



**DOCTORS
FOR AMERICA**



**A CALL FOR
HEALTH
FOR ALL**

JUNE 2021



Doctors for America is pleased to share our vision on promoting health and improving health care in America. As a twelve year old national nonprofit organization whose 20,000 members include physicians, medical students and concerned citizens from all 50 states, we have prioritized improving how our nation finances and delivers health care. COVID-19 has laid bare the purpose for which we engage in this work: fixing our healthcare system is a medical, economic, and a moral imperative.

The Issue At Hand: Health for All

Our nation is sick, our patients are suffering, and physicians feel trapped.

In addition to disease, our patients suffer from the anxiety and insecurity caused by our dysfunctional health care “system.” We, too, are imprisoned, working in settings that prioritize financial gain over patient needs. We spend less time using our clinical skills and more time navigating bureaucracy. When we remain silent, we become complicit. So let us speak loud and clear.

Our nation’s health care system costs too much, excludes too many, and is unnecessarily complex.

From well visits to cancer treatments, the cost of health is too high for American families and American society. The growing cost of health care has forced our patients to choose between going without care or going into debt to get the care they need, all while prices rise and life expectancy drops.

Physicians must navigate a staggering number of corporate edicts on top of clinical commitments too often focused on improving profits instead of improving health. With our hands shackled, we become complicit in the implicit rationing of care which has led to skyrocketing rates of physician burnout, depression and suicide.

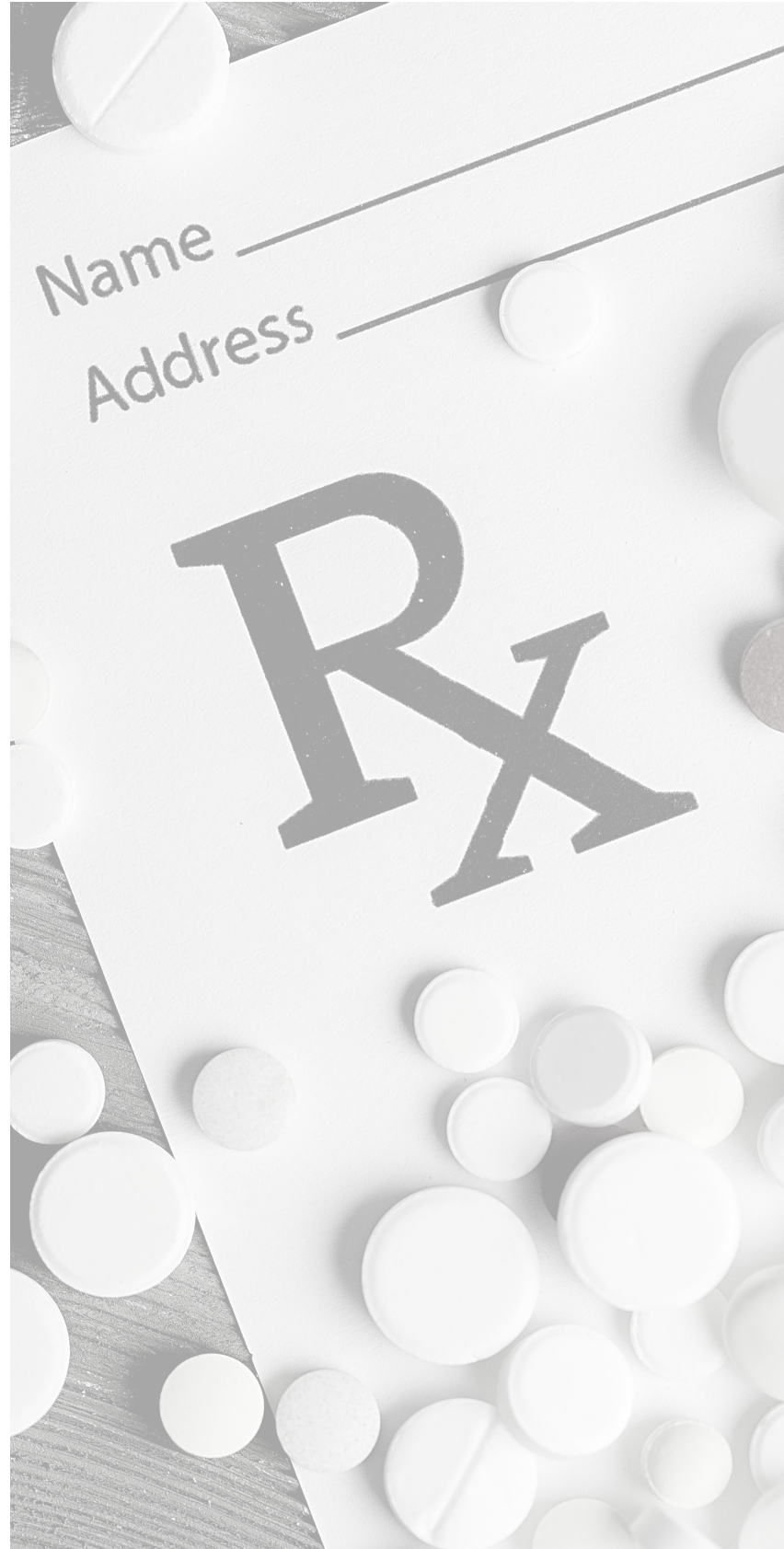
The bottom line: health care is not working.



While health care was a top issue in 2020 and will likely remain so in future election cycles, we worry that politicians and policy makers have lost sight of our values. Doctors for America believes in the time-honored American ideals of equality, liberty, and justice provided by a government of the people, by the people, and for the people. These core values, those that enable Americans to promote the general welfare of their neighbors and the health of the whole society, lead us to espouse our values and serve to guide our approach to future health system reforms.

- **Universality:** Everybody IN and Nobody OUT
- **Health Equity:** Better quality health for everyone
- **Improving Population Health:** Investing in communities
- **Affordability:** Less spending on healthcare, more spending on health
- **Adaptability:** Responsive to evolving healthcare needs

In the past, physician organizations have been part of the problem. If we are quiet about our culpability, we remain part of the problem. Doctors for America commits itself to being part of the solution. We know affordable health care for all is a medical imperative, an economic imperative, and a moral imperative. We will address these problems by being both principled and practical, with our values front and center, in all our communications. We will educate about and support any legislation that moves us forward. We will oppose any proposals that move us backwards. In so doing, we realize that there are a number of different pathways forward. This policy paper explores some of the more promising ideas through the lens of our principles.



Achieving Universal Coverage

Health, by definition, is not just the absence of disease, but access to affordable, quality care for prevention and treatment. One goal of universal health care is to create a system in which all people have the equality of opportunity to enjoy the highest level of health. Doctors for America believes that we need a system which provides better care, to everyone, at lower costs; allows doctors to spend time with their patients instead of becoming complicit with corporate greed in our own industry; and gives doctors and patients the certainty that everyone will be cared for, regardless of their circumstances. We believe in a health care system where everyone can get the care they need, where they live, when they need it, and at a price we can all afford. This includes emphasizing preventive services and primary care, as well as making additional critical services, such as emergency and specialty care, accessible and affordable.

What Benefits Are Included?

First, we must protect the Affordable Care Act's (ACA) essential health benefits. The ACA's essential health benefits represent the coverage floor for any future American health care system. We should look to expand these benefits to include all evidence-based, medically necessary care without delay.

Who Is Included?

Everybody in, nobody out. Universal health care means ensuring we include everyone in the country, no exceptions.¹

¹ Why must we include everyone? Everyone includes all citizens and all immigrants, no matter what their status. At a time when transmissible infections are affecting and killing so many Americans, we need to respond for the long term by ensuring that nothing affects the ability of an infected person to get treatment and reduces the chance of passing the illness on to others. Beyond the fundamental moral and humanitarian imperative of caring for our fellow humans, promoting a society where the health of everyone is maximized fundamentally enhances the health and economic security of all.



Health Equity to Eliminate Disparities in Care

Significant social and structural inequalities persist in the American health care system. This becomes evident when looking at the health outcomes of patients from different areas, ethnicities, income levels, educational backgrounds, and living conditions. Such inequalities limit the capacity of our system to adapt, and thus respond, to the needs of these distinct populations; they reduce the quality and efficacy of care that is provided. We believe that the United States should create a more equitable health care system, one that is able to meet the population health needs of everyone in our country.

The World Health Organization defines equity as “the absence of avoidable, unfair, or remediable differences among groups of people.” Health equity is achieved when everyone has

an equal opportunity to reach his or her full health potential and no one is disadvantaged by powerlessness, poverty, discrimination, lack of educational opportunities, unsafe housing and environments, or inadequate health care.

Population health refers to the health outcomes of any defined group of individuals. Proper attention to population health requires health care systems, agencies, and organizations to understand and address - for each group of patients - health outcomes, patterns of social determinants of health,² and the health care policies and interventions that link these two.

² The social determinants of health include education level and quality; housing; access to transportation; access to low cost opportunities for physical exercise; employment; and, of course, exposure to individual and organizational discrimination.



Proper respect paid to health equity and population health will create a health care system that can recognize and adapt to the needs of each individual and effectively combat the root causes of disparities across communities. Doctors for America believes the United States must focus on transforming health care into a system that is equitable to all and works to understand and address the needs of the diverse populations existing inside our country.

- **56%** of Black Americans (compared to 19% of whites) reported discrimination when applying for a job
- **31%** of Latinx individuals (compared to 5% of whites) reported discrimination when seeking housing
- **25%** of East Asians (compared to 11% of whites) reported discrimination in applying to or while attending college
- **22%** of Native Americans (compared to 2% of whites) avoided calling the police because of concerns about discrimination
- **65%** of LGBTQ Americans (compared to 42% of non-LGBTQ) reported sexual harassment of them or a friend or family member

Historical incidents, such as the Tuskegee experiments for syphilis and forced sterilization, are reflective of the distressing way the medical profession has engaged with the Black, Native American, and Latinx communities. Recently, policies such as Medicaid work requirements have significantly reduced traditionally marginalized populations' access to health coverage and care. Arkansas, the first state to institute work requirements to become eligible for Medicaid expansion in 2018, noted an increased uninsured rate from 10.5% in 2016 to 14.5% in 2018 in the impacted population.

Racism is a significant social determinant of health and must be addressed in any meaningful discussion on health equity. Structural racism is the entrenchment of policies, institutional practices, individual behaviors and cultural norms that systematically disadvantage minorities.

Many achievements in population health are a direct consequence of improvements in the social determinants of health; these improvements are not often undertaken by health care entities. However, recent efforts have encouraged health care organizations to address social determinants.³

Physicians can better leverage our role in society if we serve as catalysts to change how society educates, houses, employs, and supports people. In the grand scope of our work as healers, population health can be promoted more effectively if a clean environment, healthy food, stable and safe housing, jobs with a living wage, and affordable quality education are treated as important as diagnostic tests and medications.

³ The Affordable Care Act made it possible for the Center for Medicare and Medicaid Innovation (CMMI) to establish Accountable Health Communities, a model that connects Medicare and Medicaid beneficiaries to community services to help address their social needs. The CMMI State Innovation Models Initiative (SIM) has provided almost \$950 million in funding to states to implement health care delivery systems that better target population health and social determinants of health. For example, Washington state has created nine regional Accountable Communities of Health to implement health improvement projects at the regional level.

Improving The Health Of Individual Patients And The Public

Health equity should be at the forefront of how we design the future American health care model and select the measures we use to judge the quality of our nation's health. Contrary to those who wish to demonize universal health care, equity is not about bringing everyone down to a lower level of care, but the opposite – bringing everyone up to a higher level of care. Three essential steps are needed to help our country center its priorities around health equity.

First, the policy narrative needs to be reframed to emphasize how investment in social determinants and health equity is fiscally responsible and sustainable. Second, preventive services and primary health care needs to be bolstered and incentivized as the preferential medical home for patients. We must recognize that strong links between medical care and public health are essential. Third, patients

and communities need to have a more prominent presence in decisions that impact their well-being.

Currently, health care services are often treated as private commodities because the major payers are independent entities such as health insurance plans, health care provider organizations, employers, and government agencies, each with their own financial motives that may not focus on improving health. This system discourages traditional payers in the current health system from investing in social determinants since they perceive them to be beyond the scope of what would directly benefit their bottom line. Reframing investment in social determinants as an opportunity to have long-term financial savings would provide more incentive to invest in areas of social need as a financially responsible decision rather than simply charity.



Ensuring That All Voices Are Heard

Any efforts to improve equity will require intentional actions to foster trust between communities and the medical and public health systems. Patients and communities should have greater and more substantive representation and power over key decisions within larger health systems in the form of patient and community participation as trustees and on advisory boards.

Furthermore, when community needs assessments are performed (for example, as part of identifying community benefits hospitals can provide), community members themselves should be empowered to make decisions on how their needs are prioritized. There should be a deliberate structured assessment of how new policies will affect traditionally marginalized and excluded groups.



Costs in Healthcare

The United States currently spends almost 18% of GDP on health care, making ours the most expensive health care system in the world. Yet, we fall behind on a litany of familiar metrics - from life expectancy to maternal and infant mortality. Lower income persons bear the brunt of lower performance, as do racial and ethnic minorities. Not only is the overall system paying more for worse outcomes, it crowds out other investments in social determinants such as education, housing and food security that are key to a healthy society.

Why Are Costs So High In The United States?

A major difference between the U.S. health care and systems in other countries is that we pay almost everyone more. This includes not only physicians, but nurses, other health care professionals, administrators, and executives throughout the medical industrial complex. The United States, plagued with a fragmented and complex health care system, also has fewer ways to discourage the use of low-value, high-cost care compared to our international counterparts.

Another difference, the proportion of health care facilities and health insurance providers that are for-profit entities is higher in the United States. This further exaggerates the focus on profits and inevitably increases efforts to increase revenues even among health care organizations which are not-for-profit.

Why Have So Many Efforts To Reduce Cost Increases Failed?

Powerful forces, including many physician organizations, believe that higher salaries and elevated costs are essential to the provision of high-quality health care. Interest groups counter attempts to reduce costs by insisting that doing so will result in poorer quality of care or reduced access. Thus, marginal policies nibble away at the problem rather than addressing the core drivers of health care costs directly

What Is At Stake For Us?

Doctors for America's goal is to ensure that the voice of physicians is heard, not primarily to advance our own economic benefits, but to assure that all Americans can get the care they need, when and where they need it, and without financial barriers. We must also speak out forcefully about the need to reduce spending on health care services in order to address the social determinants of health.



The Challenge To Make Health Care Affordable

Over the past 60 years, the percentage of GDP going to health care has more than tripled, from 5% to nearly 18%. Cost-saving concerns extend beyond recipients of health care to those who provide and pay for such care. It is critical that any proposal attack the root cause of high national health expenditures - the price we pay for services within the medical industrial complex. This will impact the incomes of all health care clinicians, including physicians, but must be actively addressed. This will come as anathema to lobbyists from the health care industry including physician

professional associations which are eager to increase both the overall size of the health care pie as well as the size of their individual slices.

Physicians must be part of the broad coalitions needed to create the political will to stabilize our nation's appetite for expensive health care. It is beyond time to reduce our national health care expenditures to be more in line with what other wealthy nations spend on medical care while investing the savings into the social determinants of health.

The Physician's Role In Reducing Costs

- **Maximize efforts to eliminate preventable acute and chronic disease.**

Focusing on preventive care is essential. It is imperative to remove economic and logistical barriers that prevent getting at the root causes of disease.

- **Reduce the acute and chronic disease burden in marginalized and high-risk communities.**

This requires an absolute commitment to equitable care and the complete elimination of health care disparities across race, ethnicity, age, gender, and geographic factors. Doctors For America advocates for access to affordable and safe housing, safe drinking water, a clean environment, and a safe workplace, and the elimination of food insecurity should be encouraged by physicians.

- **Ensure that we are getting high quality and high value care from every dollar we spend.**

We must emphasize high value care. Prioritizing high-value treatments, and discouraging low-value treatments, are key to reforming the cost structure based on strong evidence, while allowing freedom of choice for individual patients and clinicians.

- **Reduce the costs of unavoidable illness and end-of-life care.**

A new focus and complete rethinking of long-term care is necessary. The United States must move away from the institutional setting, when possible, to more home based and community care options for the ill, infirm, and dying.



An Adaptable System

An expensive health care system built for efficiency, rather than resilience, has shown its defects during the COVID-19 pandemic. This tragedy has allowed us an opportunity to critically rethink and reform the US health care system, making it both flexible in the face of public health crisis, and affordable to individuals and the nation.

Access to care should be flexible enough to adjust to the realities of how patients seek care, including urgent care centers, telemedicine, and home-based services and monitoring. Rapid advances in availability of telehealth services, which accelerated as a result of deregulatory actions during the COVID-19 pandemic,

should continue as a viable future option for patients and providers.

Adaptability serves two fundamental purposes in health reform. First, it has a huge potential in improving affordability because it naturally spawns innovations that not only improve care quality but also bring down costs. Second, it has the potential to deliver maximal patient satisfaction by delivering quality care at lower cost, when needed, and easy to access. Adaptability also fits well into the fundamental American cultural value for individual freedom of choice in managing and maximizing their own and their families' health.

The Pathways Forward Toward Health for All

We, the Doctors For America, call on the United States to deliver on this promise of universal health care for our own citizens and demand an equitable health care system that can meet the health needs of the diverse populations living within our nation by implementing necessary policies before 2030. We propose simultaneously pursuing two pathways and are willing to work with any other advocacy organizations in support of these options:

Support Current Ongoing Incremental Efforts Compatible With 'Health For All'

- Expand Medicaid through the Affordable Care Act to all 50 states and United States territories.
- Reimburse Medicaid care par with Medicare because the current health care financing system implies that some Americans are worth less than others.
- Improve the Affordable Care Act by expanding its essential benefits and enhancing its affordability for middle income families.
- Encourage ongoing efforts in value-based care that also address the social determinants of health.

Identify and advocate for transformative health policies at the federal, state and local level

- Support efforts to expand Medicare to additional populations such as adults 55 years old and older, children, individuals with expensive medical illnesses, or the uninsured:
- A federal single payer solution, often called 'Medicare for All'
- A single payer system implemented at the state level, as was attempted in Vermont and Colorado in recent years
- Expand current Medicare eligibility to younger Americans
- Open Medicare to every uninsured American during the COVID-19 pandemic