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Health Policy Reform: Beyond the 2008 Elections

A Resource for Journalists from The Commonwealth Fund

Introduction

With the 2008 presidential election in full swing, health care reform has jumped to the top of the nation's domestic policy priorities—and with good reason. Growing evidence indicates that the U.S. system falls short in critical areas. The number of Americans without health insurance is climbing steadily: 47 million people were uninsured in 2006, an increase of 8.6 million—more than 18%—since 2000. In addition, an estimated 16 million Americans are underinsured and paying high out-of-pocket costs for their care. Even people with good insurance coverage are feeling the effects of higher out-of-pocket health care costs, which are causing them to cut back on their retirement saving contributions. Meanwhile, the quality of care is highly variable and delivery of care is often poorly coordinated, driving up costs and putting patients at risk. In short, our health system is failing to perform as it should. With rising costs straining family, business, and public budgets, access deteriorating, and quality variable, improving health care performance is a matter of national urgency.

Recognizing the need for national leadership to revamp, revitalize, and retool the U.S. health care system, The Commonwealth Fund in 2005 established the *Commission on a High Performance Health System*, with the charge of promoting a high-performing health system. The Commission defines a high performance health system as one that helps everyone, to the extent possible, lead longer, healthier, and more productive lives. To achieve such a system, four core goals must be met:

- Access to care for all
- Safe, high-quality care
- Efficient, high-value care
- Continuous innovation and improvement

The Commission's work indicates that expanding access to health insurance coverage is the single most important step to achieving a better system. Presidential candidates from both the Democratic and Republican parties have proposed plans that seek to expand health coverage, albeit in different ways. And although increasing coverage is critical to improving health system performance, research points to a number of other policy steps that need to happen, from speeding the adoption of emerging information technologies that can enhance health care effectiveness and efficiency to building new payment mechanisms that reward quality of care instead of quantity.

This report draws largely on the Commission's work during the past three years, as well as other research, to provide journalists with an evidence-based context for understanding the fundamental problems plaguing our current health system, as well as policy options under consideration for addressing these problems. Regardless of the election outcomes in November, health reform will be among the most pressing domestic issues facing our nation's leaders. No one imagines that the problems described in this report will be solved quickly or easily, but there is no questioning their urgency.

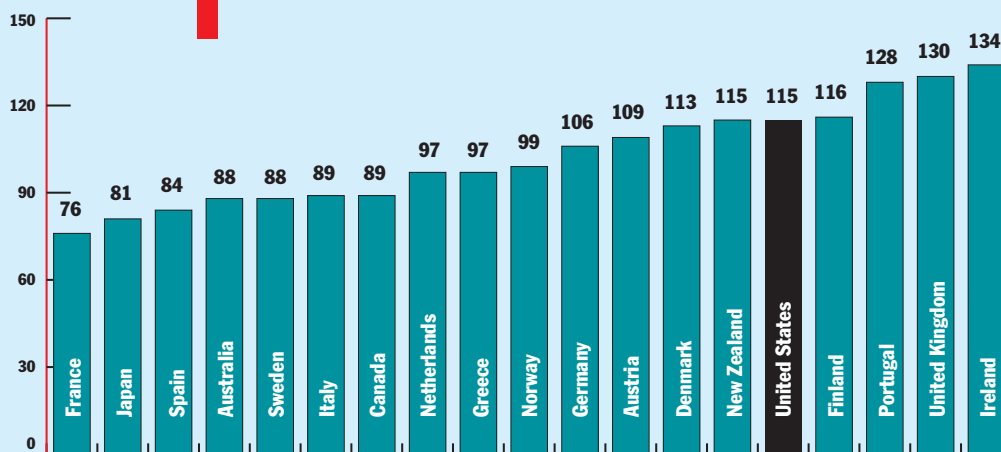
HOW WELL DOES THE U.S. HEALTH SYSTEM PERFORM COMPARED WITH OTHER NATIONS?

Compared with many other industrialized nations, the U.S. health care system ranks near the bottom on important measures of performance.

■ In a recent Commonwealth Fund-supported study comparing preventable deaths in 19 industrialized countries, the United States placed last. While rates of preventable deaths improved dramatically in other

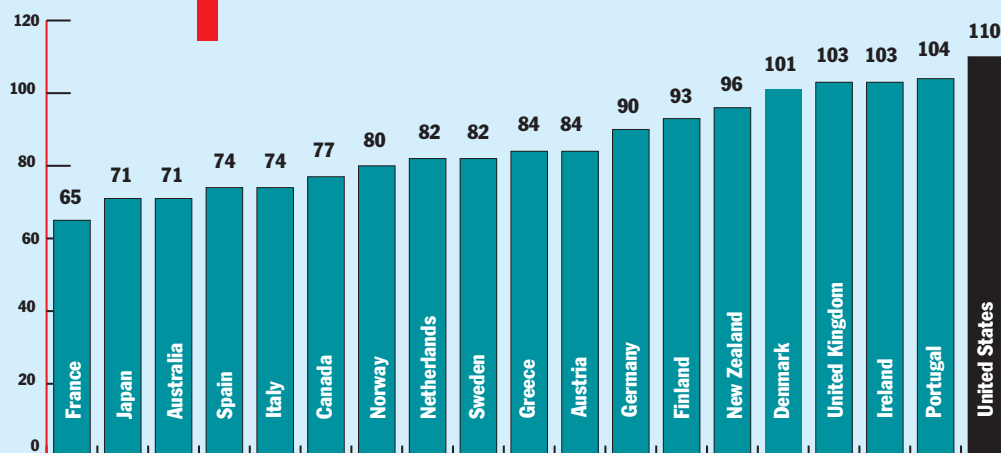
nations between the two study periods—1997-98 and 2002-03—the rate improved only slightly in the U.S. The study researchers estimated that if the U.S. had achieved either the average of all the other countries analyzed or the average of the three top-performing countries, 75,000 to 101,000 American deaths could have been averted.

Mortality Amenable to Health Care, 1997-98



Deaths per 100,000 population*

Mortality Amenable to Health Care, 2002-03



Deaths per 100,000 population*

* Countries age-standardized death rates, ages 0-74; includes ischemic heart disease.

Data: World Health Organization (WHO) mortality files.

Source: Adapted from E. Nolte and C. M. McKee, "Measuring the Health of Nations: Updating an Earlier Analysis," *Health Affairs*, Jan/Feb 2008 27 (1):58-71.

■ Another Commonwealth Fund study published in May 2007 compared the U.S. with five other industrialized nations on key dimensions of health system performance: quality, access, efficiency, equity, and healthy lives. Across the board, the U.S. health care system ranked last or next to last. The U.S. is the only one of these countries without universal health insurance coverage, partly accounting for its poor performance.

■ Specific examples from the six-country study showed that, in addition to having the highest rate of preventable deaths, the U.S. had the highest rate of infant mortality and tied with New Zealand and the United Kingdom for the lowest average healthy life expectancy. And although the U.S. system is renowned for its state-of-the-art care, it lags behind other countries in the adoption of information technology that could improve the quality and efficiency of health care. In addition, the U.S. does a poor job of coordinating care for patients with chronic illnesses, a growing population.

HOW DOES THE U.S. COMPARE WITH OTHER COUNTRIES ON SPENDING FOR HEALTH CARE?

The U.S. spends more per capita on health care than any other country in the world—more than double the average among Organization for Economic Cooperation and Development (OECD) industrialized nations. In 2006, total U.S. health spending surpassed \$2 trillion, or \$7,026 per person, according to a government report published in the journal *Health Affairs*. The percentage of gross national product devoted to health care in the U.S., 16% in 2006, far exceeds that of other nations. According to the Centers for Medicare and Medicaid Services, total U.S. health care spending will rise to 20% of the gross domestic product by 2016 unless health reforms are enacted.

TO WHAT EXTENT DOES HEALTH SYSTEM PERFORMANCE VARY ACROSS THE U.S.?

Health system performance varies dramatically within the U.S. The Commission's 2007 State Scorecard on Health System Performance found substantial state-by-state variation on 32 measures of performance in five broad dimensions: access to care, quality of care, avoidable hospital use and costs, equity, and healthy lives. States in the Northeast and upper Midwest rank high on many of these measures; states with the lowest rankings tend to be concentrated in the South. For example, the Commission found a twofold difference across states in the rates of avoidable deaths. If all states reduced their rates of avoidable death to that of the highest performing state (Minnesota, with 70.2 deaths per 100,000), we could prevent an estimated 90,000 premature deaths each year.

The U.S. spends more per capita on health care than any other country in the world—more than double the average among Organization for Economic Cooperation and Development (OECD) industrialized nations.

Six Nation Summary Ranks on Health System Performance

	AUS	CAN	GER	NZ	UK	US
Overall Ranking	3.5	5	2	3.5	1	6
Quality Care	4	6	2.5	2.5	1	5
Right Care	5	6	3	4	2	1
Safe Care	4	5	1	3	2	6
Coordinated Care	3	6	4	2	1	5
Patient-Centered Care	3	6	2	1	4	5
Access	3	5	1	2	4	6
Efficiency	4	5	3	2	1	6
Equity	2	5	4	3	1	6
Healthy Lives	1	3	2	4.5	4.5	6

Note: 1=highest ranking, 6=lowest ranking.

* Health expenditures per capita figures are adjusted for differences in cost of living. Source: OECD, 2004

Health expenditures data are from 2004 except Australia and Germany (2003).

Source: Calculated by The Commonwealth Fund based on the Commonwealth Fund 2004 International Health Policy Survey, the Commonwealth Fund 2005 International Health Policy Survey of Sicker Adults, the 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians, and the Commonwealth Fund Commission on a High Performance Health System National Scorecard.

WHY DOES THE U.S. HEALTH SYSTEM FAIL TO PROMOTE HIGH PERFORMANCE?

■ *Access to care is unequal.* Adequate health insurance coverage is the most important determinant of access to health care. Some 47 million Americans are uninsured and an estimated 16 million are underinsured—making it difficult if not impossible for them to get the care they need when they need it.

■ *Poor access to care is linked to poor quality.* People who lack health insurance are much less likely to have a regular doctor and to get needed care. They also are less likely to receive timely preventive and screening services and to receive proper care management for chronic conditions. The uninsured generally have poorer health and live shorter lives than people with health insurance.

Health Spending in Organization for Economic Cooperation and Development (OECD) Countries, 2004

Country	Health spending per capita		Total health spending (% GDP)	Spending per capita, by component (U.S. \$PPP)			
	Total health spending (U.S. \$PPP)	Average real annual growth, 1994-2004 (%)		Inpatient	Outpatient	Prevention, public health	Other misc. services
Australia	3,120	4.4	9.6	1,198	950	46	926
Austria	3,124	4.2	9.6	1,302	727	63	1,032
Belgium	3,044a	4.1b	10.1a	–c	–c	40a	3,004a
Canada	3,165	2.8	9.9	914	792	185	1,274
Czech Rep.	1,361	3.3	7.3	427d	336d	27	–e
Denmark	2,881	2.3	8.9	868	734	15	1,264
Finland	2,235	3.1	7.5	777	770	87	601
France	3,159	3.2	10.5	1,069	670	90	1,330
Germany	3,043	2.1	10.6	1,061	700	100	1,182
Greece	2,162	3.6	10.0	–c	–c	–c	–c
Hungary	1,276	3.8	8.0	323d	252d	54d	–e
Iceland	3,331	4.9	10.2	1,804	767	40	700
Ireland	2,596	6.9	7.1	–c	–c	–c	–c
Italy	2,467	3.0	8.7	1,088	719	15	645
Japan	2,249a	2.3b	8.0a	879a	704a	50a	616a
Korea	1,149	6.8	5.6	264	421	21	443
Luxembourg	5,089	7.7	8.0	1,686	1,281	63	2,059
Mexico	662	2.1	6.5	225	198	18	221
Netherlands	3,041	3.3	9.2	1,043d	604d	148	–e
New Zealand	2,083	3.8	8.4	–c	–c	–c	–c
Norway	3,966	4.6	9.7	1,623	721	75	1,547
Poland	805	6.1	6.5	226	165	14	400
Portugal	1,824	5.2	10.1	410	562	36	816
Slovak Rep.	777a	–c	5.9a	236a	119a	13a	409a
Spain	2,094	3.8	8.1	543	697	29	825
Sweden	2,825	3.8	9.1	885	1,381	–c	559
Switzerland	4,077	2.9	11.6	1,941	1,116	89	931
Turkey	580	10.4	7.7	–c	–c	–c	–c
U.K.	2,508	4.1	8.1	–c	–c	–c	–c
U.S.	6,102	3.7	15.3	1,636	2,668	224	1,574
OECD median	2,552	3.8	8.8	900	712	48	876

SOURCE: G. F. Anderson, B. K. Frogner, and U. E. Reinhardt, "Health Spending in OECD Countries in 2004: An Update," *Health Affairs*, Sept./Oct. 2007 1481-89. DATA: Organization for Economic Cooperation and Development, *OECD Health Data 2006* (Paris: OECD, 2006).

NOTES: Average real annual growth calculated by authors using national currency units at 2000 gross domestic product (GDP) price level. Average annual growth rates are calculated using national currency units. Outpatient services spending includes physician, dental, and ancillary services. Inpatient services spending includes long-term nursing care and curative and rehabilitative care. "Other misc. services" includes personal health care, day care, home care, pharmaceuticals and other medical nondurables, therapeutic and other medical nondurables, and health administration and insurance. PPP is purchasing power parity.

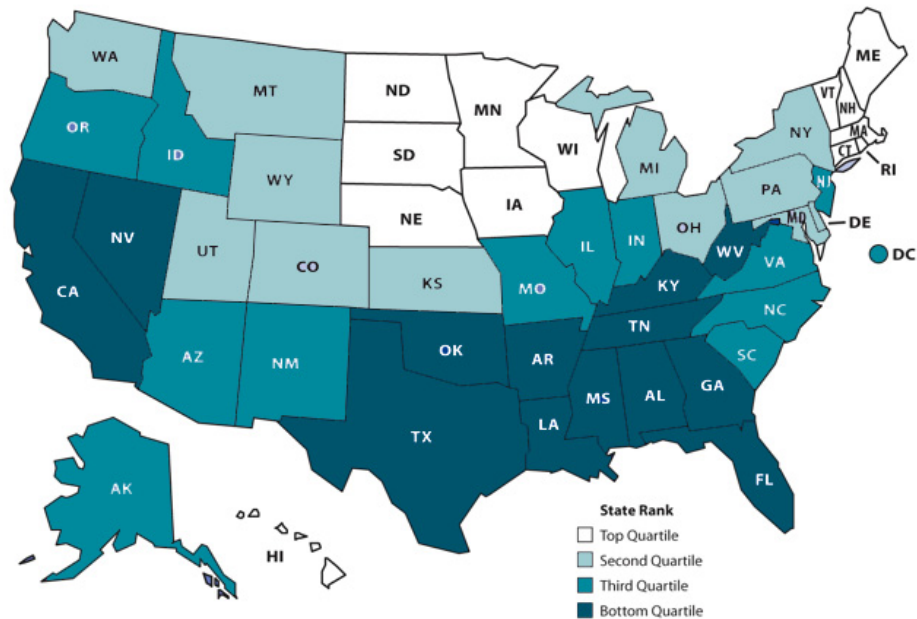
a 2003.

b 1994-2003.

c Data not available for 2002, 2003, or 2004.

d 2002.

State Ranking on Overall Health System Performance



Source: Commonwealth Fund State Scorecard on Health System Performance, 2007

■ *Care is inefficient.* Both the care delivery and health insurance systems in the U.S. are highly fragmented. That fragmentation does not support provision of efficient, coordinated care across the continuum of a person's life—just the opposite, in fact.

■ *Payment mechanisms do not support high performance.* The way we pay for health care in the U.S.—for quantity of care, not quality or results—offers few if any incentives to do better.

■ *Accountable leadership is lacking.* National leadership and collaboration among government and private sector leaders are needed to set and achieve goals for a high performance health system. One option to explore is a national process for developing goals for health system performance, specific priorities and targets for improvement, a system for monitoring and reporting on performance, and recommended practices and policies to achieve those targets.

WHAT EFFECTS ARE THE SYSTEM'S FAILURES HAVING ON AMERICANS?

■ Millions of Americans cannot get the care they need when they need it because they lack adequate health insurance coverage.

■ According to a 2005 Commonwealth Fund survey, compared to people in five other industrialized countries

Denied easy access to care, many people have poorer health, are less productive than they could be, and are living shorter lives.

that have universal coverage, Americans are more likely (51% vs. 13%-38%) to not fill a prescription; skip recommended medical tests, treatment, or follow-up care; or to have forgone a visit to a doctor or clinic in the past two years despite having a medical problem, because of cost.

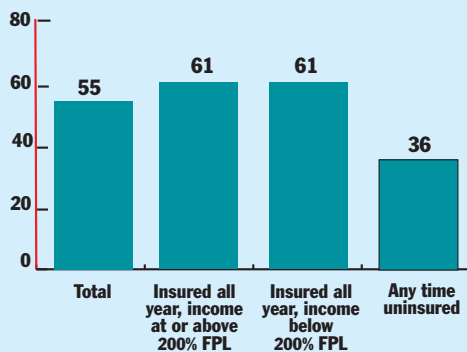
■ Denied easy access to needed care, many people have poorer health, are less productive than they could be, and are living shorter lives. Findings from a recent study in the *Journal of the American Medical Association (JAMA)* underscore the impact of access to health care coverage on health. Near-elderly adults who were previously uninsured reported significant improvements in their health after obtaining Medicare coverage. These improvements were most pronounced among people with cardiovascular disease or diabetes.

■ Because quality of care is variable and at times unreliable, people don't always get good care or achieve good outcomes. The Commission's 2007 State Scorecard on Health System Performance found wide

differences among states. For example, the rate of children admitted to a hospital for asthma ranges from 55 per 100,000 in Vermont to 314 per 100,000 in South Carolina. The share of diabetics receiving basic preventive care varies from 65% in Hawaii to 29% in Mississippi.

Uninsured Are Less Likely to Report Always Getting the Care They Need When They Need It; Low-Income Adults, When Insured, Are as Satisfied as Higher-Income Adults

Percent of adults ages 18-64 reporting always getting care when they need it



*Compared with insured with income at/above 200% poverty, differences are statistically significant.
Source: Commonwealth Fund 2006 Health Care Quality Survey.

If all states could achieve top performance, the entire nation would gain the following benefits:

- Twenty-two million additional adults and children would be insured.
- Nearly 9 million additional adults and 4 million diabetics would receive recommended care.
- Some 750,000 children would be immunized.
- Twenty-two million adults and 10 million children would receive quality primary care.
- There would be more than 1 million fewer Medicare hospital admissions and readmissions per year (for a savings of more than \$7 billion per year).
- Medicare would save \$2.5 billion annually if high-cost states came down to the average.
- An estimated 90,000 premature deaths would be prevented.

Confronted with mounting medical bills and debt, many Americans are forced to make trade-offs between medical care and other necessities.

Confronted with mounting medical bills and debt, many Americans are forced to make trade-offs between medical care and other necessities. In one Commonwealth Fund survey, 40% of uninsured adults with medical bill problems were unable to pay for basic necessities like food, heat, or rent, and nearly 50% had used all their savings to pay their bills.

People with insurance coverage are also feeling squeezed. High out-of-pocket medical costs are eroding retirement savings. The Employee Benefit Research Institute found that the share of insured adults who said they'd reduced their retirement contributions because of higher health care spending climbed from 26% in 2005 to 36% in 2006. More than half (53%) reported that they had cut back on contributions to other savings accounts, up from 45% in 2005.

Many of these negative effects fall disproportionately on people in racial and ethnic minority groups, who are more likely to be uninsured than whites. For example, African Americans and Hispanics are more likely to lack a regular health care provider or source of health care—a deficiency that carries significant health implications. Hispanics and Asian Americans are less likely to report always getting medical care when they need it. They also tend to get less chronic care management.

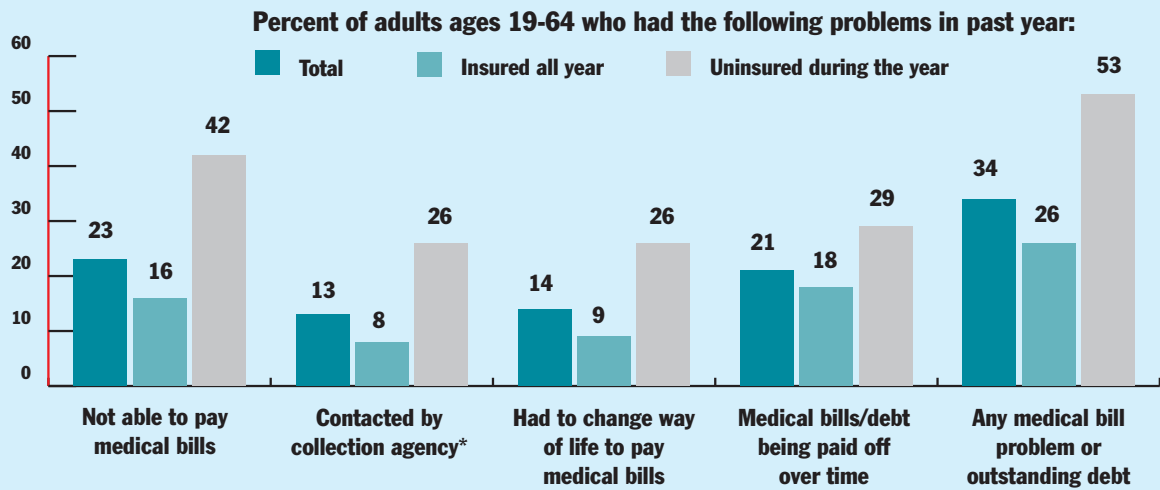
HOW CAN HEALTH SYSTEM PERFORMANCE BE IMPROVED?

The Commonwealth Fund Commission on a High Performance Health System believes that expanding access to health insurance coverage is the single most important step to improving health system performance. In addition, findings from *The Commonwealth Fund 2006 Health Care Quality Survey* indicate that having a primary care doctor who provides timely, well-organized care, as well as off-hours access, can help ensure that society's most vulnerable members get the care they need when they need it. This concept of a regular source of care is often referred to as a "medical home."

Medical homes are particularly good at providing chronic disease care and preventive services, which can help manage or prevent cost medical problems. Other strategies identified by the Commonwealth Fund Commission on a High Performance Health System include:

- Aligning incentives to reward high-quality care
- Organizing the health system to achieve accountable, coordinated care
- Investing in public reporting, evidence-based medicine, and the information technology and infrastructure needed to deliver the best care
- Exploring creation of a national process for improving health system performance

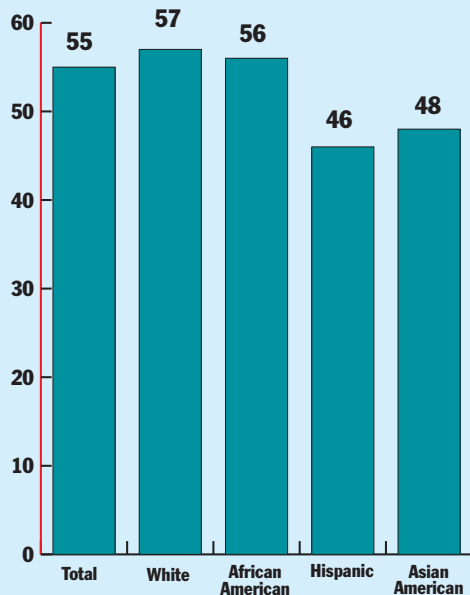
Many Americans Have Problems Paying Medical Bills or Are Paying Off Medical Debt



*Includes only those individuals who had a bill sent to a collection agency when they were unable to pay it.
Source: The Commonwealth Fund Biennial Health Insurance Survey (2005).

Hispanics and Asian Americans Are Less Likely to Report Always Getting Medical Care When Needed

Percent of adults ages 18-64 reporting always getting care when they need it



*Compared with whites, differences remain statistically significant after adjusting for income.
Source: Commonwealth Fund 2006 Health Care Quality Survey

One-Quarter of Adults with Medical Bill Burdens and Debt Were Unable to Pay for Basic Necessities

Percent of adults ages 19-64 with medical bill problems or accrued medical debt:

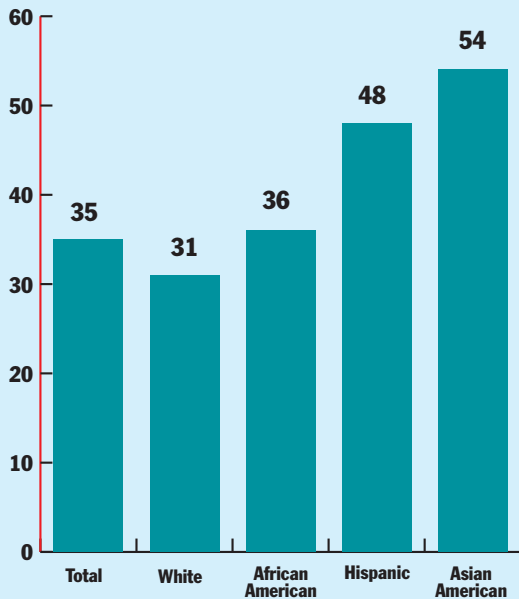
Percent of adults reporting	Total	Insured all year	Insured now, time uninsured during year	Uninsured now
Unable to pay for basic necessities (food, heat, or rent) because of medical bills	26	19	28	40
Used up all of savings	39	33	42	49
Took out a mortgage against your home or took out a loan	11	10	12	11
Took on credit card debt	26	27	31	23

Source: The Commonwealth Fund Biennial Health Insurance Survey (2005).

40% of uninsured adults with medical bill problems were unable to pay for basic necessities like food, heat, or rent.

About Half or More of Hispanics and Asian Americans with Chronic Conditions Were Not Given Plans to Manage Their Condition at Home

Percent of adults ages 18-64 with any chronic condition who were *not* given a plan from a doctor or nurse to manage their condition at home



*Compared with whites, differences remain statistically significant after adjusting for income.
Source: Commonwealth Fund 2006 Health Care Quality Survey

WHAT HEALTH REFORM PROPOSALS ARE THE PRESIDENTIAL CANDIDATES ADVANCING?

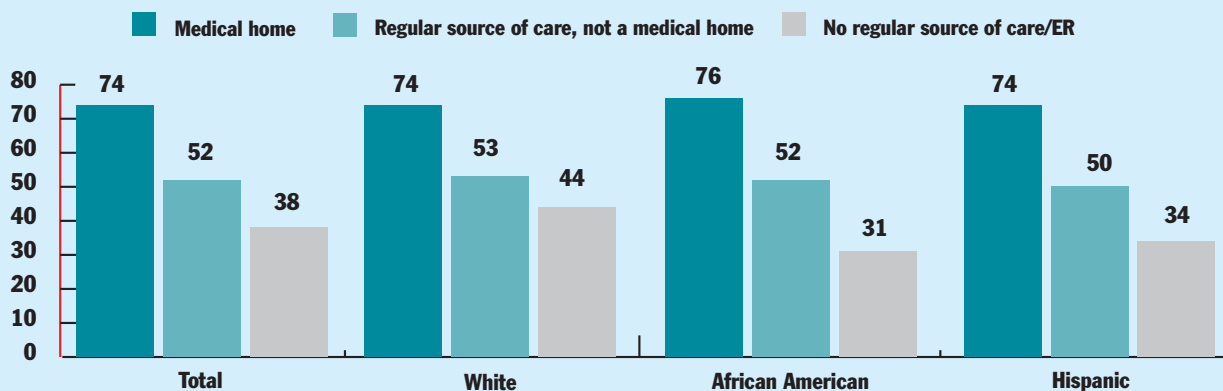
Leading Democratic and Republican candidates seek to expand health coverage through the private insurance market, but in different ways. Whereas leading Democratic candidates would require employers to continue participating in the health insurance system either by providing coverage directly or contributing to the cost of their employees' coverage, Republicans support changes in the tax code that likely would significantly reduce the role of employers in providing and financing health insurance.

A new Commonwealth Fund report, *Envisioning the Future: The 2008 Presidential Candidates' Health Care Reform Proposals*, identifies key differences in the proposals offered by the two parties:

- Only Democratic candidates support universal coverage as a goal.
- Republican plans rely almost exclusively on individual markets without consumer protections to require insurers to extend insurance coverage to people in poor health. In contrast, Democrats' plans would broadly pool risk to bring down costs and prevent insurers from denying coverage to people in poor health or who are older.
- Democratic proposals would retain and strengthen the employer role in providing health insurance or pay for part of employees' coverage. Republicans propose tax code changes to provide incentives for individuals to purchase insurance in the private market.

Racial and Ethnic Differences in Getting Needed Medical Care Are Eliminated When Adults Have Medical Homes

Percent of adults ages 18-64 reporting always getting care they need when they need it



Note: Medical home includes having a regular provider of care, reporting no difficulty contacting provider by phone or getting advice and medical care on weekends or evenings, and always or often finding office visits well organized and running on time.
Source: Commonwealth Fund 2006 Health Care Quality Survey.

■ None of the Republican candidates would require people to carry health insurance, while the Democratic proposals would require some or all Americans to eventually have coverage.

■ To date, none of the Republican plans has identified financing sources for their proposed reforms. Several of the Democratic plans would roll back or let expire the tax cuts of the past few years for high-income households, in addition to using employer and individual contributions to premiums. However, these plans are not sufficiently detailed to determine whether they would provide adequate financing.

WHAT ARE THE PUBLIC'S VIEWS ON HEALTH REFORM?

New survey data from The Commonwealth Fund indicate that 81% of Americans favor keeping some form of employer-sponsored health insurance, in order to help extend health insurance coverage to all. The survey report, *The Public's Views on Health Care Reform in the 2008 Presidential Election*, also finds that:

■ A wide majority of Democratic (67%), Republican (66%), and Independent (70%) voters believe that health insurance costs should be shared by individuals, employers, and the government.

■ A majority of the public is strongly or somewhat in favor of requiring everyone to have health insurance coverage—with government help for those who cannot support it. 68% of Americans favor such a proposal, including 80% of Democrats, 52% of Republicans, and 68% of Independents.

WHAT ARE THE VIEWS OF HEALTH CARE LEADERS ON HEALTH REFORM?

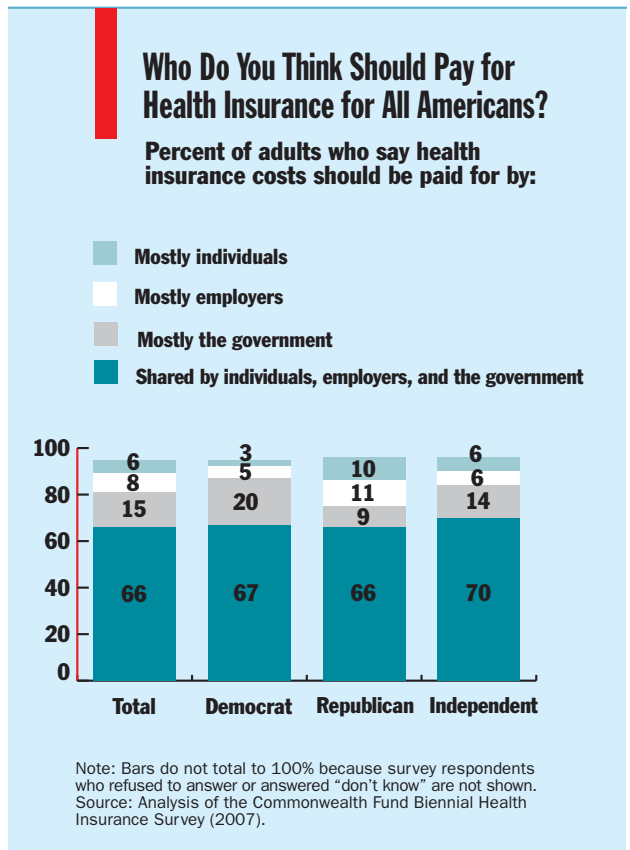
Seventy percent of health care leaders surveyed by The Commonwealth Fund said that the next President should pursue universal health care coverage at the same time as policies to improve health care quality, efficiency, and costs. Respondents to the *Health Care Opinion Leaders Survey* include experts from academia and research organizations; health care delivery; business, insurance, and other health industry; and government and advocacy groups.

Generally, these opinion leaders favored a mixed private-public group insurance model for reform over tax incentives aimed at the individual insurance market. Three in five of those surveyed felt that a mixed private-public group insurance model would be an effective way to achieve universal coverage, while only 40% felt that tax incentives would be an effective approach. When asked about controlling health care costs, 64% of survey respondents said that tax incentives would not be effective, but

55% said that a mixed private-public group insurance system would be somewhat to very effective.

Health care leaders also expressed support for the following features of the presidential candidates' reform proposals:

■ Implement market regulations to help secure insurance for people who are sicker (86%)



■ Mandate health insurance with subsidies for low- and moderate-income people (83%)

■ Expand the federal-state Medicaid and SCHIP programs to include adults at poverty level or above (79%)

■ Require employers to contribute to health insurance coverage, by contributing to their workers' premiums or to a broader community or state pool (71%)

■ Include a public plan option like Medicare to help extend health insurance coverage (69%)

Survey respondents also expressed strong support for:

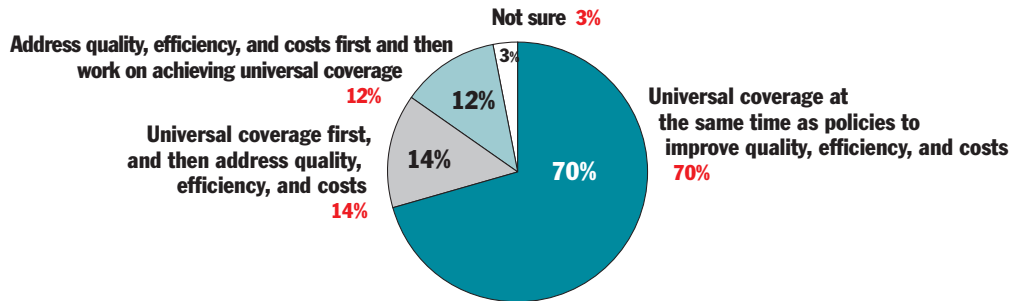
■ Expanding the use of information technology to improve health care quality (70%)

■ Allowing public plans like Medicare to compete with private insurance plans (65%)

■ Permitting Medicare to negotiate prescription drug prices as way to reduce the growth in health care costs (65%)

Seven in Ten Health Care Opinion Leaders Think the Next President Should Pursue Universal Coverage at the Same Time as Improving Quality, Efficiency, and Cost Control

“Most candidates’ plans also include provisions that would improve quality, efficiency, and cost control as well as increase coverage. In your view, which of the following provisions should the next president focus on?”



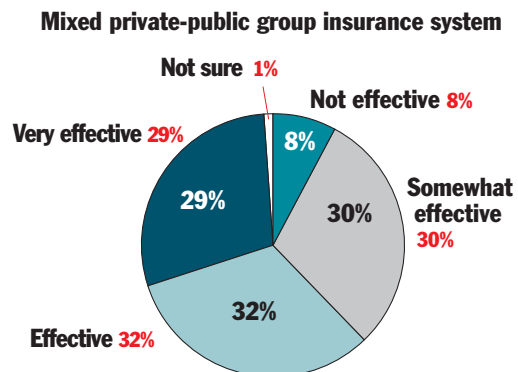
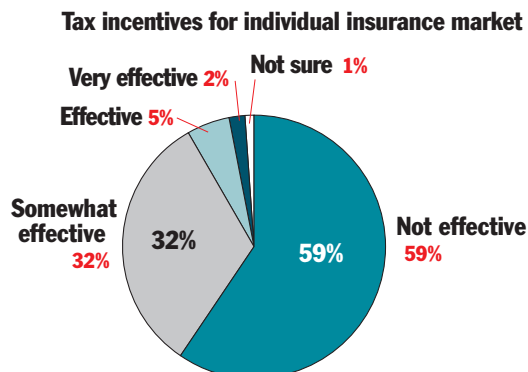
Source: Commonwealth Fund Health Care Opinion Leaders Survey, January 2008.

HOW CAN HEALTH REFORM HELP REDUCE NATIONAL HEALTH SPENDING?

In *Bending the Curve: Options for Achieving Savings and Improving Value in U.S. Health Spending*, the Commission on a High Performance Health System examined a set of federal policy options with the potential to lower national health spending:

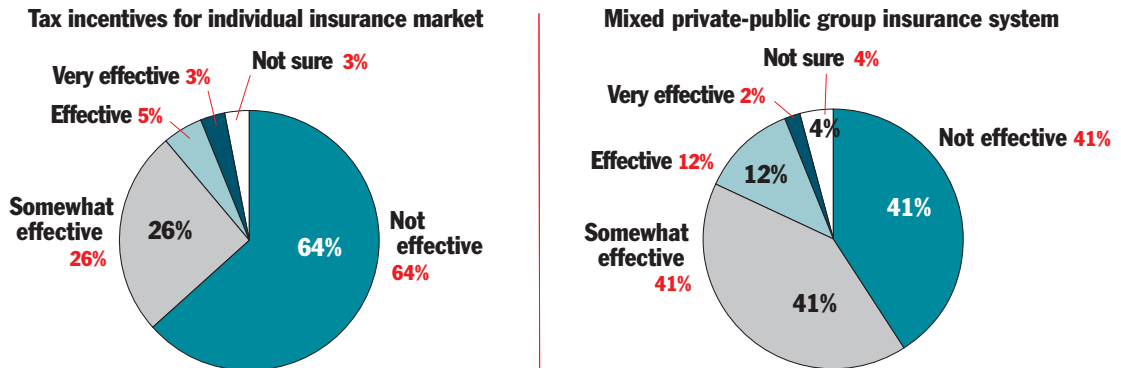
- Promoting adoption of health information technology in hospitals and doctors' offices
- Establishing a Center for Medical Effectiveness and Health Care Decision-Making
- Supporting patient shared decision-making
- Reducing tobacco use
- Reducing obesity
- Creating positive incentives for healthy behavior
- Paying hospitals based on their results, not services provided
- Paying fixed amounts for episodes of care, instead of for individual services
- Strengthening primary care and care coordination
- Limiting federal tax deductions for employer contributions to workers' health insurance premiums
- Recalibrating payments to Medicare managed care plans, known as Medicare Advantage plans, and allowing Medicare to use competitive bidding and negotiate prescription drug prices
- Requiring all payers to adopt Medicare payment rates and methods for hospitals and physicians

Three in Five Opinion Leaders Feel that Mixed Private-Public Group Insurance Is an Effective Approach to Achieving Universal Health Coverage



Source: Commonwealth Fund Health Care Opinion Leaders Survey, January 2008.

Two-Thirds of Opinion Leaders Feel that Tax Incentives Are Not an Effective Approach to Controlling Health Care Costs



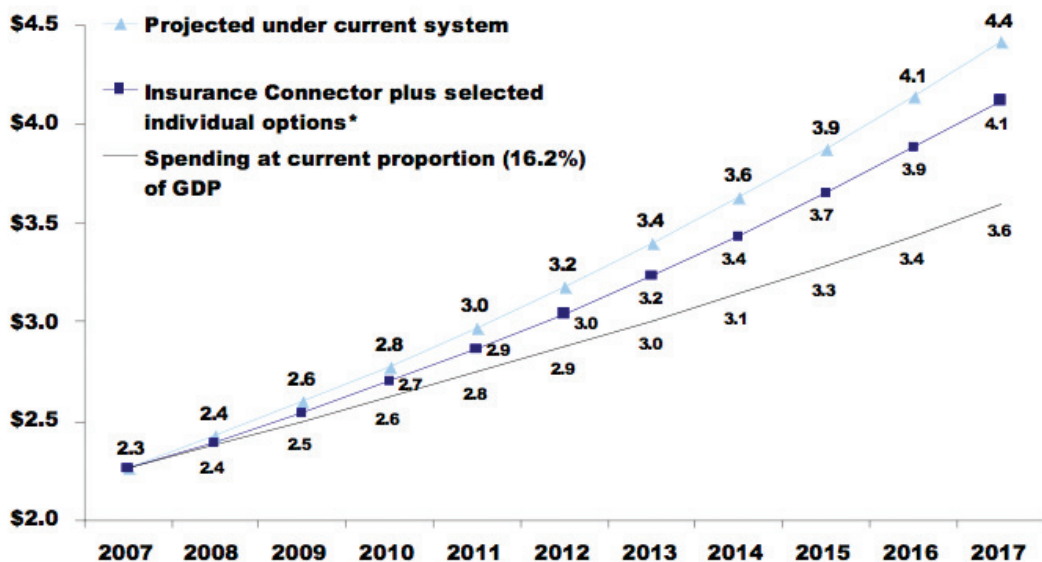
Source: Commonwealth Fund Health Care Opinion Leaders Survey, January 2008.

The Commission concluded that combining universal health coverage with policies focused on better health information, public health, improved incentives, and realigned pricing mechanisms could lower national health expenditures by 1% initially and 6% after a decade, compared with baseline projections. That would amount to savings of \$1.5 trillion over 10 years.

Policymakers have an array of options to explore, with a wealth of research and evidence-based analysis to inform their decisions.

Total National Health Expenditures, 2008-2017 Projected and Various Scenarios

Dollars in trillions



* Selected individual options include improved information, payment reform, and public health. Data based on projected expenditures absent policy change and Lewin estimates. Source: C. Schoen, S. Guterman, A. Shih, J. Lau, S. Kasimow, A. Gauthier, and K. Davis, *Bending the Curve: Options for Achieving Savings and Improving Value in U.S. Health Spending* (New York: Commonwealth Fund Commission on a High Performance Health System, Dec. 2007).

Sources

The following Commonwealth Fund reports are available by clicking the titles.

[Health Care Opinion Leaders' Views on the Presidential Candidates' Health Reform Plans \(January 2008\)](#)

[The Public's Views on Health Care Reform in the 2008 Presidential Election \(January 2008\)](#)

[Measuring the Health of Nations: Updating an Earlier Analysis \(January 2008\)](#)

[Envisioning the Future: The 2008 Presidential Candidates' Health Reform Proposals \(January 2008\)](#)

[Bending the Curve: Options for Achieving Savings and Improving Value in U.S. Health Spending \(December 2007\)](#)

[A High Performance Health System for the United States: An Ambitious Agenda for the Next President \(November 2007\)](#)

[A Roadmap to Health Insurance for All: Principles for Reform \(October 2007\)](#)

[Aiming Higher: Results from a State Scorecard on Health System Performance \(June 2007\)](#)

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CONCLUSION

No matter who wins the White House, health reform will be a pressing domestic policy issue. Despite pockets of excellence and examples of health care innovation scattered across the country, research has shown that our health system does not consistently provide care that is timely, high-quality, and efficient. With more than 60 million Americans either uninsured or underinsured and grappling with how to pay for health care when their families need it, the public is demanding change. That demand for change may increase, depending on how the national economy fares over the coming months. At the same time, with annual national health spending in 2006 exceeding \$2 trillion for the first time, policymakers will be pressed for effective solutions to rein in health care costs.

The good news is that policymakers have an array of options to explore, with a wealth of research and evidence-based analysis to inform their decisions. We expect the debate on health reform to play a prominent role in national policy discussions far beyond the 2008 elections. We hope that this debate will result in policy decisions and actions that improve our nation's health system. ■

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