



## **NPA Position Paper** ***Making Health Care Fair For All*** May 2018

**We in the National Physicians Alliance (NPA) see unfairness in health care every day and we are outraged.** The citizens of every other wealthy nation have long since promised one another a fair chance to stay well and to get well whatever their income, employment, or age through a commitment to universal health care. We have not. But we still can and should. With health care likely to remain a prominent issue for years, our nation has new opportunities to finally achieve universality.

We in NPA recognize that physicians – *like us* – have been part of the problems we’re trying to solve. All too often, medicine’s guild mentality, its self-serving complicity in cost escalation, and its historical opposition to universal health insurance have complicated and perpetuated our country’s predicament. To be part of any real solution, we must understand our own behavior and work to reform it. Everyone in medicine shares responsibility for the unfairness we see and has a professional and moral obligation to help end it.

### **Shared American Values and Five Health Care Principles**

Grounded in our shared American values of liberty, equality, and justice, we propose five principles for our health care system that are inextricably interconnected.

1. **Universal health care** that is comprehensive, evidence-based, and accessible.
2. **Affordability** for both individuals and society.
3. **Improving population health** as a national priority.
4. **Health equity** to reverse historic disinvestment.
5. **Flexibility** for communities and states, while still honoring these principles.

Instead of focusing on values and principles, our political discourse on health policy has too often been caught up on narrow policies or particular programs, privileging corporate profit over public good, and missing the big picture. We cannot make that mistake again.

While values and principles help define our direction and goals, there are multiple paths that can get us to universal health care. Sometimes transformational reform is possible, but stepwise approaches may be needed. Even when we take smaller steps, the direction of the path must be clear and not violate our principles.

### *Universal Health Care*

Life isn't fair, and neither is disease. We know this. But health care is a part of our lives that we can control, and we can make it fairer. In the United States, the dominant reason for unfairness in health care is a failure to commit to universality. Universality is not uniformity. Universality is a promise that all patients will be helped according to their clinical need, not who they are or how much they can pay. This promise was built into the healing professions centuries ago, but has never consistently been kept. For many millions of uninsured and underinsured patients, we've made it almost impossible to keep.

For other Americans — Medicare beneficiaries — we've done much better. The Medicare example shows what can be done on a larger scale through public financing. It can include small elements of private financing, but only with robust regulatory reform that includes efficiency and transparency standards much closer to Medicare's. **What's vital here is not to pick a plan and push it, but to pick a principle and honor it.** We shouldn't work *toward* universality. We should *begin* with a commitment to universality and then work towards achieving it, with automatic enrollment in public programs (Medicare, Medicaid, the Children's Health Insurance Program) for patients not otherwise insured.

We believe that the best path to universal coverage is through the expansion of proven public programs such as Medicare or Medicaid. These already have the infrastructure and provider networks to serve our communities, but need improvements that target excessive prices and that reduce the amount of low value services performed. A "Medicare for All" approach has many virtues, one of the strongest being its administrative simplicity. We believe it is futile to expand on a complex, confusing, fragmented, and administratively expensive private insurance structure with inherently misaligned priorities.

### *Affordability*

Since the 1980s, the cost of health care in the United States has risen much more quickly than in other developed countries, while life-expectancy has been rising more slowly, and is now lower than in many other wealthy nations. Any argument that righting the wrongs of American health care would require *more* money — rather than *less* money — cannot be squared with these facts. Nor can an argument be made that our money's distribution among health care uses has been anywhere close to optimal, as we continue to have worse health outcomes than countries that spend significantly less than we do.

Many people know that America's health care is too expensive, both for us as individuals and as a nation. Excessively high prices are the main drivers of unaffordability, with inefficiency, waste, and corporate fraud among other contributors. As in other areas of the economy, executive compensation at insurers and large health care institutions has spiraled out of control, far outpacing average wages. Our current complex patchwork of unknown and unpredictable prices could, in part,

be remedied by uniform pricing based on Medicare.

Physicians are also part of the high-price problem. Conflicts of interest and self-dealing abound among us, and studies have convincingly shown that such conflicts are associated with inappropriate, unnecessary, and harmful care. Self-referral to a physicians' own imaging, radiotherapy, or surgical centers, and corrupt bargains with drug-and-device manufacturers, are among our shameful realities. Fees are often inflated, and physician incomes, particularly in procedural specialties, can be hard to justify, especially when the way fees are set is heavily influenced by the very physicians most likely to benefit.

Physicians are ethically bound to respect evidence above opinion, but many continue to rely on methods, tests, and procedures not shown to be useful, or actually shown to be useless, harmful, or wasteful. Major specialty societies have developed appropriate-use criteria, but these criteria are often ignored. "Physician autonomy" does have its place, but it must never be cited to justify dubious practices unsupported by evidence.

### ***Improving Population Health***

Physicians know the delivery of standard medical services is a relatively small factor in determining the health and wellbeing of our population, yet it accounts for an enormous percentage of our national income. While traditional clinical services prolong, improve, and provide comfort to individual patients' lives, preventive services contribute more to a population's overall health. "Upstream" interventions — improving nutrition, education, neighborhoods, and workplaces, broadening opportunities for regular exercise and addiction recovery, and reducing exposures to toxins, abuse, and violence — make "downstream" interventions needed less often. Committing to universality and reforming toward affordability will bring American health care's share of societal effort much closer to what's seen in other prosperous democracies, inviting a budgetary realignment toward whole-society health enhancement.

### ***Equity***

As physicians, we see daily significant health disparities among groups and communities in America. These disparities are the result of historical and ongoing disinvestment in a variety of services, including health care. As our nation comes to the realization that health care spending is excessive and maldistributed, we need to address these health inequities and strive to attain the highest level of health for all people.

### ***Flexibility***

Universality does not mean, nor does it require, uniformity, either at the individual or community levels. States, communities, and practices need the flexibility to innovate and to meet special needs with sufficient oversight — professional and legal — to ensure that the public's trust is well placed.

Some may be concerned about flexibility leading to a race to the bottom, in the opposite direction from our principles. The NPA calls for standards sufficient to allay this concern.

## Conclusion

The recent political battle over health care reform has awakened more Americans to the importance of affordable, comprehensive health services. Our complex, confusing, fragmented, and administratively contentious system, its incentives often perverse and its priorities inherently misaligned, needs fundamental reform. We are called to lead with our values – both our shared national values of liberty, equality, and justice, as well as our principles related to health care and community well-being.

We are not naïve about how legislation is written. It is not simply a “battle of ideas.” It is fueled by money, lots of it, supplied by supporters, but especially by opponents, of change. The medical profession, as traditionally organized, has often been a most effective opponent of major change.

**The National Physicians Alliance has been organized non-traditionally — to reform our system toward fairness. We challenge our lawmakers to join this effort as allies. And we challenge our fellow physicians to be wise stewards of individual and public resources, to be thoughtful prescribers and advisers, and to put their patients’ welfare above their personal interests. We promise to support solutions that honor the principles herein expressed. We ask you to join us in thought and action.**

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*The National Physicians Alliance seeks to create a caring and just society that improves the health of our patients and communities. Through education and advocacy, we bring together physicians across all specialties who share our values of service, integrity, and putting our patients first. We are committed to evidence-based medicine and transparency and do not accept funding from pharmaceutical or medical device companies.*

Learn more at [NPAlliance.org](http://NPAlliance.org)