

## Event Summary

### “Expanding Access to Care: More than Providing an Insurance Card?”

August 10, 2009

The Alliance for Health Reform, with support from the Robert Wood Johnson Foundation, held a briefing at the Columbus Club in Union Station, Washington, DC. This briefing addressed health care access, particularly access to primary care, in the context of current health reform proposals.

**Ed Howard**, JD, executive vice president at the Alliance for Health Reform, extended a welcome from Senators Rockefeller and Collins to those in attendance. He also thanked the panelists for their participation and the Robert Wood Johnson Foundation for sponsoring the event. Mr. Howard noted that expanding access to health care is fundamental to all current health reform legislation.

The first panelist, **Susan Dentzer**, editor-in-chief of *Health Affairs*, began by discussing President Obama’s health reform framework and the primary goals of reform, which include both expanding health coverage to as many people as possible and bending the cost curve before affordability and access become even greater problems. Ms. Dentzer noted that if national health expenditures continue growing at the present rate -- 2 percent faster than GDP growth -- then health care expenses will by 2039 take up 124 percent of the real increase in per capita income, which she noted is impossible. She quoted economist Herbert Stein, who said "If something cannot go on forever, it will stop," emphasizing that bending the cost curve is urgent.

The second panelist, **Nancy Dickey**, MD, president of the Texas A&M Health Science Center and vice chancellor for health affairs for the Texas A&M system, discussed what she considers the biggest challenge for health reform: inadequate primary care providers. Dr. Dickey explained that primary care positions remain unfilled due to the income discrepancy between sub-specialists and primary care providers, the lack of mentoring and encouragement to pursue primary care, and the recruitment of medical students primarily from urban areas. While discussing several recommendations to ease the situation, she noted the importance of education loan payback programs and training opportunities. Medical schools need to actively encourage primary care physicians by recruiting from rural areas, where people are more likely to become primary care physicians, and through faculty mentoring. Dr. Dickey also discussed the proposed House reform legislation and how it would expand access, especially by promoting primary care physicians.

The third panelist, **Deborah Devaux**, executive director of community transformation at Blue Cross Blue Shield of Massachusetts, began by discussing the payment challenge that Massachusetts faces as it tries to focus on safe, effective, affordable care. She then explained the cornerstones of the Alternative Quality Contract model. This model offered to providers in the state of Massachusetts emphasizes integration of care, global (bundled) payment for medical services, and accountability-based revenue through sustained partnerships. The unique contract model is recognized for its cost savings. Ms. Devaux noted that the performance measures for the Alternative Quality Contract, which address the structure,

process, and outcome of care, are nationally accepted and adoptable nationally. She concluded by remarking that this performance-based payment system helps solve problems of access by eliminating clinically wasteful care, encouraging healthier behavior, and linking physicians and hospitals to an accountable system.

The fourth panelist, **Sharon K. Long**, PhD, senior fellow in the Urban Institute's Health Policy Center, analyzed the changes from Fall 2006 through Fall 2008 on health reform in Massachusetts. The main findings were positive, especially given the fact that the country is currently experiencing a recession and that health care costs are universally escalating. Dr. Long noted a 9 percent increase in adults covered, a 17 percent increase in continuity of coverage, better measures of access in Massachusetts than in the United States taken as whole, and lower levels of unmet care. She ended her presentation by reminding the audience that while costs are currently being addressed, the health care cost curve must be bent in order to ensure that Massachusetts can keep up its reforms.

A lively question and answer session followed.