The Good, the Bad and the Ugly
An Assessment of Obamacare After Four Years

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THE NUMBER OF PEOPLE ENROLLED IN OBAMACARE IS BEING INFLATED BY ADVERSE SELECTION. DO YOU KNOW WHAT THAT MEANS?

YEAH, SICK PEOPLE ARE GETTING HEALTHCARE.
AFTER HEARING IT'S WORKING, MY HEAD GOT HURT FROM IT BANGING AGAINST THE WALL!

ANOTHER OBAMACARE VICTIM!
"...FOR YOUR SUPPORTING ROLE IN "OBAMACARE"!...
GO ON, TAKE IT!... IT'S YOURS, TAKE IT!"
I've decided to move you in part by part...
Take 2 ASPIRIN & call me in the MORNING.

Take 2 ASPIRIN & call me in 2013.

Take 2 ASPIRIN & call the exchange on OCTOBER 1st.

Take 2 ASPIRIN & call your employer in 2016.

Call HILLARY ;}
WHY FREAK OUT OVER A LIGHT DUSTING?

OBAMACARE PROBLEMS
Data Sources

• Kaiser Family Foundation
• Commonwealth Fund
• New England Journal of Medicine, JAMA
• Congressional Budget Office
• Tracking coverage expansion: ACAsignup.net
A Very Brief Overview of the Affordable Care Act (ACA)

• Patient Protection and Affordable Care Act (ACA) [H.R. 3590] passed by Senate (12/24/09) and House (3/21/10), signed by President Obama on March 23, 2010.


• Congressional Budget Office originally estimated that the legislation will reduce the number of uninsured by 32 million at a net cost of $938 billion over ten years, while reducing the deficit by $124 billion through 2019.
Overview of the ACA

• Insurance Reform and Coverage Expansions
  – Private insurance expansion and reforms
  – Medicaid expansion
  – Medicare benefit changes and reforms

• Health System Reforms
  – Reimbursement and delivery reforms
  – Health workforce investments
  – Safety net provisions and investments
Key ACA Provisions

• Individual Mandate and Employer Requirements
• Expansion of Public Programs and New State Roles
• Premium and Cost-Sharing Subsidies to Individuals
• Premium Subsidies to Employers
• Tax Changes Related to Health Insurance
• Health Insurance Exchanges
• Quality & Health System Delivery Provisions
• Prevention, Wellness, and Public Health Provisions
• Numerous Workforce and Safety Net Provisions
OPMACARE IS NOW IN FULL EFFECT AND UP AND RUNNING!

I WOULDN'T USE THE WORD "RUNNING," BUT THINGS ARE LOOKING UP!

OPMACARE: HALTING DELAYS AND CHANGES
## Intended and Unintended Consequences of the ACA

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The Bad and the Ugly

• Poor messaging by the President, supporters of the ACA and reform
  – Inevitability of losers as well as winners
  – Poor public understanding of the law after four years

• Failure to prepare for the adverse impacts of the implementation of the ACA
  – Private plan cancellations
  – Extension of employer mandate and other deadlines
  – Failure to reckon with unified GOP opposition
The Bad and the Ugly

• Poor management of the launch of the federal website, www.healthcare.gov
  – Management failures by the Obama Administration
  – Poor performance (and oversight) of contractors
  – Decision by many states not to run their own websites (in addition to not participating in the Medicaid expansion)
  – Toxic political environment from day one

• Equally poor launch and implementation of some state exchanges, including Nevada
The Good

- Provision of health insurance to an estimated 10.6 to 13.0 million Americans
- Private health insurance reforms – guaranteed issue, essential health benefits, no lifetime & annual limits on benefits, elimination of gender & health status rate differences
- Expanded coverage of preventive services for new enrollees and Medicare beneficiaries
- Elimination of Medicare Part D “doughnut hole”
The Good

• Refunds of $2 billion + to consumers due to ACA medical loss ratio limits

• Wide range of delivery system reforms, innovations, and demonstration projects
  – Accountable Care Organizations and other shifts from volume- to value-based reimbursement
  – New incentives to reduce preventable readmissions and health care acquired infections

• Early evidence of a slow down in health care cost growth and spending
Coverage Expansions

• Politics and moving target of tracking coverage expansions

• What to count or not to count? That is the question.

• Packham’s favorite, go to source for tracking: http://ACAsignups.net
Coverage Expansion – US

• Sub 26ers: 3.1 million
• Medicaid/CHIP Woodwork: 1.36 million
• Medicaid/CHIP: 3.88 to 5.24 million
• Private QHP Enrollment: 3.65 to 4.73 million
• Other: ~ 1 million

• Grand Total: 10.6 to 13.0 million (as of 3/6/14)
• Estimated Pre-ACA Uninsured: 45-50 million
Coverage Expansion – Nevada

- Sub 26ers: 33,000
- Medicaid/CHIP Woodwork: 30,874
- Medicaid/CHIP: 77,186
- Private QHP Enrollment: 8,695 to 19,480

- Grand Total: 125,000 to 150,000 (as of 3/6/14)
- Estimated Pre-ACA Uninsured: 600,000
The ACA and Achieving the Triple Aim

1. Improving the individual experience of care

2. Improving the health of populations

3. Reducing the per capita costs of care for populations

How far does the Affordable Care Act take us in achieving the Triple Aim?

What additional reforms are needed if we are to achieve the Triple Aim?
Ongoing Obstacles to Achieving the Triple Aim in the Wake of the ACA

• Persistent cost and spending growth, despite uneven quality and health outcomes
• Uneven access to doctors and hospitals, narrowing provider networks
• Continued reliance on private insurance and a wide range of for-profit provider and suppliers
• Persistent inequities, two-tiered system – esp. private versus public coverage
• Shortage of primary care providers and other health professionals
• Ongoing financial and geographic access barriers for millions, i.e., uninsured and underinsured
Universal Coverage

“The Holy Grail of universal coverage in the United States may remain out of reach unless, through collective action overriding some individual self interest, we can reduce per capita costs.”

-- Donald Berwick
How to Reach Me

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