

Programme OPERA – ENTRETIENS

Entretien – santé n°29

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Interviewer: Why did you choose to leave the university and to go to the CBO ? When was it ?

Responder: It was in 1980 or 81, I do not remember. I had a position at the university and I could have stay there. I had ten years in the university and I had a preminent job. But my interest was really much in research and policy and I was in very traditional academics department that was not very interested in policy. So, it would have been more difficult for me to do what I was interested in there. My husband and I decided to come back here. He found a job a the university of Maryland and I found a job at CBO. I pretty much wanted to come to Washington but I would have come potentially other places as well but really wanted to do research.

Did you know what you wanted to do in the policy process?

A little bit. When I was in the college and worked in Washington in the summers, in the Congress, I really much liked issues around congressional and legal legislation. I did not want to work for one senator or representative in particular. I wanted to work for one of the institutions that were doing research for them, which was the CBO at that time. I went to the part of th CBO that focused on research and not only on cost estimates; because CBO does some of that too. I wanted to do longer term policy studies. I did not want to be a political person particularly but I was very interested in improving the quality of the policy and legislation and seeing done in a more reasonable fashion. It would be nice to have goo information to help people to make decision. It has always been my view. And trying to improving the policymaking process in that way. Improving people knowledge about the impact of various legislations.

When did you specialize in the health sector?

When I first went to CBO, I worked both for social security and health. But there were more people in CBO working on social security; so I focused on health, and Medicare in particular, and to some extend on Medicaid. So, CBO was the first place where I worked on health policy, although when I wrote my PhD dissertation, I also worked a little bit on health care and I was interested in it.

After CBO, you went to...

I went to the Urban Institute. It was at the very end of 1983.

Why did you leave the CBO?

I think that there are two reasons. One is that we were doing always the same analyses again and again. The issues were not changing a lot. I thought it would be an opportunity to change a little bit. The other is that someone went to me and offered me a good job. I was actually not looking for a job at this point. I was starting to think of finding another job.

What was a “very good job”?

When I was first leaving graduate school, I had interviews at the Urban Institute, because it was a very good institute for research. The people there were very good. I liked them and knew them. So from the start point, it was a very good opportunity and I knew that it was going to be something that would be better than the CBO over time. I would be able to do more over time. The timing was accidental but it was a place where I wanted to go for a long time anyway.

How would you characterize the research done by the CBO and the research done by the Urban Institute?

In many ways there are similar because in both places you do research on issues that someone else has decided that it was important. In the case of CBO, it is people in Congress who ask questions because they want to understand some of the policy changes. At the Urban Institute, you have to get funding to do it. So you have to plan grants or contracts from the government. The difference was I could look not only at proposals but also at how current things were working. A lot of CBO's workers were looking at proposals for legislation and not at: how is this program working well, how it should change and so forth. So the Urban Institute gave me the opportunity to do broader analysis and different kinds of analysis. The Urban Institute was giving me more opportunities.

What kind of research were you doing in the eighties at the Urban Institute?

When I first came to the Urban Institute, I worked on – it was interesting – the distribution of incomes. Whether the policies of the Reagan administration were changing the distribution of income, making it less equal and giving more opportunities to people at the top of the income scale. That is the specific project that they offered to me because I had worked on similar issues before I went to CBO. After that, I worked more and more with the health group, so I moved into the health group. I was working on a number of things including how to reform payment policy, how to pay doctors and hospitals under Medicare for example.

Did you feel close to the policymaking process when you worked there?

Sometimes not so much, the first time when I worked at the Urban Institute. I still knew a lot of people from Capital Hill, from having worked there at CBO and that helped. I continued to try to be very active in keeping in touch with them. I was a little less closely related to the

policy process in part because I was working on things that the changes in the administration, the HEW, was not interested in it. But I still kept up a little bit.

In what way did your contacts at the CBO help you? To make your reports known for instance?

Yes. And also, when people know you, they trust you and ask you : do you understand how that works, what do you think about that, why did we do that; a lot was not formal. It was less about formal report but about talking with people about policy issues.

Do you think that you became closer and closer to policymakers?

I think that it staid the same at the point of time. But I was getting to know other people doing policy research around Washington better. I was keeping in touch with some policymakers but I was also talking more about policy issues with other researchers. It is a very small community. We know each other or we know of each other, about each other.

When did worked for AARP?

I went to AARP in 1986. So I changed jobs several times there quickly. In 1986, I went there to start their public policy institute. There have just established it and they did not have a director. I went there to be their director. The idea was to do policy research and for an organization that was trying to do policy changes. The goal was to do research to have an impact on policymakers but also to help people who were lobbying on Capitol Hill, to help them to have more and better information that they could argue. I spent a lot of my time there working internally with the lobbying folks. But also producing reports and things that would be available to policymakers.

Were you there during the process of the Catastrophic legislation?

Yes, I was.

Could you describe the atmosphere?

It was an interesting time because, when the legislation came up, most people did not expect that the Reagan administration would be pushing for those changes. People were very surprise and it took them time to get organized. What I found, and one of the reasons I was very disappointed at AARP, I did not think that the lobbying people who were supposed to have the most direct contacts with the policymakers did a very good job of pushing as much as they could. I think that they were active, less energetic that they should have been. In fact, several people that I knew, who worked for the Congress, came to me and asked: “Why does not AARP ask for this, and ask for that. We will give it if you ask. But you have to ask!” When I went to realized – and I think I am right about that - that these lobbyists were very different than many other lobbyists. They did not push very hard. They wanted to be friends with people on Capitol Hill. Ant not: what you will give us, this what we will tell to our people and that it what you can get. The pushing was not in the right direction. In the United States right now, probably one of the strongest lobbying groups, the National Reform Association (NRA), they go to Capitol Hill and say: “if you don’t give us this, we will give you bad publicity, we will in front of your office, we will be very mean to you”. That was not the way the lobbyists

worked at AARP. The way was much more: “let’s be friend, we like this, can you give us that; if you can’t it’s ok” I think that they were very weak. I found that very frustrating because they did not push for things that could otherwise have been done. As a consequence, they did not push very hard when repeal came around either, when the tax was made. They also said “ok, that’s ok”. So, my observation was that it was very hard to influence policy if you had to go through other people, as I had at the time: I was not supposed to go on my own talk to people. That was the job of the lobbyists and I did not think they were doing a good job. That is why I automatically left AARP. The interesting thing is that I think they were trying both to get the legislation passed; but they were not very good against repeal. They were very ambivalent about that. They did not manage to decide whether they should push hard to keep it or not. In part because there were a lot of pressure, a lot of discussion about if the legislation was good or not.

Yes. Because at the same time, many elderly people did not agree with this legislation...

Yeah. They did not agree mostly because they did not understand what it was. It was much better that they thought it was.

But for the wealthier elderly people...

Yes, the wealthier tax. Those people were very unhappy. And people who would have got the benefices did not realize how important they were because they did not use them all the time. That is the problem with the catastrophic benefit. The people who pay taxes know that they will pay tax and the other people say: “I will not get sick, I do not need that”. Or they do not understand how important it is if they get sick. I think that many people did not understand the legislation and AARP did not a good job in providing information. I think that a lot of mistakes were made by this organization at this point of time.

When you decided to leave the organization, did you decide to be influential by yourself?

I thought: here I am, brooking hard and these lobbyists are not paying attention to what I am saying, they were not very nice to my folks and I did not like it. And I had a boss who did not tell them: “you have to work with these people”. It was not a very good situation. It was a interesting experiment, which did not worked very well.

After that you came back to the Urban Institute...

Yes but before that I worked as an independent consultant and I worked for the Pepper Commission. They were working for a health care reform at the time.

Could you describe what your experiment in the Pepper Commission, what you did?

They were looking at many options and possibilities and I looked at some of the tax issues. What taxes they could increase to get the revenue to do things they wanted to do. I looked at the tax treatment. In the United States, we give tax benefit to people who get health insurance. Again, it was something I used to do when I taught. I was using a different part of my

education. That was interesting because I spent a lot of time with people there and talked about many issues. But specific role was on tax issues.

Who did you meet there?

I worked there with Judy Feder, whom I had already known. A good friend and colleague and I worked with her for many years. She was the person who brought me in. The other persons I worked with there: Chris Jennings was working there. He was very young and he is much more important now. So I met Chris Jennings and a lot of staff people. I also worked with – whom I have already known and I interacted more – Brian Bayles. He was not in the commission but he was on the Hill and he was involved in a lot of these things. I worked with a lot of the people of Rockefeller staff because he was the chair of this commission: Mary Anne DeParle, I have forgotten some of their names... Karen Pollitz was there at this point of time I think. And funny because Karen had been my research assistant when I was at CBO. So I said: “It’s my turn/a small town”. She is back working for the administration again. She just wanted to work on this new legislation last week.

How were the relations between the Commission and the rest of the Congress at this time?

There were some tensions, as there is always, because nobody wants to be controlled by anybody else. There were some tensions between Rockefeller, the senator, and Pete Stark, and Stark people staff. Brian Bayles worked for Pete Stark; so we had some conflicts there. In general, the staffs worked together until someone tells them: “no, you can’t share this information”. I got to know more different people than I have known before. One of them was Ed Howard who was deputy at the commission and who is now at the Alliance for Health Reform. That point of time, I was just beginning and I kept up some of my contacts to have more and more contacts on the hill, which was just nice to know more people. Again, informally, trying to help them in various things.

When you went for the second time to the Urban Institute, was your job different from the first time?

It was because when I came back I said, “I do not want to work only on things that you traditionally work on, payment policy and things for what you get some money from the government, but I also want to get money from foundations because I really want to work more on policy research. I really wanted to write a book on Medicare at this point of time. I said: “I will get money to write the book”. They actually gave me some money to write the book. I took part of my time to write the book there, which was nice. It was mostly with my own time but they gave me a little bit of their time. So I wrote this book and that was the first book I wrote on Medicare, when I came back. So I was able to do a lot more policy and work on more policy and talk with people about Medicare policy.

Did you have a plan at this time for Medicare?

At this time, there were a lot of things that I would have liked to see changed. When I wrote my revision of Medicare, now I am doing another revision of Medicare. I had some ideas that would improve some things. It does not get a lot of attention now because all the attention is focused on the [anger] people. But they need to improve the Medicare too. We need to make

the coverage as good as the coverage for the under 65; if not there will be problems over time. But yes, I have something that I gonna propose to change the Medicare program.

Could you explain me what are your propositions?

Medicare has always been a program where the benefits are not very generous. They are not as comprehensive as for instance the insurance I have by my company here. So most people buy extra policies, supplemental policies. I think that it would be nice to have Medicare offers its own expanded benefits.: not to have to buy extra coverage. It would make the system less complicated, easier for people to get coverage. It would also be more efficient and less expensive over time for the whole system. Not for the government, because the government would have to pay more, but in terms of the costs of health care. That is the main area I think should be changed. Another think that I think should change is to do partly what Medicare had done in the past and had been much more on the for front be much more out front in offering changed that reform the system. The payment system for hospitals changed a lot the health care in the United States for example. Medicare should be involved in experiment such as medical care at home, I believe, an expended role for primary care physicians. There should also trying things in helping customers in getting information and knowing what is going on. We should be more active in supporting people at the very end of their life: if thay want to go to the hospice, if they want to have alternative treatment that we are able. Those are some of things that should change. There are a lot of little things but these are some of the big ones.

How did you do to try to push these things at the beginning of the nineties?

What I did is : I had the opportunities to testify on Capital Hill and also kind of work behind the scenes which people who were interested in this kind of changes. Again talking informally with people who were policymakers, who were on the staff at the Congress, providing information for them when they asked, providing findings, getting information for them to help them making their arguments.

Who were your main contacts? Who were the people the most interested in?

I think that the main people were on the Ways and Mean Committee on the House. And the Finance Senate Committee on the Senate. Again, to some extend with Rockefeller people, more with Pete Stark people. Those are people who I traditionally know the best over the years.

The Urban Institute should normally be neutral. Was it a problem for you if you had personal views?

It was not usually a big problem because what I found is for the most part: I thought that, to have credibility, to be useful, I needed to have research that backed what I said. It is one thing to say “I think that it is a good idea. It is another thing to say “all the studies show that that worked, that does not work.” I have always tried to – even if I had strong personal views – make sure that they were backed up with good information. If they are not, I tend not to talk as much because I do not think I have the credibility. I am not a politician. But anyone who says that he is totally neutral is wrong because you work on things that we think are important, you question things that you think are wrong, you look for things to see how you

could make them more because they are important to do. I think that it is healthy, that it is fine, as long that you do not try to change the results or disrupt things. I actually was sad after George Bush became president after 2000. There were so much things about: “you are a democrat so you can’t be objective”. I do not think that is right. I will tell you what are the problems with Medicare. I know where are the problems with Medicare. I think that it is an important program and that it should be improved; but I will not change the findings. I change my view when I see that things do not work. It is like: “Why does not it work? Try to understand it more. Is it because it is very wrong? And I do not try to convince people to do that. But, since 2000, and even in the nineties I think, politics has become so mean and nasty in the United-States. It is very difficult to have good conversation. I still have good conversation with some of my research friend who are conservative. But it is interesting because in public they often [.;]. In public they won’t speak to you, but in private they will.

That is bad because to get good policy we always need to talk. And we are professionals, we are looking for the right answer, not for answers that fit the political views. I have been disappointed in recent years that has become very political and not very open-minded. I testified in the nineties at one point – I know it was around 2002 - before the Ways and Means Committee which was run by Thomas. He said: I think that you started this analysis in the year you thought that the number would come out correctly. I said: “No, I started the year when the number were available, as far as I could.” He believed that the result would be different if you chose a different year. Yes, I could have chosen a year when the results would have look different but I did not do it for that reason. It was the really first year. In fact I would be very hard to make it look worse. Mostly I could have made it looked even better. From this point of view, you can never be right except for a very short period of time. I found that it was very sad because he said: “ I do not believe that you can present data in an objective way because I think you were democrat.” Yes, I am democrat and I have supported President Clinton and now President Obama but I have never had a very strong political position. Most the worked I have done is based on my research.

During the Clinton presidency, what did you do?

I worked with a group of people in Washington DC during the campaign. At first, I did not work for Clinton; I was working for other people pushing for health reform. When the people I was supporting dropped down, I began working with the group of people and we met about once every week or once every two weeks and we wrote papers, we did research, when they had to base, we looked things up, correct things that were wrong, or provide evidence about claims that have been made. So, I worked in this way until the election and then I worked on the transition. Judy Feder run the transition on health care for the Clinton. She had a formal job; I did not. I just [hupdop]. I was not a formal part of the transition. Then I would have liked to go into the administration at some point but when I got invited to go into the administration, it would have been to be in a position I did not want to do. So I said “no”. I said: “I will be more efficient from the outside, as an independent researcher.” I began to write a column for the Washington Post. That was a lot of fun because I had to figure out what will happen if it does not pass, if it passes, if we do it in this way and what will be the impact on people. I feel like I really wanted make a contribution from the outside. Generally, I was supporting the reform but I was often criticizing specific things that they were trying to do. Judy and I were like this (*elle joint les mains*) for a while. When you are inside, you have to support everything. I was on the outside scene: “I think it is very good what you are doing but I do not like this and this and this”. I felt that it was important for me to do if I wanted to

be credible. Otherwise, when I just go in and be [a jon leader.]. I did not want to do that. I wanted to be independent. That worked very well for me.

You did not work in the task force?

No, never. I did not worked in a 500 persons committee. I went to some meetings and I talked to people; but I was never part of the task force.

For the BBA, did you do something?

I did not do something formally. I was at the Urban Institute and we did some analysis of the BBA. We talked about what its impact would be and again I informally talked to people on Capitol Hill about provisions that I thought were good or bad. But I was not directly involved. I mostly analyzed the results after it passed.

I forgot to ask you who were in the small group of the Clinton campaign that you talked about?

It was lead by... I have forgot his name... somebody called the blueberry donut group because we thought []. Bruce Freed is his name. Bruce Freed in Washington had a small group of people and we used to work together.

How many people?

About 20. Sometimes more, sometimes less.

Do you think that some of these people are still involved in health care policies?

A lot of them are. Bruce Freed moved to the West Coast. I do not have contact with him any more. Judy Feder was in this group. Jack Ebler was in this group. Jack Ebler was back to the administration to help pass the legislation for Congressman Waxman, on Energy and Commerce Committee. Who were in this group? I think that Chris Jennings was in this group. We mostly worked with a guy called [Atur Galenday], a surgeon who now write for the Atlantic. He has gone become very famous and he worked for the campaign. He was our contact person. But there were a lot of people in Washington. Some people were more lobbyists, some were more health staffers. And just want and go, working for various things.

For what kind of groups were the lobbyists?

A lot were for consumer groups. For instance, Families USA. There were some people working for the Unions.

They were not people from the hospital, insurance, doctors...?

For the most part, no. Most of them were on their own and not very in favor of a health care reform. They were people who worked for them who were sympathetic but they could not be very visible. They had to be quiet about that. Mostly, there were people from consumers groups, unions, staffers of Congress, and researchers. That is who were in this groups for the most part.

Did you develop contacts with stakeholders during your career?

Sure, because I did a lot of public speaking. I spoke on a lot of forum where I would be on panel with people. Sometimes I even spoke for organizations that were stakeholders organizations. I got to know many people who work for them. I know people from the AHA, from the American Medical Association for example.

It is important for you to know their views or their needs to shape your recommendations?

Absolutely. I think that it is. The further I have gone into my career, the further I had to deal with practical problems. When you know the practical problems, it gives you a different view and many of those persons who work for stakeholders understand the practical problems. For example, someone who I met who work for the American Hospital Association, her name is Camela Coyle. Camela is now the head of the Maryland Hospital Association. I met with her several times to talked about issues affecting hospitals. My company here is doing a research project about Maryland Hospitals and a new payment system. They have been useful for us in getting us with contacts with hospitals to talk about problems and issues and what their views are, what they think the challenges are. That is very useful and tha helps to have someone like this to talk to. It is going to be pretty strict and honest about what is going on. I know people at the American Insurance Plans, Karen Noney and people who work with her. I do not have many point of views in common with them very often but I know them and I know that there people who have interesting things to say and that is interesting to hear.

When did you come to this institute?

In 2003. Again, I was not looking for a job but someone came to me and said : “would you liked to think about this?”. I have been doing the same research and I was getting bored. What I get to do is a broader range of things, including improving information to customers, what I think is very important. The Urban Insitute did not do this kind of work. I do not have credential that let me do this kind of work but people who work for me have this credential. So I have been able to help to get some of that work done. We are doing a lot of things on customer information and getting customers involved in decision-making, we are also doing a lot of things about reforming the delivery system what I think is also very important – changing the way the care is actually delivered. What I get to do is to help people getting these things done. So I learn a lot. And get a new generation of researcher and health people.

Do you feel as close to the policymakers here as at the Urban Institute?

No, I do not think I am because as a manager I do not have enough time and it is also a generational issue. I am getting a little older and they stay very young; it is a very young group of people. In the nineties for example, after the health reform failed, there were a number of people on the hill who still kept having meetings. We had meeting once a month or once every few weeks. Just to talk about policy issues and kind of help advise them. It was fun because it kept your hands and kept you knowing people. I do not think that that happened a lot in recent years but I have not been close to contacts. I still know some people on the hill but a lot of them are new and I do not know them. So I have not for example done testimony for quite a while. It is also what you are focus on: since I focus on Medicare and it

is not the focus of the health care reform until the very end, until they need the money from Medicare, mostly, they did not pay a lot of attention to Medicare.

So you did not do anything for the last reform?

No. I talked to people I was on panels but not very much.

The meetings in the nineties on Capitol Hill, they were again with staffers?

Yes. The person who organized them was one of the people of the congressman Stark' office. Cybel Bjorakland. Do you know? It is Bjorakland. This bell is one of the key health staffers and he had told that it would be useful to have information about where health care reform was going to be debated. We should be starting talking about making change happen and improvement. So she continued to make this meetings happened.

Do you think that the failure of the Clinton reform changed something in your view about the role of expert in the policymaking process?

I do not think it changed my mind. It was discouraging, it was sad. It was hard to believe that it was harder that anybody had thought. We had though that if you have good idea and that you win election, you will be able to pass. But no! I would say that I was not sure of what would happen this time under Obama. I gave people a lot of credit because I thought that it would be going to fail. Last October or November, I did not think that it would happen. People did not stop, they kept working: it is very hard to do. I think that many people including me wished things that would be different about it. I think it was easier not doing thing for a very long time or do this and hopefully improve this. So, I am hopping that this will stay and that this will be improved over time.

The process of policymaking is not finished. They are still working on the law.

Yes, absolutely. There are a lot of details, of the specifics that have to be decided. Now it moved out from the Congress and it is more the administration deciding how right are the regulations. That is why I said that I have a friend who just went in the administration and she is working on making rules for how insurance company will have to operate. That is how things will happen. There are maybe more legislation. But usually Congress, when something passed, does not want to think about it for a while. They do little things to fix problems but they do not want to think about it. Especially when the Catastrophic act was repeal, everybody was nervous about that too. And the legislative branch do not have the resource to make all the details and other rules.

Do you think that your views about health reform changed or evolved since the eighties?

Yes, I think so. I think it is harder to make changed than I did. I think I am willing to see a messier process. In the eighties I had hoped that you could have a Medicare program for everyone. I do not think that we can get that in the United State any longer. I think that I am willing to accept more complicated and less efficient things if they still achieve the same goals. I still believe that making sure that making sure that everyone is in the system is crucial and that it is more important than exactly how the system looks like. If we have to

compromise, I want to compromise on how it looks like as opposed to not having some people getting coverage.

Why do you say that it is a messy process?

One of the things that I still feel sad about is that people who are opposed to certain changes will say that it is OK to say incorrect things, to make things up. For example, some of the claims that were made against the health care reform were wrong and any knowledgeable person knew that it was wrong. There are still members of Congress who should behave better, who made these claims. I think it is very sad because you will never improve policy as much as we could. Because you always have to debate with people who say things which are simply not true. You can oppose something, you can say that it is not a good idea, without making a false story. The death panel for instance, it was just not true! I think that even the congressmen who said they were afraid about death panel knew that it was not true. But they were willing to do that. I think that it is a very bad situation for improving policy in the United States. The worse example of that were the republicans but it was because they were trying to prevent something from happening. If it had been the contrary, I would like to think that the Democrat would have been honest but I do not know. I have heard and when I was trying to argue for something in a newspaper in the last couple of years, people said: “you have to say that no one in Medicare will be hurt by this legislation”. But I said “I can not say that. There are people who will be hurt by this legislation. It does create some problems with some people, it does take away some benefit. Now I think we should have [getting] those benefits since the beginning they we will take away benefits from people who have them now and who will be hurt and unhappy. there is always pressure to not tell the truth and I think that is too bad. You can say it in a great contact and say: yes people will loose benefit but it is for the good. They are still better off than other people. That is not enough. You have to put hands on the table and say: “they won’t be hurt!”. That makes me sad about how policy is going forward.

I also have a question about the research organizations: their number increased since the eighties.

The number of organizations that really do research did not increase I think. The number of organizations that do policy and claim that they do research has increased. There are some new organizations, especially conservative because they can get money, but most of them do not very good research.

In your organization, what organizations really do research?

The Urban Institute really do research, the Brookings Institution really does. I would say, on the conservative side, even the Heritage foundation usually does research. But the Cato institute not: they do not really do research. The Manhattan Institute, don’t. A lot of the very conservative institute and also some of the liberal don’t. Sometimes, they draw of from other people work and they are pretty good, sometimes they are not. I think that there is a long range of continuum. It is very hard to say. There are a lot of them that are in between.

And your organization?

We do research. But we do not do so much policy research. I will do not put it in the same category as the Urban Institute, which is more policy-oriented. We would liked to and we try to but we do more support research to government organization. For example, a lot of money for AARR that we get comes to do things like send up publications for the National Institute for Health. There is no policy in that: it is translate material for them. We certainly do research that interests policy but we are not as policy-oriented. That is another kind of organization and there are many others like that.

How do you explain that the number of organizations politically very involved increased?

I think that it is because in the eighties there was a recognition that having information helped. If you could point to data, if you could point to studies, that [] to new case. But I think what has happened in recent years is that people do not think it must necessary be good research. Therefore a lot of organizations have grew up that provide information and data but it is not necessary good research.