

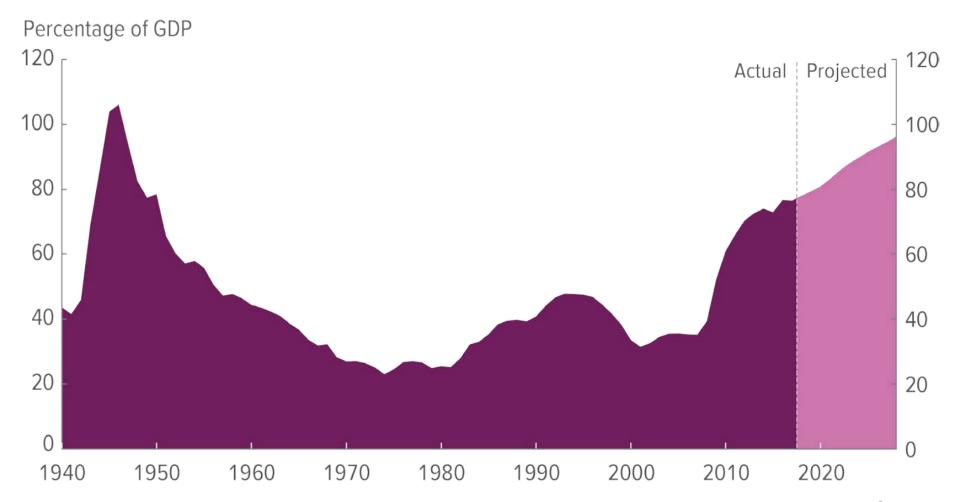
February 27, 2019

C. Duane Dauner

— At a Macro Level

Federal Debt Held by the Public

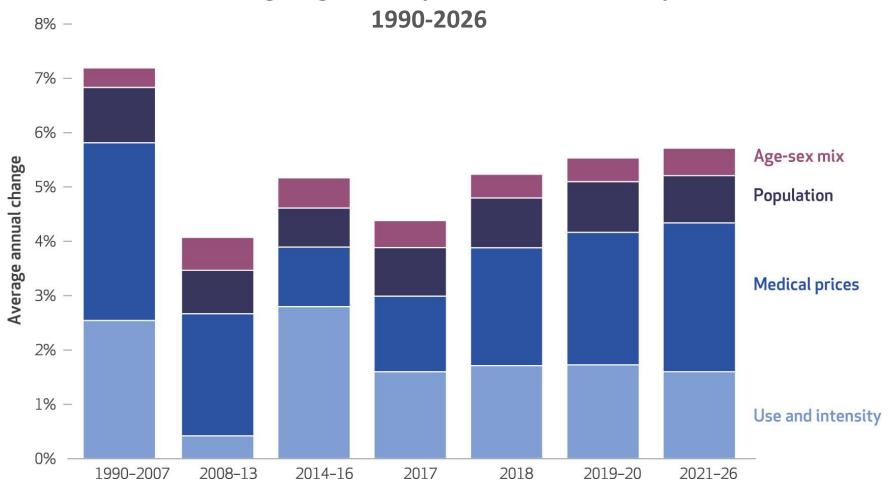
% of Gross Domestic Product





Growth in Health Care Costs

Factors accounting for growth in personal health care expenditures



--√\- Social Forces

- Instantaneous communications/reactions
- Pace of life
- Income inequality
- Disparities
- Determinants of health



✓ Home, employment/income, housing, education, abuse, violence, food security, social support, tobacco, alcohol, recreational/clinical drugs, transportation/ traffic, culture and recreation, environment, health care, children's contact with adults and exercise

_____ 2018 Elections

U.S. SENATE		
	Democrats	Republicans
Party Members	45	53
Independents	2	

U.S. HOUSE OF REPRESENTATIVES (435 seats)*

Democrats

Republicans

Party Members

235

200

^{*102} women, including two Native Americans and two Muslims; least politically experienced House in U.S. history

__/\/___ U.S. Population – 2040 (Red vs Blue)

- 50% will live in 8 states (CA, TX, FL, NY, PA, IL, GA, OH)
- 35% will live in 4 states (CA, TX, FL, NY)
- U.S. Senators from 8 states: 16 of 100
 (50% population v. 16% representation)
- U.S. Senators from 4 states: 8 of 100
 (35% population v. 8% representation

In 2050, 70% of population will live in 11 megaregions

— A Divided Nation

2016

County-level Results





The Rise of Hyper-Partisanship

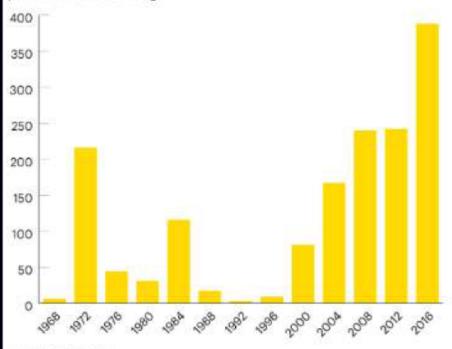
The Rise of Hyper-Partisanship

"Hyperpartisanship becomes more important when the party coalitions are weaker."

(Lee Drutman, New America Foundation)

AMERICA'S SUPER PARTISAN COUNTIES 1968 TO 2016

The number of counties that have given a presidential candidate more than 80 percent of the vote is rising.



Source: State elections offices



The Untenable Coalitions

THE UNTENABLE COALITIONS

"Right now, each party
has a foot in each
universe...Before too long,
the politics will break
down into openness
versus closedness,
dynamism versus
stability...the Coalition of
Transformation versus the
Coalition of Restoration."

"Time for a Realignment," David Brooks Upscale urban professionals who make up the ruling class

Globalizationloving business executives

Less-affluent members of the minorities

Globalization
-hating white
workers

-√/ Media

Historic News Reporting







Entertainment Business





Social Engineering and Biased Reporting





→ Disappearing Arts

- Deep thinking
- Long-term planning
- Political civility
- Balancing mutual interest with self interest
- Ability to appreciate the virtues of compromise
- Good will and collegiality



-√W Wild Cards

- President Trump
- Digital health
- Investigations and fallout
- Terrorism/violence/security
- Economic recession
- Health policy
- Climate change/environment
- Scandals/legal proceedings
- Population alienation/division

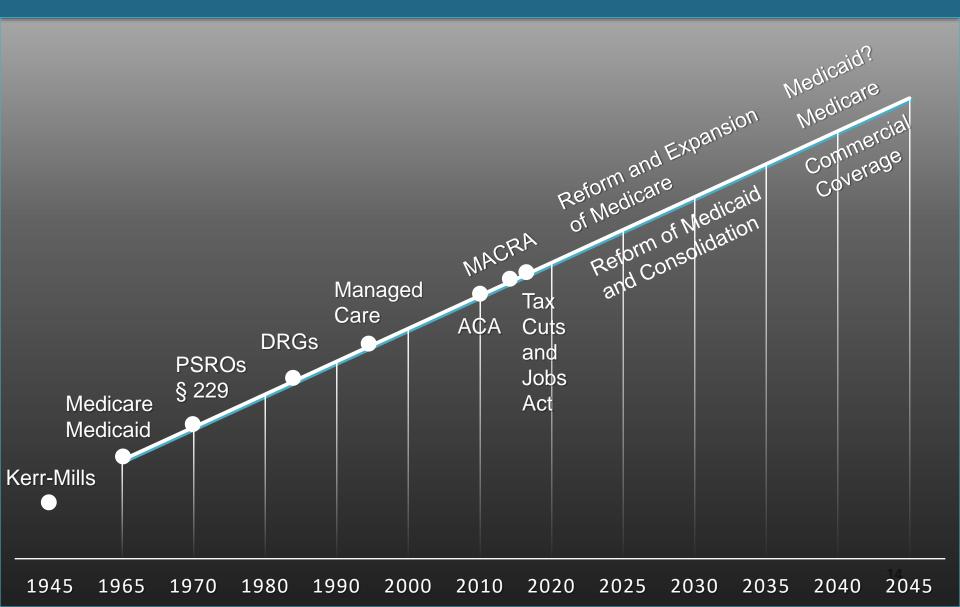
- ✓ House v. Senate
- Rural v. Urban
- ✓ Poor v. Rich
- ✓ I v. Reps
- ✓ I v. Dems v. Reps
- ✓ I v. Dems v. Dems
- ✓ I v. Reps v. Reps
- ✓ Whites v. Ethnics v. Ethnics



Potential Health "Reforms"

- Medicare for all (national political wedge issue)
- State single payer/payment controls
- Utility model
- Pluralistic system
- Combination
- Status quo tweaks
- Medicare payment cutbacks and Medicaid waivers
- P4P/VBP/risk payments





ISSUES

- Transparency
- Consumerism
- Meaningful data?
- Inconsistent policies and incentives
- What performance/metrics?
- What are payments for?

_____ P4P/VBP

ISSUES (cont.)

- Health care services payments v. population health expectations
- Cost containment strategies
 - ✓ Quality/patient safety
 - ✓ Narrow networks/site neutral
 - ✓ Reduced payments
 - ✓ Red tape/denials
 - ✓ Bundled, global and case payment
 - √ Responsibility (cost) shifting

____ P4P/VBP

ISSUES (cont.)

- Targeted v. universal strategies
 - ✓ Selected stakeholders v. all stakeholders
- Definition of covered services and programs (including social factors)
- Hospitals
 - √ Capital intensive
 - ✓ Future
- Regulations

_√√— VBP Arrangements

- Upside Only Shared Savings
 - ✓ With or without care coordination payment (kicker) usually paid as PMPM
 - ✓ Usually quality metric bonus
- Upside Shared Savings with Downside Risk
 - ✓ With or without care coordination payment (kicker) usually paid as PMPM
 - ✓ Usually quality metric bonus
- Global Risk with Reconciliation
 - ✓ Usually quality metrics bonus
- Professional or Primary Care Capitation
 - ✓ May also have quality metrics bonus or requirements
- Institutional/Enterprise Capitation
 - ✓ May also have quality metrics bonus or requirements
- Dual Risk Capitation
 - May also have quality metrics bonus or requirements
- Global Capitation (in California must have Restricted Knox Keene License)
 - ✓ May also have quality metrics bonus or requirements

What does it all mean?

- To health policy?
- To payers?
- To hospitals and other providers?
- To patients?
- To society?



THANK YOU

