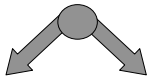
Health Policy

Health policy includes a variety of activities



Public Health
Focus on population
Sanitation
Disease control
Infant mortality
Nutrition
Occupational health
Environmental health

Health Care
Focus on treatment of the individual
Access
Service delivery
Standards for practice and treatment
Funding
Accountability

Basic questions to understand these patterns

- Why is health a policy problem? What is the public stake?
- How is the issue/problem framed?
- What forms of action fit with the problem?
- Who are the actors?
- Where and how do they interact?
- What actions are proposed/taken?
- What is excluded? Who is left out?

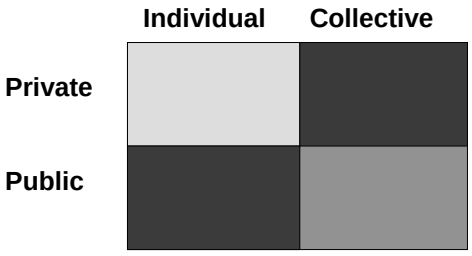
What stories can we imagine?
What is the role of stories?

- ?
- ?
- ?
- ?

What criteria should we use to evaluate health care?

- ?
- ?
- ?
- ?

Policy choices



What kind of good is health care?

- ?
- ?
- ?
- ?

Why is health a public problem?

- Health is a "primary good" or an important freedom that is essential for our well being and functioning as human beings.
- We are not willing to go without health care and cannot justify denying it to others explicitly.
- Some factors that shape health must be (are best) pursued collectively. (e.g. sanitation)
- Without government intervention some people will not have access to health care.

What kind of health care enhances liberty?

- "Negative Liberty"
- "freedom from"
- "absence of obstacles, barriers, or constraint"
- individual achieves
- pathology: empty freedom

- "Positive Liberty"
- "freedom to"
- 'possibility or fact of acting' to 'achieve fundamental purposes'
- achieved collectively
- pathology: authoritar-ianism, paternalism

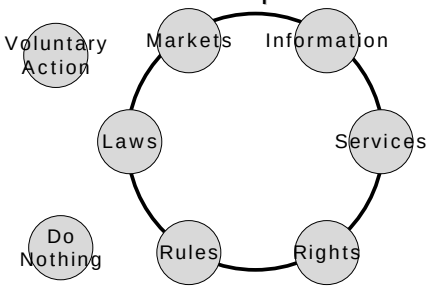
What would it mean to make health care equitable?

- Equal shares. Shares of what?
- Equal shares, but unequal access.
  - Population is not uniform. Who gets access and who is excluded? Mentally ill? What kinds of medications/treatments are permitted/excluded?
- Equal opportunities.
- Equal outcomes: Unequal shares but equal health.
  - How operationalized? Equal statistical chances?
- Procedural versus substantive equity.

What is the relevance of

- Efficiency?
- Security?

What forms of government action are acceptable?



Getting the right mix: What decisions do we want to be public? Private?

Public
- Greater equity
- Simpler
- Concern about abuses
- Standardization/Limits on choice?
- Limit development of health care?

Private
- Competition leads to efficiency
- Greater individual choice
- Keep health care in private sphere (doctor-patient relationship)

What is the difference between public & private . . .

- as a context for individual choices about treatment?
- as an organizational context for decisions about
  - who does and doesn't get care?
  - who pays what for what care?
  - what care is available?
-

U.S. Health Care System = 4 systems

- System for middle class to affluent who have stable employment and continuous insurance
- System for un- or underemployed who experiences lapses in insurance or who do not qualify for insurance
- System for the elderly
- System for the poor
- System for active military personnel
- System for military vetrans

Recommendations of a major health study

- "Comprehensive medical service should be provided largely by organized groups of practitioners . . . Encouraging high stand
- All basic public health services should be extended to the entire population
- Medical costs should be placed on a group payment basis through insurance, taxation, or both
- State and local agencies should be formed to study, evaluate, and coordinate services with special attention to urban-rural coordination
- Professional education should be improved for physicians . . . Nurses, and hospital and clinic administrators"

Patterns in U.S. health policy

- Public-private mix
- Episodic efforts at comprehensive reform.
- Policy develops through partial agreements and incremental adjustments that focus on particular groups.
- Legislative initiatives dominant
- Persistent tension between public concern and skepticism about strong government role.
- US unique among industrial nations.
- Current: escalating costs; more people left out.

U.S. expenditures on health care

	1980	1988	1994	2000
Total $ (billion)	245.8	558.1	937.2	1310
per capita	$1067	$2243	$3534	$4672
% private	57.3	59.4	54.4	54.9
% public	42.7	40.6	45.6	45.1
% federal	29.0	27.6	31.9	31.7
% state & local	13.6	13.0	13.7	13.4

Source: U.S. Centers for Medicare and Medicaid Services

Who shapes health policy?

- Executive
- Congress
- AMA and other professional organizations
- Insurers
- Unions
- Service providers (HMOs, hospitals)
- Other interest groups (disabled, retirees, veterans)
- Bureaucracy

Where do they interact?

- Political bargaining in the legislative process.
- Electoral politics.
- Administrative decision-making.
  - Public bureaucracy
  - Private bureaucracy
- Courts.

Prominent episodes in the development of health policy: the more things change . . .

- Early 20th C.
- New Deal
- Post WWII
- Great Society
- Late 20th

AMA opposition to Truman's plan

- KEEP POLITICS OUT OF THIS PICTURE

Public share of the mix

- **Medicare**: Social Security Act of 1965. Provides health coverage to all citizens 65+.
- **Medicaid**. (Also1965 SSA). Federally funded assistance to states to provide medical care to low income families.
- **State Children's Health Insurance Program** (SCHIP; 1997) enables States to initiate and expand health insurance coverage for uninsured children . Part of Balanced Budget Act.
- **HIPAA** (1996) protects health insurance coverage for workers and their families when they change or lose their jobs.

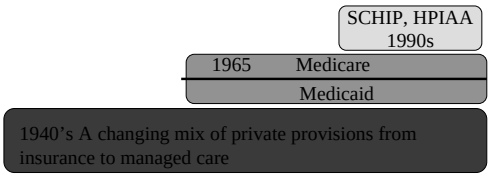
Entitlements

- Payments to individuals
- Open to all who qualify because of age or income ("However if you qualify, it is difficult to get, because the government doesn't have enough money to pay for everyone that needs it. If you think you are eligible, you should apply right away, so that you can get the benefits as soon as they become available.")
- Medicare, Medicaid (Social Security, pensions)

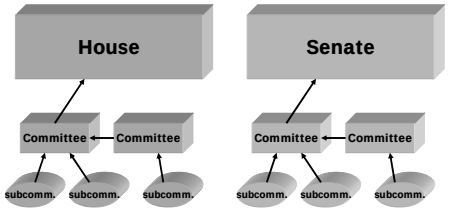
Summary

- Persistent differences unresolved by long history of debate.
  - Extend access or extend range of care?
  - Greater equity (and perhaps uniformity) or emphasis on options, personal choice, & individual responsibility?
- History of failed efforts of comprehensive reform. Policy develops through incremental adjustments.
- Action centered around legislative politics and institutions.

Health policy is an historical amalgamatic
of incremental adjustments and
failed attempts at comprehensive reform



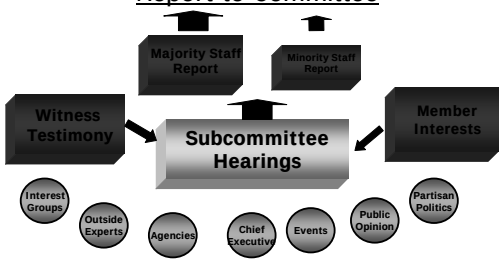
The Legislative Maze



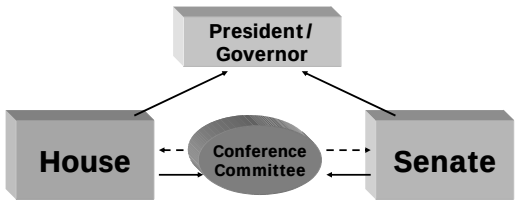
Congressional Committee Structures

- House
- Senate

Subcommittee Setting



Final Steps



Implications for Policy-Making

- Widely dispersed power within and between legislative houses ➔ bargaining & compromise
- Legislators must balance geographic (electoral) constituency against interest (issue) constituency in policy making
  - Public “rational ignorance” gives legislators considerable discretion in meeting special interest claims
- "Haves" favored over have-nots
  - Middleclass favored over the poor

Implications for Policy-Making

- Organized favored over unorganized
- Low risk-taking/incremental policies
- Legislature delegates authority to bureaucracy to solve problems
- Honest & Complete Deliberation is Difficult
  - Budgetary Politics often substitutes for substantive debate