

# Programme OPERA – ENTRETIENS

## Entretien – santé n°14

Pour citer cet entretien : Lepont, Ulrike, Entretien santé n°14, Programme OPERA (*Operationalizing Programmatic Elite Research in America*), dirigé par W. Genieys (ANR-08-BLAN-0032) (*insérer hyperlien*).

**November 14, 2011**

**Interviewer: I am working on prominent health policy experts. I did a database to pick out these prominent health policy experts and he was on the list. So I tried to reach him and he answered to me!**

**So I was interested in meeting with you to understand if staffs in Congress have contacts with experts, what kind of relationships and in general where they get their ideas.**

**How did you know Jack Mayer?**

Responder: I also did a PhD in health policy. So I am sensitive to research and experts' knowledge and how to use research in policy. On the Hill, we relied mostly on published literature and reports. We were concerned by research results that showed that quality is not great in many places, Medicare recipient don't have good access to care in many cases, OECD and Commonwealth Funds reports that showed that compared to other countries our system isn't efficient, that cost is a problem. We looked at New America report that showed the cost shifting; we also looked at reports showing that our global position and competitiveness in the world is affected by the cost of health care.

Then, it was important to build the case that we needed health care reform. So we looked at the Massachusetts reform and any literature on how the program was implemented, what worked well, bad, etc...

And in terms of delivery system, we sought any idea, even not published. We talked to people in Brookings, Dartmouth, the CWF, etc to find ideas on new ways of paying physicians and hospitals.

**What journals did you mostly read?**

*Health Affairs, New England Journal of Medicine, JAMA, Reports of the CMF and Kaiser Family Foundation.*

**Did you also have direct contacts with individual experts?**

Yes. We called them directly if we saw an article that interested us, wanted more details, if we didn't understand everything.

The experts we were in touch with were Jonathan Gruber, David Cutler, Berwick before he came to the CMS, Mark McClellan, Trucia Neuman at Kaiser... hum; Jonathan Gruber, I told you?

**What kind of job did they do for you? More on the general ideas, on the details?**

Both. In the case of John Gruber, he developed a model that we used it a lot; so we were very often in contact. In the case of Gary Claxton and John Bertko (then at the HHS), it was on how the insurance for individuals answers.

**How would you describe the process of writing a bill or a White paper for a staffer in Congress?**

First, we decided to publish a White Paper. For that we first invited many experts to a meeting with the stakeholders. During this process, we kept talking to Republicans and we also should talk to other members of the committees who were not very committed and enthusiastic with the reform. So in this process, the most important is always to pay attention to a lot of positions and how not to get in troubles with them. It is really understanding where people are.

So we did this big summit in July 2008 at the Library of Congress and we invited researchers to come to us. Then we wrote the White Paper and we worked a lot to make sure that the new President had health care on his priorities.

Then we wrote a report developing all the options for reforms, which we split into 3 areas: coverage, cost. You can look at it on the Committee' website<sup>1</sup>. So we did three papers on this three subjects.

Actually, the most important factor in writing legislation is the CBO, which assesses the bill. We worked with them on modeling and scores of different aspects of the health reform.

Then we talk with the agencies to know if the idea can be implemented. We have to talk to CMS a lot. Especially because the CBO will talk to CMS!

So it's really operating the ideas, where experts are really not good. Some are better than others. But in general there are not good.

**Do you try to convince CBO?**

Yes we try! You should talk to Phil Ellis, who is now at United Health Care.

**Then during the legislation process, are outside experts still useful?**

Yes and no. Experts don't like very much compromising. In the amendment process, most issues are very political. For instance, among Democrats, the questions were on the level of subsidies or penalties. Liberals wanted higher subsidies and lower penalties and conservative the contrary. That's only political! Republicans focused on how many jobs the bill would kill and again that has nothing to do with experts!

---

<sup>1</sup> Not found. In *Senate Report*, Oct. 2009: I-HEALTH CARE COVERAGE, II-PROMOTING DISEASE PREVENTION AND WELLNESS, III-IMPROVING THE QUALITY AND EFFICIENCY OF HEALTH CARE, IV-TRANSPARENCY AND PROGRAM INTEGRITY, V-FRAUD, WASTE, AND ABUSE, VI-REVENUE PROVISIONS

(Sherry Glied wasn't / Gin Lenberg )

**Do you also consult career civil servants?**

Yes. People in CMS can be career people. Many are in Treasury and ARS. It depends on the kind of advice we need. For advice on operation, career people are very useful. For instance on the flow of payment, the time it needs, things like that. For question with a political angle, we ask political people, who have an opinion. In the Department these people have an expertise but also an opinion on what must be the policy solutions.

**What did you think about the public option?**

We wanted to include it. We thought it was good at driving costs. And it was part of the campaign platform. It was in all the Democratic proposals. You can't ignore an idea like that! But there was not a lot of work on this area. It was all theoretical but there was no experimentation.

**Did you have contacts with Jacob Hacker?**

We talked to him.

**What happened to the idea...?**

It did not get the votes in the Committee. The proposal failed. So...

**Did you talk with Len Nichols on this question?**

A lot of time. He is a friend. I talked to him on various questions. The one we consulted most I think was Gruber because of his modeling. We were talking to him all the time. With Claxton too on his modeling on premium impact. Then it's less academic and it's making the number work.

**Don't you think that experts also integrate political constraints?**

No, they don't. We take their ideas but then we cope with the political context.

**Do you work a lot with stakeholders?**

We need to know all the time where the industry is. The Finance Committee cut deal with individual groups. For payment reform, research is important but also many other aspects.

**What about the tax cap?**

The idea was on the table for a very long time. For decades economists think that you need to cut too generous plan and make consumers responsible. CBO estimated that it would save 300 millions but liberals were asking for capital tax on very high outcomes. It was controversial. We found the compromise that if it doesn't work it will be automatically replaced by tax on higher outcomes.

**Now, at the White House, what are your relationships with outside experts?**

The policy development is very different from the legislative development. We have much more close door. You can't be open to outside. You get their opinion but you don't tell them what you are thinking. We are working a lot with the Labor Department, Treasury, HHS, White House. We meet all the time with them. The White House doesn't tell the Congress. We have to be very careful on how information is spread.

() More details now.

Center for Health Benefits: Massa; FEHB; then the secretary hands; decided what category get what.

We asked the IOM to write a report. Advocacy groups also gave their opinion and business group were asked to tell what they cover.

**Who would you advice me to meet in Congress?**

Sybel / Bgork (W&M) / Mark Hayes (now a lobbyist) / Kate Lenon (still works on the Hill for H. Reid) / Wendol Proimes (still works on the Hill for Nancy Pelosi)