Current Political Issues Affecting Access and Payment for Cancer Care in the United States

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Policy and Political Environment

- An ideological lens is used to view almost all issues
- Diffusion of policy interests and goals intersecting with sharp edge of highly partisan/ideological definitions of issues
- Political consequences being defined as reaction of the “base” to every decision
- Creates volatility and diminishes likelihood of accomplishing new goals
Counterweights in the System

- Long-standing interests of elected officials, advocates
- Room for evidence-based decision making
- Policy momentum
Current Lay of the Land

• Patient Protection and Affordable Care Act of 2010: The law of the land, as now amended
• Federal spending vs. tax cuts
• Short term vs. medium range vs. long term
Whither PPACA?

- It is the law of the land
- Has been amended, most notably to eliminate tax penalty for individuals and using the public health trust fund for other purposes
- Non-insurance sections unaffected, but without appropriations and regulatory support some lose meaning
- Support for delivery system reform in place, perhaps stronger with new Secretary of HHS
- Experiment in insurance markets still in play
- Medicaid expansion (voluntary for states) still in play
Federal Spending

• Fiscal realities of spending in era of tax cuts, unless projected economic growth yields more revenue

• Combined with distaste for federal spending among a majority of the majority of elected officials

• An Office of Management and Budget inclined to review details

• On balance “steady as it goes” but with concern for future years
Attempts to Project

• Short term: Signals from HHS Secretary Azar and CMS Administrator Verma
• Short term: political need to overcome perception of dysfunctional government
• Intermediate term: What happens going into midterm elections and whatever the aftermath might bring
Secretary Azar’s Priorities

- Value-based transformation of the entire healthcare system
- Combating the opioid crisis
- Bringing down the high price of prescription drugs
- Addressing cost and availability of insurance, especially in the individual insurance market
So What’s New?

- Value-based much more than incremental around the edges: “there is no turning back to an unsustainable system that pays for procedures rather than value”
- Emphasis on empowering consumers/patients
- Transparency
- Regulatory reform

“Simply put, I don’t intend to spend the next several years tinkering with how to build the very best joint-replacement bundle – we want to look at bold measures that will fundamentally reorient how Medicare and Medicaid pay for care and create a true competitive playing field where value is rewarded handsomely.”
What is Being Continued

- Medicaid expansion, but accepting waivers (Verma’s words and actions)
- Center for Medicare and Medicaid Innovation (CMMI) continues, but with guidance from Azur’s priorities
- Drive to greater use of data derived from electronic records
- Strong base of support for NIH
What is At Risk

• Public health spending
• Agency for Healthcare Research and Quality independence and funding
• Support for safety net, particularly hospitals (combination of pressure on Medicare and Medicaid spending, reductions in disproportionate share funding, graduate medical education funding)
The Bipartisan Landscape

- The 21st Century Cures Act and advances in pharmaceuticals and medical devices
- The Chronic Care Act (Title III of the Bipartisan Budget Act of 2018) and advances in telehealth, care for the chronically ill
- Pathways to reform individual insurance market
- The goal of delivery system reform
Aims for Patient Care and Population Health

• Financial access: affordable coverage, including cost-sharing
• Geographic access: care across the continuum regardless of where we live
• Cultural access: no population group left behind
Supporting the Aims

• Payment policies supporting providers
• Investments in public health programs
• Investments in research
• Investments in population health by public and private sources
• Progress in affordability of insurance and health care more generally
Closing Comments

• Time of peril in public policy because of the political environment
• But not unheard of in history of health policy
• Reminder that in public policy all levels of government have a role, particularly the states
• Actions of large health care organizations, large employers, and large health plans may tell us more about the directions in service delivery and finance
For further information

The RUPRI Center for Rural Health Policy Analysis
http://cph.uiowa.edu/rupri

The RUPRI Health Panel
http://www.rupri.org

Rural Telehealth Research Center
http://ruraltelehealth.org/

The Rural Health Value Program
http://www.ruralhealthvalue.org
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Collaborations to Share and Spread Innovation

✓ The National Rural Health Resource Center  
  https://www.ruralcenter.org/

✓ The Rural Health Information Hub  
  https://www.ruralhealthinfo.org/

✓ The National Rural Health Association  
  https://www.ruralhealthweb.org/

✓ The National Organization of State Offices of Rural Health  
  https://nosorh.org/

✓ The American Hospital Association  
  http://www.aha.org/
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