



2012 WASHINGTON IDEAS FORUM

WORKING SUMMIT OVERVIEW: HEALTH, HEALTHCARE, AND WELLNESS

Prepared by Alessandra Ram, *The Atlantic*

HEALTH, HEALTHCARE, AND WELLNESS:

Policies and practices that are changing the way we think about human life

THE CONVERSATION

Expert practitioners and thinkers in the healthcare field met at the Washington Ideas Forum to discuss how to reduce healthcare costs even as a growing number of people require health services. The session's moderator Corby Kummer, Senior Editor at *The Atlantic*, initially framed the discussion around the provisions and limitations of the Affordable Care Act. In response, participants suggested restructuring the current “fee for service” model. Many participants argued that the health care industry must become more consumer-friendly while drastically cutting back on unnecessary services which drive up costs.

The group agreed that reform discussions should center around prevention and planning, but disagreed on the particulars of implementing standardization on a regional, state, or national level. Participants discussed the need for end-of-life provisions in the Affordable Care Act and what to do to best serve the millions of uninsured children covered but not *treated* under the act.

Barry Strauch, Chairman Emeritus of Inova Fairfax Hospital's Department of Medicine, argues that the healthcare debate is less ideologically driven than has been portrayed in the media. States are primarily concerned with the budget. It is vital that people understand who exactly is going to be covered under the ACA: “Many people don't understand this bill and what it does...How many people don't get access from this bill? 17 million people that are supposedly going to get coverage – that number will shrink dramatically.”

The group resoundingly agreed that the “fee for service” approach contributes to inefficiency and waste, and that patients would be better served by a value-based system. As Arthur Kellermann of the RAND Corporation noted, “Don't give people care they don't need.” Participants suggested that healthcare providers should move towards an evidence-based model focused on primary care and away from the idea that more care equals better care. Most agreed that science is moving in a highly-personalized direction and that most future cancer treatment, for instance, will rely on individual genetics research.

The conversation then diverted to the social structure within consumer and medical communities themselves. Several participants stressed that the social cost of poor communities affects the health of a nation as a whole. The role played and costs sustained by the federal Medicare and Medicaid programs were central to this next phase of discussion.

Former American Lung Association CEO Charles Connor argued, “Smoking is disproportionately tied to the Medicaid population. It is the number one thing you could take out of the American public to reduce the cost [of health care].”

Participants also explored the culture of medicine, focusing on how the current health care system wrongly enables and even incentivizes physicians to focus only on their own best interests – as opposed to those of the bigger team of doctor, medical system, patient and society.

According to Johns Hopkins surgeon Marty Makary, “Ninety-nine percent of all medical applicants at the beginning say that they want to go abroad [to treat the disadvantaged], and we beat them down with huge financial incentives. These are good people....The cult of doctoring won’t change overnight. We have to introduce accountability.”

Several participants praised the Mayo Clinic’s model, which has worked effectively across various socio-economic levels, as well as the systemic success of veterans’ hospitals in the United States. These systems appropriately value primary care, which clinicians say is critically important and can save costs over the long-term through adequate prevention and planning. Several participants called on families to more openly discuss individual care goals vis-à-vis care received. In many cases, these participants said, families may not be up to this task. In these instances, they said, schools should be empowered to communicate directly with medical professionals for the benefit of the child.

FIVE BIG IDEAS

1. Continue to emphasize American innovation in research and technology while understanding that science is moving in a highly personalized direction.
2. Find ways to reduce healthcare costs without compromising on quality of care. Do not give people services they don’t need (pay for value versus pay for volume).
3. Prevention methods (nutrition, education, etc.) have a long history of success, and should be considered for federal health care subsidies. Leaders should emphasize long-term rather than short-term solutions to the health care crisis in this country.
4. Greater transparency is needed so all segments of the population have access to the most current information about research, treatment, and prevention methods.
5. Restructure the healthcare field to focus on the person first, then the patient. Diversification of workforce is therefore essential.

ATTENDEES

Moderator: Corby Kummer *Senior Editor*

Host: Elizabeth Baker Keffer *Vice President & President, Atlantic Live* **The Atlantic**

Participants:

- John Bardis *Chief Executive Officer* **MedAssets**
- Carolyn Barley Britton *Former President* **National Medical Association**
- Howard Bauchner *Editor-in-Chief* **Journal of the American Medical Association**
- Susan Blumenthal *Former U.S. Assistant Surgeon General and Senior Global Health Advisor* **United States Department of Health and Human Services**
- Kelly Brownell *Co-Founder and Director, The Rudd Center for Food Policy and Obesity* **Yale University**
- Shannon Brownlee *Acting Director, Health Policy Program* **New America Foundation**
- Ceci Connolly *Managing Director, PwC Health Research Institute* **PwC Health Industries**
- Charles Connor *Former President and Chief Executive Officer* **American Lung Association**
- Frank DiPasquale *Chief Executive Officer* **School Nutrition Association**
- Bob Filner *Ranking Member, House Committee on Veterans’ Affairs* **United States House of Representatives**
- Warren Greenberg *Professor, Health Economics* **The George Washington University**
- Phyllis Greenberger *President and Chief Executive Officer* **Society for Women’s Health Research**

- Lisa Guillermin Gable *President* **Healthy Weight Commitment Foundation**
- Jessica Herzstein, MD *Global Medical Director, Air Products; Member,* **US Preventative Services Task Force**
- Michael Jacobson *Executive Director* **Center for Science in the Public Interest**
- Arthur Kellermann *Paul O'Neill Alcoa Chair in Policy Analysis* **RAND Corporation**
- Marty Makary *Surgeon* **John Hopkins**
- Debbie McKeever *President* **EHE International**
- Ranit Mishori *Director, Global Health Initiatives, Department of Family Medicine* **Georgetown University School of Medicine**
- Irwin Redlener *Co-Founder and President* **Children's Health Fund**
- Judith Salerno *Executive Officer* **Institute of Medicine**
- Ben Sawyer *Co-Founder* **DigitalMill**
- Vicki Seyfort-Margolis *Director, Office of Science and Innovation* **United States Food and Drug Administration**
- Larry Soler *President and Chief Executive Officer* **Partnership for a Healthier America**
- Barry Strauch *Chairman Emeritus, Department of Medicine* **Inova Fairfax Hospital**
- Mark Wietecha *President and Chief Executive Officer* **Children's Hospital Association**
- John Deane *CEO Southwind Division* **Advisory Board Company**
- Michele Hooper *Co-Founder and Chief Executive Officer* **The Directors' Council**
- Inder Sidhu *Senior Vice President, Strategy and Planning World Wide Operations* **Cisco**