History and Structure

M6920
October 2, 2001

20th Century nurses with policy impact

- Margaret Sanger (1883-1966)
- Lillian Wald (1867-1940)
- Virginia Henderson (1867-1940)
- Hildegard Peplau (1909-1999)
- Edith Cavell (1865-1915)
- Mary Mahoney (1845-1926)
- Mary Breckinridge (1881-1965)
- Mary Adelaide Nutting (1958-1948)
- Martha Rogers (1914-1994)
- Adah Belle Samuel Thoms (1870-1943)

American Population in the 20th Century

April 1, 2000: 281,421,906

Americans Population: Rural Vs. Urban

In the US . . .

- we have no overall health policy statement

Can fill in for several groups:

- Elderly
- Categorically poor
- Employees (some)
- Veterans
- Migrant/low income uninsured
- End-stage renal disease patients
Can fill in for some goals:

- food-borne illness
- communicable diseases
- bio-medical research
- drug safety
- emergency care
- bioterrorism response

And for some costs:

- ERISA for self-insured employers
- Managed Medicaid
- Cost control in Medicare
- Annual appropriations for public health

We may never have a national system because

- Too complex to sort out in 5 years
- Parties too distant on issues
- Power of interest groups too great
- Minority party prefers to keep issues (votes) alive
- Tacit agreement that debate is enough
- Problems not big enough for change
- Half-way not enough
- Public may prefer no action
- Easier to agree on nothing than something
State government policies

- Medicaid
- uninsured
- worker's compensation
- hospital access
- pooled costs
- public health

National Healthcare Expenditures

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Spending (in billions)</th>
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<tbody>
<tr>
<td>78</td>
<td>$0</td>
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<tr>
<td>79</td>
<td>$286.9</td>
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<tr>
<td>80</td>
<td>$247.3</td>
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<td>81</td>
<td>$215.2</td>
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<td>83</td>
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<td>$355.3</td>
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<td>$380.9</td>
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<td>$428.7</td>
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<td>87</td>
<td>$461.2</td>
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<td>88</td>
<td>$500.5</td>
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<td>$560.4</td>
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<td>90</td>
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<td>91</td>
<td>$699.4</td>
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<td>92</td>
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<td>93</td>
<td>$836.5</td>
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<td>94</td>
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<td>95</td>
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<td>96</td>
<td>$993.7</td>
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<tr>
<td>97</td>
<td>$1,042.5</td>
</tr>
<tr>
<td>98</td>
<td>$1,092.4</td>
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</tbody>
</table>

Source: Health Care Financing Administration, Office of the Actuary, Division of National Health Statistics

Important historical developments

- Charity care
  - private
  - state
- Entrepreneurialism
- Science and rationalism
**Turn of the last century**

- anesthesia/antisepsis
- limitations on practitioners
  - allopathy vs. homeopathy
- the limitations of other professions
- limitations on entrepreneurship
- food and drug safety
- hospital standards

**Finance changes**

- Blue Cross/Blue Shield
- Employer based insurance
- Medicare/Medicaid
- The great research machine
- Nixon and HMO's
- Managed approaches to care

**Practice changes**

- Effective interventions
  - Diagnosis
  - Pharmacology
  - Surgery
- Effective prevention
- Explosion of occupations
- Access to information
Prescription Drug Sales*

Most popular pills (1999)

- Prilosec (anti-ulcerant) Astra Zeneca; $3.16B
- Prozac (anti-depressant) Eli Lilly; $2.04B
- Lipitor (cholesterol reducer) Parke-Davis; $2.13B
- Zocor (cholesterol reducer) Merck; $1.53B
- Epogen (for kidney failure) Amgen; $1.63B
Policy and Politics

• What shall be done (policy)
• Who has the power to decide (politics)

Dummy policy statement

• In order to accomplish ____ (goal)
• it is the policy of ____ (institution)
• that ____ (actor)
• should do ____ (action)
• for ____ (recipient)
• at ____ cost. (resources)

Don’t confuse

• A general statement of direction (even with targets and actions), with
• A policy statement that commits actors and resources.
• Healthy People 2010 is a statement of goals, not a national policy
Levels and perspectives

- Individual decision-maker (self, parent)
- Clinician
  - individual
  - professional association
- Institution
  - hospital/employer
  - insurer/payer

Levels, cont.

- Community (local health department/policy board)
- State
  - Medicaid, state employees, workers comp
  - licensing individuals, institutions
  - regulating businesses, insurance industry, environment
  - tax structure

Levels, cont.

- Nation
  - structuring and financing Medicare, Medicaid
  - incentive grants in MCH, infectious diseases, chronic diseases
  - environmental, other public health policy
  - tax structure (incentives, penalties)
Ways to regulate

- Market solutions and economic incentives
- Insurance programs
- Self-regulation (codes of ethics)
- Taxes and fees (for problem created?)
- Education, information disclosure, use of media
- Reporting and formal compliance tracking
- Licensing (e.g., CPA's to oversee tax regulations)
- Permitting
- Standard setting (performance/outcome or process)
- Grants, training, compliance assistance
- Assessing penalties
- Inspections
- Adjudication

HIV Testing and Confidentiality

- Personal choices
- Professional standards
- Institutional policies
- Payer requirements
- Public health information
- International obligations

Personal decisions

- Do I perceive the threat of HIV as real?
- Am I willing to find out if I am infected?
- Is it worth the risk to do so under my own name?
Clinician decisions

- importance to patient population?
- willing to discuss with my patients?
- willing to risk becoming identified with HIV?
- willing to report as required?
- record-keeping worthwhile?
- professional standard for my field?

Professional associations

- is this test reliable and valid and useful for Rx or prevention?
- how will we/our members look if we test/report?
- how are other professional associations responding?

Institutional decisions

- employers (hospitals/others)
  - should we offer/require this test?
  - risk in liability if we offer, break confidentiality?
  - cost in $$, staff morale, patient interest?
  - what does government require?
  - is it a cost of business?
Institutional decisions, cont.

- Payers
  - Impact on bottom line?
  - Community expectation/good will?
  - Mandates?

Community decisions

- Mandates and professional standards?
- Community experience with bias?
- Active initiation or wait for state requirement?
- Costs—how to allocate and recover?
- Record keeping

State Decisions

- Interpretation of national standards and research, e.g.:
  - South Carolina and Idaho—just do it
  - New York and California—almost mandated against
  - History and capacity for confidentiality
  - Cost
National Decisions

- Advice from established groups
- Provision of resources as inducement/mandate
  - attached to grant funding
  - relationship to eligibility for coverage
- Setting the research agenda

Substance abuse and drug control

- Substance abuse goes in cycles
- Associated policies also cycle

Substance Abuse and Preventable Mortality


<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Years of Potential Life Lost, 1989</th>
<th>Percent Deaths Attributed to Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>4,397,072</td>
<td>32</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>3,619,749</td>
<td>20</td>
</tr>
<tr>
<td>Accidents and trauma</td>
<td>2,951,036</td>
<td>47</td>
</tr>
<tr>
<td>Suicide</td>
<td>972,512</td>
<td>28</td>
</tr>
<tr>
<td>Homicide</td>
<td>966,957</td>
<td>46</td>
</tr>
<tr>
<td>HIV infection</td>
<td>776,957</td>
<td>&gt;50 (est.)</td>
</tr>
<tr>
<td>Cerebrovascular</td>
<td>578,439</td>
<td>25</td>
</tr>
<tr>
<td>Chronic lung disease</td>
<td>435,517</td>
<td>76</td>
</tr>
<tr>
<td>Liver disease and cirrhosis</td>
<td>419,630</td>
<td>&gt;68</td>
</tr>
</tbody>
</table>
State Spending on substance abuse*

- Prevention programs: $3 Billion
- Burden on other programs: $78 Bill.
- New York State:
  - prevention, treatment, research = $503,815,000 ($27.77 per capita)
  - cost to all other programs = $8,149,194,300 ($170.01 per capita)

Massing's premise

- the rise of heroin abuse and subsequent dramatic increase in treatment was an effective policy
- the focus on crime led to a mistaken shift in policy
- the ‘war on drugs’ was a failure

The general as ‘Czar’

- Use science! When criticizing Giuliani on methadone
- Would be ‘soft on drugs’ when ignoring science on syringe/needle exchange
Federal participants

- DHHS
- USDA
- EPA
- DOL
- Commerce
- VA
- DOD
- DOE
- DOT
- OMB

State

- Medicaid
- Public health
- Environment
- Mental health/substance abuse
- Insurance commissioner
Professional associations

- AMA
- ANA
- ADA
- APHA
- SOPHE
- NEHA
- Unions (?)

Care giving institutions

- Hospitals
- Long term care
- Home health
- Ambulatory care
  - migrant/community health centers
  - other types of practices

Other trade associations

- Pharmaceutical manufacturers
- Retail pharmacies
- Equipment manufacturers
Voluntary Health Associations

- Disease Related
  - cancer, diabetes
- Population Related
  - men's health, child health
- Advocacy
  - MADD, handgun control

ACT NOW!

Listen to our Cry!

Payers (non-governmental)

- Insurance companies
- Self-insured organizations
- Unions

Ethical basis for action

- Beneficence
- Non-malfeasance
- Autonomy
- Social justice
- Truth-telling
**Ethical violation: racism**

- **Institutionalized**
  - violates social justice
  - is an act of malfeasance
- **Personally mediated**
  - denies autonomy
  - acts of malfeasance
- **Internalized**
  - limits autonomy
  - self-inflicted malfeasance?

*Jones, AJPH 90:8*

**Should we ration or not?**

- Rationing = allocation of scarce resources
- Rarely explicit in US systems
- Term usually invoked as a criticism or scare tactic

**Supreme Court** says:

- Inducement to ration care goes to the very point of any HMO scheme
- Congress has promoted HMOs for 27 yrs and thus endorsed the profit incentive to ration care

*(Pegram v Herdrich)*