The unfinished business of health reform

Department of Medicine Grand Rounds
Loyola University Medical Center
April 9, 2013

Dr. David A. Ansell, Chief Medical Officer, Rush University
I’m David Ansell

I have no disclosures
A Talk in 3 Parts

• Part 1: 3 hospitals, 1 street, 2 worlds

• Part 2: A poll

• Part 3: Achieving the Triple Aim: the promise of real health reform- improved Medicare for All
Part 1: 3 hospitals, 1 street, 2 worlds
I am Chief Medical Officer at Rush University Medical Center.
3 hospitals, 2 worlds, 1 street
COUNTY
LIFE, DEATH AND POLITICS AT CHICAGO'S PUBLIC HOSPITAL

DAVID A. ANSELL, MD, MPH

Introduction by Quentin Young, MD
35 years ago......
Health Care a Human Right
Rudolph Virchow: Father of “Social Medicine”
Cook County Hospital
Once a storied teaching institution
One of the best in the United States
But by 1978, at the crossroads at the war for health equity in the United States
Run down, threatened with closure
An increasingly militant Black population demanding better care
And young physicians and nurses intolerant of second class care.
“County” is a coming of age story.
We were “Doctors within borders.”
We fought to save and rebuild the hospital.
The Patients
I CALL IT MURDER
We believed we could improve things
SPECIAL ARTICLE

TRANSFERS TO A PUBLIC HOSPITAL
A Prospective Study of 467 Patients

Robert L. Schiff, M.D., David A. Ansell, M.D., James E. Schlosser, M.D., Ahamed H. Idris, M.D., Ann Morrison, M.D., and Steven Whitman, Ph.D.

Abstract In recent years there has been a dramatic increase in the number of patients transferred to public hospitals in the United States. We prospectively studied 467 medical and surgical patients who were transferred from the emergency departments of other hospitals in the Chicago area to Cook County Hospital and subsequently admitted.

Eighty-nine percent of the transferred patients were black or Hispanic, and 81 percent were unemployed. Most (87 percent) were transferred because they lacked adequate medical insurance. Only 6 percent of the patients had given written informed consent for transfer. Twenty-two percent required admission to an intensive care unit, usually within 24 hours of arrival. Twenty-four percent were in an unstable clinical condition at the transferring hospital. The proportion of transferred medical-service patients who died was 9.4 percent, which was significantly higher than the proportion of medical-service patients who were not transferred (3.8 percent, P<0.01). There was no significant difference in the proportion of deaths on the surgical service between patients who were transferred and those who were not (1.5 vs. 2.4 percent).

We conclude that patients are transferred to public hospitals predominantly for economic reasons, in spite of the fact that many of them are in an unstable condition at the time of transfer. (N Engl J Med 1986; 314:552-7.)
COUNTY: Breast Cancer Screening Program
We won the fight for a new hospital and public health care system in Chicago
The Death Gap

36
Chicago Black Women 62% More Likely To Die Of Breast Cancer

Age-Adjusted Female Breast Cancer Mortality for Chicago, Per 100,000 Population.
Prepared by The Sinai Urban Health Institute
Not Just Chicago:
The Death Gap Is National

- New York City: 27%
- United States: 41%
- Chicago: 62%

Prepared by The Sinai Urban Health Institute
Geography Of the Death Gap

Chicago Community Areas with the Highest Annual Breast Cancer Mortality Rates 2000 - 2005

- Predominately African American Communities
- Non- African American Communities
- Hospitals with American College of Surgeons Approved Cancer Programs
Poor, uninsured women prone to late-stage breast cancer, says U. of Utah study – March 5, 2013

Risk of a late diagnosis 80% higher among the uninsured
Illegal immigrant gets kidney
Loyola covers costs of transplant

December 09, 2012

"Why can't we be treated the same?" he asked while sitting in his hospital room. "Health care should be a human right, not a privilege. At least give us the chance to fight for our lives with dignity."
Chance of a 16 year Black teen on the South Side of Chicago living to 65? 50%
HEALTH CARE GAP KILLS

3,200

BLACK CHICAGOANS A YEAR — AND THE GAP IS GROWING

MONIFA THOMAS REPORTS ON PAGE 10
Part 2: A survey of doctors
A caution about surveys

![Bar chart showing perceived chicken taste](chart.png)
How To Vote via Texting

1. Standard texting rates only (worst case US $0.20)
2. We have no access to your phone number
3. Capitalization doesn’t matter, but spaces and spelling do

TIPS

How do you like my presentation so far?

- Amazing: CODE 458456
- Incredibly Amazing: CODE 458471
- It's Alright: CODE 458472
How To Vote via PollEv.com

How do you like my presentation so far?

Text a **CODE** to **37607**

Submit a **CODE** to [http://PollEv.com](http://PollEv.com)

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It's Alright 458472

TIP
Capitalization doesn't matter, but spaces and spelling do.
How To Vote via Twitter

How do you like my presentation so far?

1. Capitalization doesn’t matter, but spaces and spelling do.
2. Since @poll is the first word, your followers will not receive this.
Poll: Dr. Ansell's presentation is
Poll: My patients often have difficulty with h
Poll: The US health care system works well, on
Poll: I am very satisfied with the practice of
## Doctors’ Perception of Patient Access Barriers

<table>
<thead>
<tr>
<th>Percent reporting their patients OFTEN have:</th>
<th>AUS</th>
<th>CAN</th>
<th>FR</th>
<th>GER</th>
<th>NETH</th>
<th>NZ</th>
<th>NOR</th>
<th>SWE</th>
<th>SWIZ</th>
<th>UK</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty paying out-of-pocket costs</td>
<td>25</td>
<td>26</td>
<td>29</td>
<td>21</td>
<td>42</td>
<td>26</td>
<td>4</td>
<td>6</td>
<td>16</td>
<td>13</td>
<td>59</td>
</tr>
<tr>
<td>Difficulty getting diagnostic tests</td>
<td>16</td>
<td>38</td>
<td>41</td>
<td>27</td>
<td>7</td>
<td>59</td>
<td>10</td>
<td>15</td>
<td>3</td>
<td>14</td>
<td>23</td>
</tr>
<tr>
<td>Long waits to see a specialist</td>
<td>60</td>
<td>73</td>
<td>59</td>
<td>68</td>
<td>21</td>
<td>75</td>
<td>60</td>
<td>49</td>
<td>10</td>
<td>28</td>
<td>28</td>
</tr>
</tbody>
</table>

Source: 2012 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.
Physician Views of the Health System
“System Works Well, Only Minor Changes Needed”

Source: 2012 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.
Insurance Restrictions on Medication or Treatment for Patients Pose Major Time Concerns for Doctors

Source: 2012 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.
Physician Satisfaction with Practicing Medicine

Source: 2012 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.
Part 3: The promise of real health reform
The Triple Aim: Better Care, Better Population Health, Lower Cost
Better Care: Health insurance and health outcomes

1982- **Rand Health Insurance Experiment**
Patients with no co-pays received more preventive services

2010- **Health Insurance and Mortality**
Uninsured have a 40% higher mortality than insured - 45,000 annual deaths

2012- **Oregon Medicaid Experiment**
People randomized to Medicaid have better outcomes
The Oregon Experiment

Medicaid enrollees are 25% more likely to indicate that they're in good, very good, or excellent health.

They are 25% less likely to screen positive for depression.

They are even 30% more likely to report that they are pretty happy or very happy (vs. not too happy).
Increasing Co-Pays for Medicare Recipients decreases outpatient visits and increases hospitalization rates.

We Spend More but Live Less


Source: OECD updated November 2011.

Life Expectancy vs. Healthcare Spending per Capita

Turkey
Spain
Japan
France
U.K.
Germany
Canada

U.S.


Source: OECD updated November 2011.

Average spending on health per capita ($US PPP)

Total expenditures on health as percent of GDP

Source: OECD Health Data 2010 (Oct. 2010)
Who Delivers Health Care?

Growth in Physicians and Administrators since 1970

Source: BLS & Himmelstein/Woolhandler/Lewontin Analysis of CPS Data
Americans Pay World’s Highest Taxes For Healthcare

Per Capita Health Spending, 2002

[Bar chart showing public and private health expenditures for UK, Sweden, Germany, Canada, Norway, and U.S.]

OECD and “Paying for National Health Insurance—And Not Getting It”

*Health Affairs: July / August 2003*
Affordable Care Act: Separate and Unequal Health Care
Better Care: Does the Affordable Care Act Achieve It?

• “If you like your health care insurance... you can keep it”

• But, if you do not like it.....

• Marketplaces

• Medicaid expansion
Health Insurance Markets

Platinum: 10% co-pay

Gold: 20% co-pay
Health Insurance Markets

Silver: 30% co-pay

Bronze: 40% co-pay
Better Care? Medicaid Expansion

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Private Insurance</th>
<th>Public Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>98%</td>
<td>34%</td>
</tr>
<tr>
<td>Ortho</td>
<td>89%</td>
<td>20%</td>
</tr>
<tr>
<td>Psych</td>
<td>91%</td>
<td>17%</td>
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<tr>
<td>Asthma</td>
<td>100%</td>
<td>45%</td>
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<tr>
<td>Neuro</td>
<td>91%</td>
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<td>100%</td>
<td>57%</td>
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<tr>
<td>ENT</td>
<td>100%</td>
<td>37%</td>
</tr>
<tr>
<td>Derm</td>
<td>96%</td>
<td>29%</td>
</tr>
</tbody>
</table>

Bisgaier J, Rhodes KV.
Differential Incentives leads to Inequality
A Raucous and Sometimes Confusing Debate
Why I am optimistic about Improved Medicare for All
Why I Became a Doctor

"One doesn't ask of one who suffers: What is your country and what is your religion? One merely says, you suffer, this is enough for me, you belong to me and I shall help you."

Louis Pasteur
• A guaranteed “right” to health care is the moral issue of our time
• The cost of the US health care system is unsustainable
• The Affordable Care Act will perpetuate separate and unequal health care
• Only with “Improved Medicare for All” can we achieve the Triple Aim