Assessing Need and Demand for Health Care

Gerard F. Anderson, PhD
Johns Hopkins University
Section A

Rational, Incremental, and Garbage Can Models
Three Perspectives on the Policy Process

- Rational
  - Eightfold Path
  - Multiple variants on Eightfold Path
    - Some describe particular policy processes better than others
- Incremental
- Garbage can
Incrementalism

- Not a fundamental re-analysis of policy options
- Small, marginal adjustments to policy
Examples of Incrementalism

- Budgetary process
Rationale for Incrementalism

- Easier to do than rational approach
- Rational process is time consuming
Incrementalism Does Not Explain New Initiatives

- Some new ideas expand rapidly
  - Public health preparedness
Garbage Can Model of Policy Process

- Problematic preferences
- Unclear technology
- Fluid participation
Problematic Preferences

- People seldom have well-reasoned preferences
- Organizations, especially nonprofit organizations, seldom have a single set of objectives
- Politicians rarely state their policy objectives clearly
Unclear Technology

- No one controls all aspects of the political process or even knows all the important participants
- No one controls all aspects of a large organization or knows all the participants
- Cannot predict outcomes with certainty
Fluid Participation

- Decision makers enter and exit the policy process
- Junior staffers are often frustrated with decision makers’ lack of knowledge about the issue
Garbage Can

- Problems, solutions, participants are fluid
- Opportunities to effect changes occur at unexpected moments
- Result depends on who is in the room and their priorities at that particular time
Limited Agenda

- Only a few items can be on the policy agenda at one time
- Key is to get your issue on the policy agenda
Processes That Influence the Garbage Can

- Problem recognition—what gets put on the agenda
- Policy proposals—available options; evaluation of alternatives
- Political process—who is elected
Section B

Need and Demand
Six Terms Often Used by Public Health Advocates to Promote Change

1. Need
2. Access
3. Utilization
4. Equality
5. Equity
6. Disparities
Six Terms Often Used by Public Health Advocates to Promote Change

- Different people/different disciplines use these terms very differently
- Critical for identifying the problem
When Advocates Argue “We Need …”

- What do they mean by need and how can need be measured?
- How would you argue that one group is more “needy” than some other group or that fundamental change is “needed”?
Health Needs

- Health needs are often measured using the following:
  - Self-report
  - Health status indicators
  - Biomedical measures of health status
  - Geographic variations
Self-Reported Need

- Is your health status . . .
  - Excellent
  - Good
  - Fair
  - Poor

- One group might have a higher percentage of people with poor health status
<table>
<thead>
<tr>
<th>Physical Health</th>
<th>Mental Health</th>
<th>Social Health</th>
</tr>
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<tbody>
<tr>
<td>Symptoms</td>
<td>Symptoms</td>
<td>Symptoms</td>
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<tr>
<td>Mortality</td>
<td>Psychological state</td>
<td>Social wellbeing</td>
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<tr>
<td>Morbidity</td>
<td>Perceptions</td>
<td></td>
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<tr>
<td>Disability</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

One group may have more symptoms than another group
Biomedical Measures

- Body mass index
- Blood pressure
- Cholesterol
  - One group may be more obese than another group
Geographic Measures

- Some geographic regions might have risks associated with specific health problems
- One state may have higher infant mortality rates than another
Cancer mortality rates by state economic areas (age-adjusted 1970 US population)
All Cancers: white males, 1950 to 1994, all ages

Rates per 100,000 person-years, 1950 to 1994

- 220.68 - 248.12 (50; 9.8%)
- 212.36 - 220.68 (50; 9.8%)
- 205.92 - 212.36 (51; 10.0%)
- 200.39 - 205.92 (51; 10.0%)
- 195.47 - 200.39 (51; 10.0%)
- 190.96 - 195.47 (51; 10.0%)
- 185.71 - 190.96 (51; 10.0%)
- 179.27 - 185.71 (51; 10.0%)
- 172.90 - 179.27 (51; 10.0%)
- 130.71 - 172.90 (51; 10.0%)
 Sparse data (0)

<table>
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<tr>
<th>Mortality rate</th>
<th>Confidence interval</th>
<th>No. of deaths</th>
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<tr>
<td>US 201.02</td>
<td>200.88 - 201.16</td>
<td>7,646,167</td>
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National Cancer Institute.
Public Domain.
Discussion

Would you use “need” in your statement of the problem?
If so, which of these measures of need is most compelling?
Section C

Access to Care
Access

- The level of service which the health care system actually offers to an individual
- Example—number of physicians per capita
What Influences Access?

- Availability of services
- Quality of services
- Cost of services
- Information about services
Availability of Services

- The number of service providers . . .
  - By region
  - By state
  - Within states
  - By country
  - Within country
  - On an Indian reservation
Geographic Distribution of Non-Federal Physicians, 2003

Source: American Medical Association, 2004
Does Massachusetts have too much or does Idaho have too little access to physician services?
  - How would you know?
  - Is the median correct?
Quality of Services

- Quality may differ despite patients having identical needs
- What is an acceptable level of quality to say that you have access to care
- How do you measure quality?
  - Clinical
  - Perceived
## Comparison of Nursing Home Quality in Baltimore

<table>
<thead>
<tr>
<th>About the Nursing Home</th>
<th>Quality Measures</th>
<th>Total Number of Health Deficiencies</th>
<th>Nursing Staff Hours per Resident per Day</th>
<th>CNA Hours per Resident per Day</th>
<th>Total Number of Residents:</th>
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<td>CHARLESTOWN CARE CENTER</td>
<td>Information for 15 of the 15 quality measures is available</td>
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<td>709 MAIDEN CHOICE LANE</td>
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<td>(410) 592-5310</td>
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<td>RIDGEWAY MANOR NURSING</td>
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<tr>
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Source: www.medicare.gov
Cost

- People may be unable to afford all the care that is available in the community
- Cost may prevent them from seeking care
Alternative Cost Measures

- Total direct medical expenditures
- Out-of-pocket direct medical expenditures
- Out-of-pocket direct medical expenditures as a percent of income
- Indirect costs
  - Transportation
  - Time from work
Choosing the correct cost measure is critical
Cost from whose perspective?
Percentage of Adults Who Could Not Pay Medical Bills in the Past Year, by Income

Percentage Who Could Not Pay Medical Bills in the Past Year, by Income

- Less than $35,000: 41%
- $35,000 or more: 9%
Percentage of Adults Who Skipped Needed Medical Care in the Past Year, by Income

Percentage Who Skipped Needed Medical Care

Yearly Income

Less than $35,000: 37%
$35,000 or more: 13%
Information

- Awareness of the availability of a service
- Clarity of the benefit of health services
  - Medical necessity criterion
Questions

- How do you know if the benefit is a covered service?
- How do you know if you are entitled?
- Whose responsibility is it to tell you that you are entitled to care?
Section D

Other Measures of Need
Utilization = Observable Access

- Examples
  - How many doctor/clinic visits do you get?
  - How many people were immunized?
  - Percentage immunized
  - Percentage living in dwellings without lead paint
  - Percentage with MD visit
  - Number of physician visits per capita
Equality

- Similar inputs to all people
- Everyone has the same number of MD visits
  - But do they have the same “need”?
Equity

- The absence of systematic and potentially remediable differences in one or more aspects of health across population groups is defined socially, economically, demographically, or geographically.
- But how do we determine who should get more?
Equity

- Should we provide additional inputs to disadvantaged groups?
- Who are disadvantaged groups?
  - Native Americans
  - Poor
  - Men
Equality vs. Equity

- Which should be the policy objective?
Disparities

- Racial or ethnic differences in the quality of health care that are not due to access related factors or clinical needs, preferences, or appropriateness of intervention
- Opposite of equity
Almost half of all Americas have at least one chronic condition
25% of Americans have multiple chronic conditions
For this population, how would you measure the following?
- Need
- Access
- Utilization
- Equality
- Equity
- Disparities
Section E

Application: The Uninsured
Application of the Eightfold Path

- Cover the uninsured
1. Define the Problem

- Forty-five million uninsured
- Uninsured → poor health → higher spending
- **Uninsured have poorer health and shortened lives**
2. Assemble Some Evidence

- What information will convince the public, providers, and policymakers that universal health insurance coverage is necessary?
  - Percent of adults with no doctor visits in the past year, by insurance status
  - Site of usual source of care for adults, by insurance status
  - Use of services, by insurance status
  - Differences in use of preventive services, by insurance status
  - Stage of cancer at time of diagnosis, by insurance status
  - Risk of mortality, by insurance status
3. Construct the Alternatives

- Major public program expansion and new tax credit
- Employer mandate, premium subsidy, and individual mandate
- Individual mandate and tax credit
- Single payer
4. Select the Criterion

- Universal
- Continuous
- Affordable to individuals
- Affordable to society
- Enhance health
## 5. Project the Outcomes

<table>
<thead>
<tr>
<th></th>
<th>Status quo</th>
<th>Public program expansion</th>
<th>Employer mandate</th>
<th>Individual mandate</th>
<th>Single payer</th>
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</thead>
<tbody>
<tr>
<td>Universality</td>
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<td>+</td>
<td>+</td>
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<td>+</td>
<td>–</td>
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<tr>
<td>Enhances health</td>
<td>0</td>
<td>+</td>
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</tr>
</tbody>
</table>
Workers who establish health savings accounts (HSAs) would be allowed to deduct premium payments

Refundable tax credits up to $1,000 for individuals and $3,000 for families to buy health insurance

Association health plans will allow small businesses to jointly negotiate with health care providers, allowing them to offer health insurance to their employees more affordably

Expanded community health centers to offer medical care to uninsured and underinsured Americans
Kerry Plan

- Tax credits
  - 25% tax credit for workers 55–64 below 300% of poverty
  - 75% tax credit for people out of work and below 300% of poverty
  - Up to 50% tax credit for small businesses that cover low- and moderate-income workers
- Federal government pays for children enrolled in Medicaid, and requires states to expand eligibility for children to 300% of poverty, for families to 200% of poverty, and for adults to 100% of poverty
- Drug reimportation, expanding disease management efforts, subsidizing malpractice insurance
- Federal reinsurance
### 6. Contrast the Trade-offs

<table>
<thead>
<tr>
<th></th>
<th>Bush plan</th>
<th>Kerry plan</th>
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<tr>
<td><strong>Enhance health</strong></td>
<td>+</td>
<td>+ +</td>
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</tbody>
</table>
7. Decide

- Kerry Edwards
  - [Image: Kerry Edwards Button]
- Bush Cheney
  - [Image: Bush Cheney Button]
8. Tell Your Story

Her mom gets cancer.
They find the tumor early.
Her mom is OK.

<OR>

Her mom gets cancer.
She's diagnosed too late.
Her mom is gone.

When you're uninsured, life turns out differently.
There are nearly 44 million Americans with no health insurance.
May 10-16 is Cover The Uninsured Week in your community. Get involved! Help get America covered!

Cover The Uninsured Week • May 10-16

Notes Available