



Building Blocks to a Healthier Nation

The Aspen Health Stewardship Project Questionnaire Senator Barack Obama

The Aspen Health Stewardship Project (AHSP) was established by The Aspen Institute in the fall of 2007, and as part of its charge, has created this questionnaire, which is intended for candidates to clearly explain their perspective on the American health care system, how they characterize its weaknesses, how they intend to reshape the system and how they plan to sustain their program.

Led by a diverse cross-section of national thought leaders, AHSP's work is an innovative, non-partisan effort to frame a more multi-dimensional health care dialogue by focusing on the long-term, fundamental issues that will need to be addressed in order to fix America's broken health care system. This effort seeks to educate voters about what it will take to achieve true reform. And, ultimately, it calls on the presidential candidates and policy makers to develop plans that will meaningfully address the barriers that are preventing the nation from successfully dealing with health care ? our most pressing domestic problem.

A major premise of this project is that surmounting the many barriers will require changing a culture in health care that is designed to protect and perpetuate the status quo. The current system makes it difficult, if not impossible, for Americans to be thoughtful, active and responsible stewards of their overall health. Cultural change also will require a shift in the focus of the public dialogue. Only by reframing the health care debate from one focused on the symptoms of the country's broken system to one focused on causes, can the country have a more substantive discourse about the stewardship role each of us play in creating a healthier America.

To help us evaluate your proposals and their feasibility, please answer each question in as much detail as possible and return the completed questionnaire by March 15 to Michelle McMurry, project director, at michelle.mcmurry@aspeninstitute.org. All responses and our findings will be published and otherwise shared in a public forum. If you choose not to answer, we will use public statements and campaign documents to infer your position. If you have any questions, please contact Michelle McMurry (202/550-8830) or Noah Bartolucci (202/736-2535) at the Aspen Institute.

Thank you for participating in this important process.

Question #1

The United States spends more than any other nation on health care, both per capita and as a percentage of gross domestic product. Even so, in a recent study of 18 leading industrialized nations, the United States finished dead last for the number of deaths that could have been prevented through effective health care. **What three fundamental aspects of the country's health care financing and delivery model would you seek to change to create a more sustainable, just, and effective system?**

First, I believe that we need to ensure that all Americans have affordable and quality health insurance – 47 million Americans lack health insurance, and consequently the financial security they need to visit a primary care physician and proactively address improving their health. My plan will guarantee coverage for every American through partnerships among employers, private health plans, the federal government, and the states. My plan both builds on and improves our current insurance system, which most Americans continue to rely upon, and leaves Medicare intact for older and disabled Americans. Under my plan, Americans will be able to maintain their current coverage if they choose to, and will see the quality of their health care improve and their costs go down. My plan also addresses the large gaps in coverage that leave 47 million Americans uninsured. Specifically, my plan will: (1) establish a new public insurance program, available to Americans who neither qualify for Medicaid or SCHIP nor have access to insurance through their employers, as well as to small businesses that want to offer insurance to their employees; (2) create a National Health Insurance Exchange to help Americans and businesses that want to purchase private health insurance directly; (3) require all employers to contribute towards health coverage for their employees or towards the cost of the public plan ; (4) mandate that all children have health care coverage; (5) expand eligibility for the Medicaid and SCHIP programs; and (6) allow flexibility for state health reform plans.

Second, I will work to improve the quality of health care by ensuring the health insurance plans cover essential services that improve health outcomes, including preventative care and chronic disease management. Under my plan, the benefit package will be similar to that offered by the Federal Employees Health Benefit Program (FEHBP), the program through which Members of Congress get their own health care. The new public plan will include coverage of all essential medical services, including preventative, maternity and mental health care. Moreover, coverage will include disease management programs, self management training and care coordination for appropriate individuals.

Individuals will also be able to purchase separate private insurance as an alternative to, or as a supplement to, my plan's public component. There is no limit on what services these private plans will provide for, but the National Health Insurance Exchange will assure that every participating insurer provides a common baseline level of benefits that equals those provided by my new public plan.

Third, I will go after the runaway costs in the health care system. My universal health

care plan will reduce medical expenditures by up to \$2,500 per family by not only providing universal health insurance coverage and increasing the quality of health insurance coverage, but also by making strategic investments to modernize our health care delivery system. My plan will invest \$10 billion per year for 5 years into deploying health care information technology, which will reduce unnecessary spending in the health care system that results from preventable errors and inefficient paper billing systems; increase insurance industry competition and reducing underwriting costs and profits, which will reduce insurance overhead; and provide reinsurance for catastrophic coverage, which will reduce insurance premiums.

Question #2

Overall do you feel that the United States spends too much or too little on health care and why?

I feel the U.S. spends too much money inefficiently in our health care system, and it's necessary for the country to reform the health care system so we can ensure that all health care spending is spent to better the health outcomes of the American people. Today, about 100,000 Americans die from medical errors in hospitals every year. Prescription drug errors alone cost the nation more than \$100 billion every year. And one-quarter of all medical spending goes to administrative and overhead costs and reliance on antiquated paper-based record and information systems needlessly increases these costs.

Question #3

When people talk about the need for health insurance, they often neglect to identify the real problem: improving the health of Americans. And health insurance rates alone do not tell us much about insurance type, affordability or quality of care. **Beyond the number of people with health insurance, how will you define and measure the success of your health proposals and their impact on health outcomes?**

My plan will require hospitals, health care providers and insurers to report quality outcomes to the government and the public so that the American people, health care professionals, Congress and the White House can monitor the progress of the nation's health care system in delivering high-quality care to every American. By establishing and monitoring a comprehensive "report card" for the various parts of our health care system, our nation will be able to identify and address flaws in the health care delivery system in a much more transparent and meaningful manner than exists in today's health care system.

Question #4

While the country has a clear interest in improving the health of its citizens, the incentives built into the system do not seem to promote that desired outcome. For instance, physicians are sometimes reimbursed in a manner that rewards the volume of care delivered without regard for quality. **How would your proposals realign incentives to change how insurers, providers and patients view their respective rights and accountabilities for health?**

Unfortunately, in today's health care system, both public and private insurers tend to pay providers based on the volume of services provided, rather than the quality or effectiveness of care. I will accelerate efforts to develop and disseminate best practices, and align reimbursement with provision of high quality health care. Providers who see patients enrolled in the new public plan, the National Health Insurance Exchange, Medicare and FEHB will be rewarded for achieving performance thresholds on physician-validated outcome measures. Insurers will be required to spend a reasonable share of money on health care, not outrageous administrative fees. And Americans will be asked to take personal responsibility for their health and make the right decisions in their own lives – if they eat the right foods, stay active, and stop smoking.

Question #5

Creating value in health care is of paramount importance, however, in our current system misaligned economic incentives thwart efforts to achieve this end. **Please discuss how your plan will create and measure value to ensure it is a vital component in America's health care system. Be certain to include specific metrics and case examples.**

My plan will create a value-based approach within our current health care system based on proven health outcomes for various treatments and processes. One of the keys to eliminating waste and missed opportunities is to increase our investment in comparative effectiveness reviews and research. Comparative effectiveness studies provide crucial information about which drugs, devices and procedures are the best diagnostic and treatment options for individual patients. This information is developed by reviewing existing literature, analyzing electronic health care data, and conducting simple, real world studies of new technologies. I will establish an independent institute to guide reviews and research on comparative effectiveness, so that Americans and their doctors will have accurate and objective information to make the best decisions for their health and well-being, and the health care system can start to prioritize health care treatments in a meaningful way.

Question #6

It is thought that as much as 40 percent of health care costs are related to behavior, such as smoking, eating an unhealthy diet, lack of exercise and alcohol consumption. At the same time, public health experts have shown that these choices are influenced by policy, the accessibility of healthy options, and corporate and social marketing. **How will you encourage healthy choices? How will you shape policy and incentives to encourage businesses to make choices that emphasize early health, wellness and prevention among their employees and customers?**

I believe that protecting and promoting health and wellness in this nation is a shared responsibility among individuals and families, school systems, employers, the medical and public health workforce, and federal and state and local governments. Each must do their part, as well as collaborate with one another, to create the conditions and opportunities that will allow and encourage Americans to adopt healthy lifestyles.

(1) EMPLOYERS. An increasing number of employers are offering worksite health promotion programs and many employers choose insurance plans that cover preventive services for their employees. I believe that worksite interventions hold tremendous potential to influence health and will expand and reward these efforts.

(2) SCHOOL SYSTEMS. I will work with schools to create more healthful environments for children. I will work to get junk food out of vending machines in schools and improve nutritional content of lunches through financial incentives, increase grant support for physical education, expand federal reimbursement for school-based health services, and provide grants for health educational programs for students.

(3) WORKFORCE. I will expand funding – including loan repayment, adequate reimbursement, grants for training curricula, and infrastructure support to improve working conditions – to ensure a strong workforce that will champion prevention and public health activities.

(4) INDIVIDUALS AND FAMILIES. The way Americans live, eat, work and play have real implications for their health and wellness. My plan will require coverage of essential clinical preventive services such as cancer screenings and smoking cessation programs in all federally supported health plans, including Medicare, Medicaid, SCHIP and the new public plan. In addition, I will increase funding to expand community based preventive interventions to help Americans make better choices that can help ward off chronic and preventable diseases and improve their health.

(5) FEDERAL, STATE, AND LOCAL GOVERNMENTS. The federal government and state and local governments play critical roles in disease prevention and health promotion activities. First, working together, governments at all levels should develop a national and regional strategy for public health that includes funding mechanisms for implementation. Second, the field of public health would benefit from greater research to optimize organization of the 3,000 health departments in this nation, collaborative arrangements between levels of government and its private partners, performance and accountability indicators, integrated and interoperable communication networks, and disaster preparedness and response. Third, the government must invest in workforce recruitment as well as modernizing our physical structures. And finally, the government must examine its own policies, including agricultural, educational, environmental and health policies, to assess and improve their effect on public health in this nation. As president, I will prioritize all of these activities to strengthen prevention and public health.

Question #7

Simply having access to health care is not enough to achieve equity in health outcomes. Income level, race, gender and location are just a few of the factors that contribute to the health of Americans. For example, women are less likely to receive the cardiac care that they need and on average have outcomes worse than men. **How would your health care system promote greater equity of health outcomes among men and women of**

different races, income levels and geographic locales including, but not limited to, access to traditional insurance?

I will tackle the root causes of health disparities by addressing differences in access to health coverage and promoting prevention and public health, both of which play a major role in addressing disparities. I will also challenge the medical system to eliminate inequities in health care by requiring hospitals and health plans to collect, analyze and report health care quality for disparity populations and holding them accountable for any differences found; diversifying the workforce to ensure culturally effective care; implementing and funding evidence-based interventions, such as patient navigator programs; and supporting and expanding the capacity of safety-net institutions, which provide a disproportionate amount of care for underserved populations with inadequate funding and technical resources.

Question #8

With the right information at their disposal, consumers could take greater charge of their health, wellbeing, and illness. **To that end, what will you do to ensure that health information is readily accessible, meaningful, and accurate so that it helps people make decisions and take action?**

My plan will require hospitals, health care providers and insurers to report quality outcomes to the government and the public so that the American people, health care professionals, Congress and the White House can monitor the progress of the nation's health care system in delivering high-quality care to every American. By establishing and monitoring a comprehensive "report card" for the various parts of our health care system, American citizens will be able to identify and address flaws in the health care delivery system in a much more transparent and meaningful manner than exists in today's health care system.

Question #9

For years, health care technology has been developed for use by doctors and other health care providers. Still, we lack wide scale use of electronic prescribing, electronic medical records and other important health information technology tools. **What specific incentives would you favor to enhance the adoption of health information technology? What will you do to encourage free and secure data sharing among providers for the benefit of patients?**

I will invest \$10 billion a year over the next five years to move the U.S. health care system to broad adoption of standards-based electronic health information systems, including electronic health records. I will also phase in requirements for full implementation of health IT and commit the necessary federal resources to make it happen – including incentives for providers to fully share this information in a secure manner. I will ensure that these systems are developed in coordination with providers and frontline workers, including those in rural and underserved areas. I will ensure that patients' privacy is protected.

Question #10

Given the rapid changes in how technology is used to deliver care and how biomedical breakthroughs are used to treat and predict disease, health care will need to be provided in innovative ways. **What will you do to encourage innovation in biomedical research, the science of prevention and the delivery of care? How will you promote the use of these advanced technologies to improve health?**

As a result of biomedical research the prevention, early detection and treatment of diseases such as cancer and heart disease is better today than any other time in history. I have consistently supported funding for the national institutes of health and the national science foundation. I strongly support investments in biomedical research, as well as medical education and training in health-related fields, because it provides the foundation for new therapies and diagnostics. I have been a champion of research in cancer, mental health, health disparities, global health, women and children's health, and veterans' health. As president, I will strengthen funding for biomedical research, and better improve the efficiency of that research by improving coordination both within government and across government/private/non-profit partnerships. My administration will ensure that we translate scientific progress into improved approaches to disease prevention, early detection and therapy that is available for all Americans.

Question # 11

The range of health professionals needed is changing. Some groups have projected shortages in essential health providers ranging from nurses and primary care physicians to allied health professionals. **What would you do to encourage entry into and retention within these essential health fields?**

Primary care providers and public health practitioners have and will continue to lead efforts to protect and promote the nation's health. Yet, the numbers of both are dwindling, and the existing workforce is further challenged by inadequate training about new health threats such as bioterrorism and avian flu, antiquated funding and reimbursement mechanisms, and limited access to real-time information and technical support. I will expand funding—including loan repayment, adequate reimbursement, grants for training curricula, and infrastructure support to improve working conditions—to ensure a strong workforce that will champion prevention and public health activities.

Question # 12

Do you feel that portability of health insurance is an important part of improving health? If so, how would you structure a portable health insurance system to make it affordable and effective?

Yes. The public and private health insurance options offered in my health care reform plan will be fully portable.

Question # 13

There is a great deal of evidence that policy decisions in areas such as education, taxes, environment and labor can have as much of an impact on people's health as policy

decisions that address health directly. **How will you measure the health impact of your non-health policy decisions?**

I will take steps to ensure that my non-health policy decisions are compatible with my goal of improving the health outcomes of all Americans. For example, I am committed to restoring scientific integrity to the White House so that decisions for environmental, consumer safety and research policies are made to benefit the overall welfare of the American people, not special interests.

I will also build off of my work in the U.S. Senate in this area to ensure that federal policies assess their potential health impact. Among my legislation in this area is the Healthy Places Act, which I authored to help local governments assess the health impact of new policies and projects, like highways or shopping centers. Once the health impact is determined, the bill gives grant funding and technical assistance to help address potential health problems. I also introduced the Healthy Communities Act to expand research on toxins and provide the resources to clean up blighted communities.