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The Obama presidency: what may happen, what needs to happen in health policies in the United States

Barbara Starfield

Expectations are high for the Obama presidency. People worked hard on his campaign, more because of his perceived integrity than his platforms (which were not well defined). Is it realistic to expect Obama to make a real difference?

The primary health policy focus of the presidential campaign was on achieving universal coverage with health insurance. It is an international scandal that the United States has between 50 and 100 million people (between 15% and 30% of its population) without adequate coverage for their healthcare costs—the leading cause of bankruptcy in the country and a postulated major cause of excess deaths among the socially deprived. In the Democratic presidential primaries, there were only relatively minor differences having to do with methods of financing and whether obtaining insurance would be mandatory. No one asked whether universal insurance would measurably improve population health statistics or disparities in health (the US ranking has fallen to between 20th and 30th in the world on major health indicators, with increasing inequities).

Since his election, the appointment of Tom Daschle for the cabinet position of Secretary of Health and Human Services signals what “reforms” might be sought. Daschle’s recent book¹ is noteworthy in its precise and detailed history of how the US came to be the only industrialised country without universal financial access to health services and why previous attempts at reform have not succeeded. He lays the blame on two major factors: “supply-sided” market orientation and the “abiding faith” of the public in technology. The “complexity of health-care issues” (as though the US was the only country to face this challenge), “the limitations of the political system and the power of the interest groups” are also

implicated. Although some major stakeholders have long sought change, others are vested in maintaining the status quo (unregulated profits). The spectre of socialism has, for most of the century, been used to defeat proposals for reform. Where there have been reforms (ie, Medicare coverage of the elderly in the mid-1960s), they have been designed to minimise interference with the healthcare industry.

Daschle’s proposal is straightforward: a Federal Health Board with the mission to address health system problems. But as long as underlying political forces prevail² and individuals with vested interests are allowed to control the board, this reform will fail too. Avoiding such control is critical but not addressed.

Apart from financing proposals, the overall thrust of the Obama/Biden health plan³ is on “lowering healthcare costs and ensuring affordable, accessible health coverage for all”, but the main mechanisms are unlikely, by themselves, to address the problems. They concern electronic health information technology; disease management services (despite the lack of evidence that they improve population health); improved coordination of care for chronic conditions (but no mention of coordination of care for other health problems); and transparency regarding quality of care. Quality is considered to consist of performance thresholds, not health outcomes. The plan proposes to strengthen antitrust laws to prevent insurers from overcharging for malpractice insurance and to “promote new models for addressing physician errors” (but no mention of the myriad of adverse events stemming from new drugs and devices), increase competition among insurers, allow patients to order drugs from abroad, prevent drug companies from blocking consumer access to generic drugs and permit Medicare to negotiate for cheaper drug prices.

The proposals lack attention to the need for change in the key health system

structures and functions that evidence, international experiences and ethical considerations have shown to be important.⁴⁻⁵

1. Provide universal person- and population-focused primary care.⁶ Without changing the disease- and procedure-oriented focus of the US health system, little of benefit to overall health and equity in health will occur.⁴
2. Redirect subsidies for training to increase the supply of primary care practitioners.
3. Broaden the range of services in primary care in order to achieve more effective and efficient referrals.⁷
4. Develop a research agenda that includes testing and evaluating different modes of delivering services that meet people’s health needs, safety of interventions and mechanisms to achieve equity in health services and health.
5. Support electronic clinical information systems that address a broader approach to quality, eliminate unjustifiable interventions and technology, encourage practice-based learning, eliminate duplicate and conflicting services through coordination of care and provide information for the continuous assessment of community health needs, adverse events, incipient epidemics of illnesses and health-compromising exposures to infectious agents and chemical toxins.
6. Expand the federally funded network of primary care health centres to all locales with insufficient primary care resources.
7. Instigate a high-level, independent analysis of medical education to better prepare physicians for changing health needs and services, including coexisting conditions in people and populations (rather than specific “diseases”); interacting political and social factors as well as biological and behavioural ones in disease causation; and technology that facilitates continuity of care and information transfer about patients over time and across locations while focusing on long-term person-focused care regardless of the type or nature of specific health conditions.

Reasons for the failure of past healthcare reform efforts should inform the development of a comprehensive national policy, planning and regulation strategy

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Editorial

free of control by vested interests. As a start, the US should sign the existing international treaties pursuant to a universal right to the highest attainable level of health for everyone.

Those who enthusiastically supported Obama because of his perceived insights are waiting patiently for reason (and political will) to prevail.

1 **Competing interests:** None declared.

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