# Keynote: Shaping a "New Normal" during the COVID-19 Era

June 15 | 1:00 PM - 1:30 PM ET



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**#NASUMMITS** 



# COVID-19 and The Health Care System

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## **Four Intertwined Crises**

- Coverage
- Financing
- Equity
- Public Health





# Coverage

### The legacy of employer sponsored insurance

- 13-16 percent unemployment results in surge in newly uninsured
- Financial pressure leads to less generous benefits
- Adding to 30 million uninsured/44 million underinsured

### Failure to fully implement ACA

- No special enrollment periods
- 14 states not expanding Medicaid





# Financing

- Severe financial crisis for delivery system
  - Financially vulnerable providers most at risk
    - 60 percent reduction in office visits
  - 1.4 million jobs lost
  - \$200 billion in hospital losses
- Cause
  - FFS system and severe fluctuations in demand
- Can FFS, market-based system sustain a vital service in a civilized society in good and bad times?





# Equity

- Communities of color disproportionately affected by COVID-19
  - African Americans: 13 percent of population/50 percent of cases/60 percent of deaths
- Why?
  - SDOHs
  - Institutionalized racism in US health care system
    - Lack of coverage
    - Relegation to underfunded safety net system that has been overwhelmed by COVID-19
    - Implicit and explicit bias





### **Public Health**

- Failures to test/contact trace/isolate
- Failures of leadership
- Failures of resources
- Lack of public health information system

### THE UNITED STATES DOES NOT HAVE A PUBLIC HEALTH SYSTEM





### What's Next?

#### Three scenarios

- Rapid recovery return to status quo
  - Await the next pandemic

### Muddle along with persistent deaths, disruption and closings and openings

- Patchwork of rescue packages and partial reforms
- Left with significant gaps in vital services
- Reduced competition in many markets with a lionized provider system hungry to recover losses

#### Seize the moment





# Seizing the Moment: Coverage

#### **Jettison ESI**

- Some variation on Medicare for All
- Problem
  - \$38 trillion over 10 years on top of already astounding federal deficits

### **Solidify ESI**

- Expand on existing law
- Federal assumption of all Medicaid costs
- Enforce insurance regulations in marketplaces
- Increased subsidies to make individual insurance affordable
- **Public option**
- Auto-enrollment/mandate





# Seizing the Moment: Financing

- Prospective payment on much greater scale
  - Increase use of APMs, especially capitation and prospective budgeting
  - Build primary care capacity
  - Invest in safety net/rural health systems





# Seizing the Moment: Equity

- Commit to equality of coverage without regard to race/ethnicity
- Reconceptualize the safety net
- Address SDOHs comprehensively within and outside health care system
- What is Black Lives Matter equivalent within our health care system?





# Seizing the Moment: Public Health

### Build a public health system in the U.S.

- National public health authority with emergency powers to respond to pandemic
- National public health information system
- Meaningful national stockpile
- Increased investment in state and local public health capabilities
- Authority for federal government to spend for 6 months without congressional approval in national health emergency
- Authority to move resources to areas of need





# Choices for the Business Community

### Coverage

Decide whether to remain committed to ESI

### Regardless, deep dependence on other reforms

- Coverage outside ESI
  - Assure the health of your employees when they return to work after next shutdown?
- Delivery system: Move beyond FFS system that fails to provide essential services under best of circumstances
- Equity: Protect health of employees of color through revitalization of safety net and financially vulnerable services, especially primary care
- Public health: Functioning public health system to prevent recurrence of 2020





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