Health Care in America
Obstacles Old and New: Barriers to Change
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Objectives of the Session
To:
• Provide an overview of the U.S. Health Care System
• Describe the changing nature of health care in America
• Identify and review selected barriers and obstacles to change
• Review the health policymaking process in the U.S.
• Assess participants’ knowledge of health-related policy and political issues

Outcomes
Participants will learn how to:
• Describe the perils associated with policy and politics
• Identify the obstacles related to health care reform efforts
• Identify and describe the tools used by advocacy and special interest groups in policy formulation

Health Care Glossary
• Universal health insurance: Ensuring every American has access to health coverage, regardless of the specific system used.
• Group health insurance: The traditional system in which employers or unions offer subsidized private insurance to employees, members, their dependents at discounted group rates.

Health Care Glossary (cont’d)
• Individual health insurance: Private policies purchased by individuals or families not having access to group insurance.
• Public health insurance: Medicare (for older or disabled people), Medicaid (for the poor), SCHIP (for children), Veterans Affairs health system and some state programs.

Health Care Glossary (cont’d)
• Single Payer: A centralized system used by several Western nations in which the government pays for every resident’s health care as a basic social service, funded out of taxes.
• Socialized medicine: A single-payer system in which the government owns and runs health care facilities. In the U.S., only the VA health care program fits this category.
The U.S. Health Care System

The U.S. health care system is often referred to as a patchwork of medical facilities, health providers (doctors, dentists, nurses, pharmacists, allied health professionals), community-based health services entities, professional association organizations, and a myriad of special interest groups at the national state and local levels. For the purpose of this discussion, those organizations that are not part of an organized government entity (even though they receive much funding from government agencies), are located in the private sector. While this system often has been described in many text books, these descriptions are usually several years behind reality and tend to focus on the organization of health and medical care as seen by special interests. The 'view' in this case is framed more as descriptive epidemiology. What is it? Where is it? At what place in time is it? How has it reached its current form? What are its current attributes:

External Forces Affecting Health Care Delivery

Ten basic characteristics differentiate the US health care delivery system from that of other countries:

1. No central agency governs the system.
2. Access to health care services is selectively based on insurance coverage.
3. Health care is delivered under imperfect market conditions.
4. Third-party insurers act as intermediaries between the financing and delivery functions.
5. Existence of multiple payers makes the system cumbersome.
6. Balance of power among various players prevents any single entity from dominating the system.
7. Legal risks influence practice behavior.
8. Development of new technology creates an automatic demand for its use.
9. New service settings have evolved along a continuum.
10. Quality is no longer accepted as an unachievable goal in the delivery of health care.

A Nation of 300 Million

The Changing Nature of Health Care in America

Source: American Hospital Association

Barriers and Obstacles to Change Racial & Ethnic Disparities in Health Care

RESULT
Racial And Ethnic Disparities in Health Care

PATIENT-RELATED FACTORS
SOCIOECONOMIC differences
Health education differences
Health behavior differences

HEALTH SYSTEM FACTORS
Cultural competence differences
Language differences
Health care provider differences
Workforce diversity differences
Payment differences
Data deficiencies
The Mounting Burden for Health Care

Spending on health care, which takes up more of consumers' income than housing, food or clothing, has risen significantly since 2000. As the economy slows and medical costs continue to rise, millions of people may be unable to afford care.

Workers Supporting Each Retiree

FY 2007 Budget by Functional Category

Contradictory Goals in Health Care

- Americans generally expect three things from their health care system:
  (1) provide needed care to all people, regardless of income,
  (2) freedom to pick doctors and freedom to recommend the best care
  (3) control cost

Contradictory Goals in Health Care

- Here's the paradox: A health-care system that satisfies most individuals may hurt us as a society: A bigger practice, though more impersonal, might be more efficient. But because insurance covers most medical bills, individuals don't have a stake in switching doctors or providers.
Health-Care Reform: What it Means for You

Health-Care Reform in the U.S.

- Financing universal coverage is one of the most daunting problems facing the U.S. today.
- Universal coverage is now widely acknowledged to require a mandate that individuals carry insurance.
- Such a requirement is unacceptable without subsidies to cover lower-income individuals.

Health-Care Reform

- The painful fact most health policy discussions avoid: If we want universal coverage, we will have to control costs, and that will require reforming the way we pay for medical care and the way it is organized and delivered.

Central Policy Questions

- Should the government get in the health insurance business?
- Why can’t the U.S. accept health care as a natural right for all citizens and not a tortured compromise between the government and business profit?
- Should America provide its people with health insurance, as opposed to providing them with health care?

Central Policy Questions

- Is health care a necessity of life, like education and food?
- What are the major barriers and obstacles to providing insurance coverage for the poor, the uninsured and controlling health care spending?
U.S. Public Policymaking Process

Conclusion

THE GREAT OBSTACLE TO PROGRESS IS NOT IGNORANCE BUT THE ILLUSION OF KNOWLEDGE

-Daniel Boorstin