concurrent, horrendous global economic downturn. Even with the economic crisis and war in Iraq, health reform was on the minds of US voters last November, and it is now squarely on the agenda of the new administration. This article frames a few of the issues germane to the health and science agenda for this administration, and it will summarize some of the major recommendations now being made to President Obama.

Science is back

With a large sigh of relief from the scientific community, President Obama moved rapidly and assertively to appoint highly respected individuals to top government science posts. These include John P. Holdren, a professor of energy and natural resources at UC Berkeley, as science adviser and director of the White House Office of Science and Technology Policy (OSTP). This office languished under Bush, but now the White House will certainly pay closer attention to environmental issues. Coupled with the appointment of Nobel laureate Steven Chu of the Lawrence Berkeley Laboratory to head the Department of Energy, the President will reverse many Bush administration policies on energy and global warming. These individuals will support a more functional Presidential Council on Science and Technology in order to mobilize the best and brightest America has to offer in public science. It is also highly likely that the ill-advised Bush policies restricting stem cell research will be quickly reversed, thus re-establishing US leadership in this critically important field. Leading US genetic scientists will no longer depart for more hospitable scientific environments abroad.

Equity and accountability

Second, President Obama expressed strong respect for human rights and equity in his commitment to change the US health system. The hodge-podge structure of US health care has spun out of control. With health care costs at >15% of gross domestic product ($2 trillion), many Americans still cannot access the high quality but inadequately distributed medical care system.

On one side of the recurring debate surrounding our non-system is considerable support for a more European style, single-payer system, bringing the United States into ethical alignment with many other developed countries that assure universal health care. On the other side of the argument are those who hope to change the US system incrementally, so that the inevitable political opposition to healthcare as a right can be circumvented. In this scenario, costs may be reduced through rationalization, employer or government-based insurance is mandated for all and increased emphasis is placed on prevention and public health.

Proposed reforms

The President’s choice for Health and Human Services (HHS) will face enormous challenges from multiple sectors, including the private insurance companies, organized medicine and employers as he/she tries to find a way to health reform. These reforms would start with the formation of a Federal Health Board for the United States, much like the Federal Reserve Board that manages money policy. The Board would focus on assuring universal coverage, rationalizing availability of new drugs and procedures and developing the health care workforce to be more responsive to the changing needs of all Americans; its appointees would be required to assure transparency and accountability for the system.

The new HHS Secretary must understand that although there are 47 million uninsured people in the United States, a government’s responsibility should also be to assure that the system covers everyone with the highest quality health care for the dollar that is spent. Lack of coverage may lead to 18 000 unnecessary premature deaths each year in the United States, and this, as well as the high rate of medical errors, is simply unacceptable in the world’s largest economy.
He/she also will be required to manage a huge organization that touches almost all Americans in some way. It encompasses considerable regulatory authority (e.g. the Food and Drug Administration); an extensive national scientific research apparatus (the National Institutes of Health, with an annual budget of over $28 billion); the world’s leading public health agency [the Centers for Disease Control and Prevention (CDC)]; the lead domestic health financing agency (the Center for Medicaid and Medicare Services, with an annual budget of $650 billion); the underfunded but critically important Agency for Health Research and Quality (AHRQ) whose mission is to improve the science base for medical technology and to reduce medical errors); and various other agencies providing services to a wide range of special population groups. During the transition period, Mr Obama’s teams toured the country, gathering input on implementation of President Obama’s promised healthcare reforms.1 These include:

- requiring insurance companies to cover pre-existing conditions so that all Americans, regardless of their health status or history, can get comprehensive benefits at fair and stable premiums;
- creating a new Small Business Health Tax Credit to help employers provide affordable health insurance to employees;
- lowering insurance premium costs for businesses by covering a portion of catastrophic healthcare costs paid by insurance programmes;
- preventing insurers from overcharging for malpractice insurance and investing in proven strategies to reduce medical errors;
- requiring large employers that do not offer coverage or do not contribute sufficiently to health coverage for their employees to contribute towards the cost of employees’ health care;
- establishing a National Health Insurance Exchange, with a range of private and public insurance options that will allow individuals and small businesses to buy affordable health coverage;
- ensuring a tax credit for insurance premiums for those who need it;
- requiring coverage of preventive services, including cancer screenings;
- increasing state and local preparedness for terrorist attacks and natural disasters.

Economic realities

This reform agenda still sounds enormously complicated and expensive. To pay for this $50 to $65 billion effort, President Obama has proposed rolling back the Bush’s income tax cuts for Americans earning more than $250,000 per year and retaining the estate tax at its 2009 level. However, considerable emphasis is also placed on cost containment through rationalization of technology and access, improved oversight and transparency to assure quality, greater emphasis on prevention and improved efficiency through better information technology. Improved health care coverage also has implications for economic recovery. For example, in Japan, health care coverage adds only $150 to the price of a car; in the United States, where the car companies teeter on the brink of bankruptcy, this figure is $2000 per car produced. The economic recovery will surely depend in part on assuring full and affordable access to health care for the entire US workforce; as more people become unemployed, more government responsibility must be taken for those who cannot benefit from employer supported insurance.

Organizational reform

The question arises whether HHS should be reorganized or changed radically to follow a reform agenda. In 2008, a high level Institute of Medicine (IOM) committee was assembled to assess the changes needed in this huge enterprise.2 The committee concluded that HHS’ overall performance is substandard and that it is not sufficiently oriented to evidence-based improvement. Instead, it is a piecemeal collection of programmes mandated by various congressional committees, frequently without sufficient funding or regard for management capacity. The committee further concluded that large-scale changes might not be in the best interest of the Department, as these changes take enormous time and energy, do not reflect the management styles of various HHS leaders and seldom create more harmony among employees.

Structural change is not the only important element necessary for successful reform of HHS. The IOM also outlined several management-oriented steps that might be implemented by the new Administration. These are summarized as follows:

1. Clear articulation of a vision, mission and goals that respond to 21st-century challenges; these goals include strengthening public health infrastructure; scientifically assessing health outcomes and impacts of new and existing programmes; and mobilizing corrective actions to maximize efficiency.
2. Assure scientific integrity for key HHS agencies (e.g. CDC, AHRQ and FDA) through independent funding mechanisms and expeditious selection of leaders based on scientific authority and not on political viewpoints. The US Surgeon General should be further empowered to provide leadership in public health programmes and official communications.
3. Establish evidence-based technologies in order to improve the efficacy and efficiency of the health care system. Performance will be a key component of the health reform process.
4. Assure mechanisms for training, recruitment, advancement and leadership development for key health professionals within HHS and throughout the health care system.
5. Develop a new compact between Congress and HHS in order to use evidence to appropriate funding for HHS programmes. In exchange for added accountability, there would be increased flexibility for the Secretary to conduct new strategic initiatives.

Global health

The IOM also convened a high-level group to review US commitments to global health, making recommendations directly to the President.3 This committee first and foremost asserted that health should be a pillar of US foreign policy. This concept will improve global health in general while healing strained relationships the United States has with other nations. Within the first year of his administration, the committee recommends that the President create a White House Interagency Committee on Global Health to lead, plan, prioritize and coordinate major US global health programmes. This Committee will assure a coherent strategy for US investments in global health (with a role similar to that performed by the UK Department for International Development). Health issues should be taken into account across government when setting international policies in trade, environment and security. However, the IOM report did not acknowledge the growing influence of the US Department of Defense (DOD), through which 20% of all US Overseas
Development Assistance (ODA) is currently provided. How DOD should conduct such assistance is worthy of careful consideration.

The IOM further calls on the President to designate a senior official within the White House to chair the Interagency Committee and to serve as the primary Presidential adviser on global health. This individual would work with the National Security Advisor, the Director of Management and Budget and OSTP to assure health policy coherence. Finally, the IOM also asked that the President and Congress double annual US commitments to global health from $7.5 billion in 2008 to $15 billion in 2012, with an objective of about 0.54% of gross national income dedicated to ODA. Important in this programmatic expansion is the need to diversify beyond AIDS, TB and malaria to non-communicable diseases, health systems development and maternal/child health programmes. Finally, the committee recommended substantive expansion of support for multinational organizations and development of new cooperative adventures, especially private–public partnerships, to strengthen the US role as a leader and collaborator in global health.

Limitations on change

The deteriorating economy, both in the United States and abroad, is a rate-limiting factor in the change process. Nevertheless, health leaders in the United States recognize that health is essential to human development and that our economic recovery must include expansion of health coverage to all Americans as well as increased efficiency and efficacy of technologies. In addition, international commitments must be seen not as frivolous external contributions but as policies necessary to assure the health of the US population. Thus, the recommendations for expanded ODA, improved multinational cooperation and expanded commitment to the health of the world’s poor should be part and parcel of the US health system.

The whole world is watching the health reform processes that may unfold under President Obama. Expectations are high, but it is clear that many American health professionals have been waiting for the chance to show that our health system problems and foreign policy challenges can be effectively addressed through strong Presidential leadership, empowered public servants and creative persons throughout government, academia and the private sector. It is indeed a changed environment ‘across the pond’, and it should be most interesting for readers of this journal to monitor the changes and progress in the US health system in the coming years.

References