

Programme OPERA – ENTRETIENS

Entretien – santé n°5

Pour citer cet entretien : Lepont, Ulrike, Entretien santé n°5, Programme OPERA (*Operationalizing Programmatic Elite Research in America*), dirigé par W. Genieys (ANR-08-BLAN-0032) (*insérer hyperlien*).

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Responder: I can tell you that in the Obama reform there were people, who were policy entrepreneurs. For example for ACOs, Fisher and McClellan went to Congress and really sold their idea. I made the mistake to work with the House. It appears at the end that, for various reasons, only the Senate language was used. But we couldn't know it at the beginning. Until the election in Massachusetts in January there was no reason of a reconciliation process. It should be a normal process of negotiation between the House and the Senate.

Interviewer: Why did you choose to work with the House?

I was involved in a language to develop a new system of fee and schedule for physicians. I worked with CMS but it wasn't taken by the Senate.

Which committee did you work with in the House?

Ways and Means Committee.

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() Staff. Not senior staff. Joe Friedman.

You said there were several policy entrepreneurs. Who else, except Fisher and McClellan?

There were a lot for different topics. For bundled payment, France Do Pom was talking this language. For geriatric home care, a language that lead to the Independence at Home Act. It's topic by topic. To me, the difference between stakeholders and experts is that stakeholders have always access to policymakers, they always have an open door. But policy experts are more trusted because they don't have financial motivations. For instance, they invited me to on a few meetings, hearings. But I think there were people, like Fisher and McClellan, who were much more active entrepreneurs.

How do you do to influence policy?

By writing in *Health Affairs*, testifying, being around. You ask to testify. I was also high level appointee at CMS so I develop contacts there. I am known.

W. Genieys, Operationalizing Programmatic Elite Research in America, OPERA : ANR-08-BLAN-0032.

Do you consider yourself as a policy entrepreneur?

Sure. My motivation for writing articles is to do policy recommendations. My interest is to influence policy. I think it works. For instance, the Medicare Advantage was based on an article I wrote. After the publication of this article, the CMS asked me to do a report.

So do you think people on the Hill or in the administration really read articles and journals?

Yes, they read *Health Affairs*, *NEJM*. Most other are not read. Sometimes it's not direct. Articles are read by MedPac and MedPac reports are read. There are staffs on the Hill with very good skills. () There are very smart people. The point is that they don't stay a long time. ()

For which reforms do you think you have been influential?

Medicare advantage. Once the political (), cut the overpayment. Then they answer the technical problems. I also worked in MedPac and MedPac was very influential. Individuals in MedPac can have influence but it's more the commission. MedPac recommendations are often made.

Going back to your studies and the beginning of your career: you graduated in medicine. When and why did you become interested in health policy?

It's back to the 1970s. I was a RWJF clinician scholar. 12 years few doctors on Hillary Clinton. I left the practice in the 1990s. It's only for the last 10 last years that I write policy articles and do a more academic and research job.

Do you think that it's an advantage to be a physician?

Yes. It gives you some credibility. And it allows to understand the intersection between policy and practice. For instance, as a physician, I know that the requirement in 2015 to have a value index is impossible. There is no way to define value.

You don't believe in standardizing medicine?

Yes I believe in standardization. Standardizing medicine is not the same. For instance making sure that everywhere people wash their hands in hospitals, it's standardization. But it's not a policy that has to be endorsed at the law level. I don't believe in our ability to measure quality.

As compared to economists...?

Many economists assume that there is always a market solution. But the good economists understood that the health sector is not adapted to market competition. Kenneth Arrow was the most important in showing the dissymmetry of information. I know the vocabulary of economists, so I can discuss with them and criticize them. Another area where it is good to be a physician is primary care. You know it's very fashionable at this time, actually for a long time. Already under Clinton the idea was developed. I am a big believer in primary care but

policymakers have no awareness of primary care problems and possibilities. They want to develop primary care but they do nothing to reduce the income disparities.

According to you, you are the economists who don't believe in market competition for health care?

Tom Rice at UCLA; John Holahan, who is here and is skeptical; Paul Ginsburg is in the middle. Tom Rice is the one who did the most elaborated criticism in his book ().

As opposed from political scientists like John Oberlander, Ted Marmor.

Victor Fuchs was a classical economist but actually smart enough to recognize at some point the market failures. In 1988 he wrote an article in Health Affairs in which he basically says that the market won't work. Alan Enthoven. Emmanuel. These individuals are smart enough to understand.

Under Carter...

I was the number 2 person. We worked on hospital cost containment: how to regulate the hospital payment. The routine interaction with the routine. We were the brokers between the White House and OMB. We wrote reports and proposals for Hospital cost containment and then also on a National insurance. You know that Kennedy challenged Carter on health insurance?

A limit on spending / A all-payer system

I think the bad time we were. To buy the year.

Something like a play-or-pay approach.

Kennedy attacked

Blumenthal wrote a book on that.

Nixon

The major participants. Shultz. Karen Davis was VERY influential.

How have your views evolved?

I have always thought that everybody should have access to health care and that for that government should play a much larger role. I also it's good to have a structure of elements of competition.

Even in the 1970s?

Yes.

Recently I wrote an article on an all-payer system. I did not advocate for it but I think that it is useful to have the debate.

It looked a managed care. I was in the Jackson Hole Group.

Actually I was very disappointed that Hillary move to the left

What is for you the solution to contain health care costs?

The prices. To address the question of prices.