ILSA
Lutheran Services in America®
Together we can

Health Care Reform
Responsibility for All

Lutherans believe that all people are created by God and are entrusted with gifts to share for the benefit of others. People must assume personal responsibility for contributing to their own well-being. They also have responsibility to care for others – to contribute to the good of the whole by using their unique gifts and skills. Lutheran Services in America, in examining public policy, asks, "What sorts of policies equip people for these dual roles of caring for self and caring for others?"

It is in this spirit that Lutheran Services in America (LSA) enters into the conversation regarding needed health care reform. As the Obama Administration makes clear its commitment to reforming health care in the United States, several members of the Senate and the House are drafting health care reform legislation and many other groups are creating detailed approaches representing a wide range of interests. It is not the intent of this document to duplicate those efforts. Rather, in plain and simple language, LSA offers filters through which to sieve those plans.

The intent of this document is to articulate the broad outlines of a desired end state. Reform proposals can then be evaluated by asking: "Which are likely to move the country closest to the desired ends?" These principles arise from Lutheran Christian perspectives, but are not dependent on a particular belief system.

This vision was drafted following review of many health care reform plans, proposals, research studies, reports and Lutheran denominational publications. The document and related questions were distributed to all LSA member organizations for comment and responses were incorporated. There was broad consensus on the hopes for health care in this country. Lutheran health and human service organizations within the LSA system will likely flesh out specifics for their own public policy advocacy work that reflect their experiences with particular groups of people, services and regions of the country.

Equip people for the dual roles of caring for self and caring for others

Establish a system that treats people with dignity and worth

People will be able to receive the right care at the right time in the right place

Reform involves everyone pulling together toward affordable, sustainable, quality health care for all

Quality must be intrinsic to the design

I. Cornerstones of Health Care Reform

Real health care reform involves everyone. It is about providing access, coverage, quality care and payment for services that support people in healthy lifestyles as well as addressing acute and chronic health conditions. It is about establishing a system that treats people with dignity and worth. It is about moving this society toward generosity, inclusion, justice and mutual care.

Real health care reform provides comprehensive care based on the needs and choices of the individual, and offers coverage and payment to meet wide ranging service and support needs. The mutual engagement of individuals, the business sector, government at many levels, those providing and funding health care, the faith community and a whole host of other organizations will be required to achieve success. Consequently, approaches should be affordable and sustainable for all partners over the long term.

Real health care reform requires adequate, integrated and well-trained provider capacity that is appropriately funded and positioned to provide quality care. Providers and participants require adequate and appropriate infrastructure to effectively and efficiently achieve a partnership in delivering and receiving quality care. Health care reform yields quality for all people as the cornerstone of the system.

II. Principles of Health Care Reform

Real health care reform
provides participation for all people and comprehensive, individualized care, coverage and payment.

Participation for All People

All people should have **access** to health care and to health care coverage. Health care coverage should be **consistent** for all people – some level of basic coverage should be mandated and must be made available **without exclusions**, pre-existing condition clauses or other such limitations. The coverage should meet the needs of the individual and enable access to preventive and primary care as well as treatment and supports. To meet their individual needs and desires, people may have the **option** of purchasing additional coverage or care. These options, however, should not negatively impact the ability of all people to receive basic care and coverage. Affordable health care coverage should be **portable** so that there are no gaps in coverage.

Comprehensive, Individualized Care and Coverage

Health care coverage should include access to **preventive services** and **wellness programs** that help to keep people healthy or detect issues that can be mitigated through early intervention. Providing coverage and payment for services that assist people who already have chronic conditions to **monitor** the effects of those conditions on their overall health will help people to better **manage** their conditions over time. Patient **education** will equip people to partner with health care providers.

Health care reform offers opportunities to provide incentives for people to develop and continue relationships with **primary care** providers as their main point of contact for care. When needed, people must have access to qualified **specialists**. Reasonably priced **prescription medications** should be accessible as an important component of keeping people healthy. People should also have access to services that support, treat and manage their **mental health** needs because a healthy mind and body are highly connected. Consequently, **parity** in health care coverage for services for mental health, including substance abuse treatment, is necessary, as is integration of physical and mental health care. Health care coverage should be sensitive to life stage issues from cradle to grave; from the special needs of children through hospice care at the end of life. The health care system should recognize the importance of people's **spiritual** beliefs and the role of faith and the faith community at all of the intersections of health and health care.

People should receive the **long term services and supports** that allow them to function as independently as possible and that respect their individual choices and needs. Long term services and supports may be an end of life issue for people with the frailties of age or a lifelong reality for people with disabilities. All of these diverse needs must be met.

The health care system should be able to provide **information** and **access** so that people can find services they need at the location and time they need them. The system should reduce barriers to access and disparities based on geography, rural and urban settings, language, disability, systems of care, culture and socioeconomics.

Real health care reform
requires mutual responsibility, affordability and sustainability.

Mutual Responsibility

Health care reform is the **responsibility of all stakeholders** – individuals, families, communities, health care providers, health care funders and payers, private businesses and organizations and government. Furthermore all stakeholders are accountable to one another and their constituents, and they are answerable for their decisions and behaviors.

Individuals have a responsibility to live in healthy ways, take preventive and screening measures, manage disease and contribute financially in proportion to their ability. People must work with their providers to understand their conditions and must use health care resources wisely. **Families** and others in **networks of informal care** should be able to work together to care for those in need. Communities should create and implement innovative approaches to help individuals through the vagaries of illness and disability. **Faith communities** should offer their strengths and capacities through congregations, practitioners, agencies and institutions.

Providers should offer appropriate, high quality care at reasonable costs. **Private businesses and organizations** should contribute to health through the channels open to them. **Funders and payers** in the health care system should reward quality and think in the long term rather than short term when considering cost effectiveness. **Government** should continue to serve as provider and guarantor of a range of health services and to strengthen the safety net, particularly in difficult economic times. All stakeholders should exercise responsibility to curb excess financial self interest and take a long term, interdependent view of health and health care.

Affordability and Sustainability

Sustainability requires **affordable** levels of financial contributions from all partners to support a comprehensive finance and delivery system. Individuals should **contribute** their own dollars as they are able through premiums and cost sharing. Communities should

provide a web of support through formal and informal local efforts that assist people with health related issues and functional limitations. Faith communities should identify ways they can offer information, supports and services. Health care reform should maintain and improve support of community health and mental health centers, public education and basic public health infrastructure.

Sustainability also requires **cost containment**. Efforts to curb **health care costs** should not be made without full consideration of the ethics governing each situation. The ethics of care along the entirety of the health care continuum, including end of life care, must be evaluated. To date, much of health care rationing occurs by default. The **ethical implications** of various approaches to allocating finite health care resources should be faced squarely and addressed forthrightly.

Health care reform should include the costs of providing **services and supports** to people experiencing the frailties of age or disability-related impairments in the activities of daily living. Reform should also include research into issues of cost, choice and quality for individual home and community care and supports as well as more aggregated models of delivery. New efforts to provide long term services and supports must consider new financing solutions while maintaining protections for people with very low incomes.

Incentives should be aligned so that all stakeholders are pulling together toward affordable, sustainable, quality health care for all people. Realignment should ensure that health care providers and payers are not encouraged to provide certain types of care due primarily to the financial reimbursements or consequences associated with that care. Emphasis on **prevention, early intervention** and chronic disease management will be cost effective in the long term.

Incentives should emphasize **cost effectiveness over the long term** and across the many dimensions of health care, rather than rewarding cost shifting or postponement/denial of prevention and treatment. Administrative procedures such as claims submission and processing should be simplified to reduce cost. Costly litigation and the practice of defensive medicine should be reduced, while preserving the rights of people to pursue appropriate legal remedies when necessary.

Individuals should also receive appropriate **incentives** to encourage positive participation in their health management. Because “one size fits all” usually fits no one, individual incentives should be **customized** to the extent possible to ensure the best health and financial outcomes.

Cost reduction and sustainability should be viewed with an eye to creating systems that **reduce silos and redundancy**. The implementation of **electronic medical records** with strengthened patient privacy rights; attending the intersections of **research, practice and policy**; and rewarding **cross-sector efficiencies** will be helpful.

It may be wise to work toward a simpler, more straightforward approach to administration and regulation rather than building upon an already complex and unwieldy regulatory environment. Reducing complexity, clearly identifying the goals of regulation, and addressing concerns as **simply** as possible may allow for new creative and common sense solutions.

Health care reform should also include efforts to **eliminate waste, fraud and abuse**. However, these efforts must be carefully evaluated and monitored for **unintended consequences** that hinder quality care. Cost cutting measures should not result in reducing payments to providers to the point that it hinders their ability to provide quality care.

Real health care reform
requires adequate, coordinated and well-trained provider capacity, and adequate and appropriate infrastructure.

Adequate, Coordinated and Well-Trained Provider Capacity

Participation and coverage with access to quality services in all communities is necessary to achieve better health care for all people. **Recruitment, retention, education and training** of a wide range of health professionals, direct service workers and others key to health care research, education, prevention and delivery are important components of health care reform. **Primary care** physicians and other health professionals who provide core prevention, wellness and treatment services must be available and accessible. Creating **incentives** for a range of health professionals to pursue engagement in **primary care** lays a foundation for strengthening the pool of providers. Specialists, however, are critical as well and must continue to receive appropriate payment for services.

Creative **re-examination of the roles** of a wide range of **health workers** including physicians, physician assistants, nurses, mental health workers, allied health professionals, direct service workers, administrators and volunteers may increase access to appropriate, quality care and reduce costs. Case and care management will be central to the effective coordination of care. **More support should be available for informal caregivers**, including helping providers of long term services and supports to provide training to, and support for, these caregivers. Reform must promote exploration of creative solutions as the population ages and need for services and supports increases.

Health care reform requires a high level of systemic **integration** between all health workers and delivery systems across the many places in which care is provided. The financial measures necessary to support this integration must help to facilitate care coordination as all providers will be operating in alignment. Through this **coordination** people will be able to receive the right care at the right time in the right place.

Reasonable and adequate provider payment across all disciplines in all communities throughout the country is necessary to strengthen the provider network and ensure access. Payments to providers regardless of the mechanism must be **timely**.

Adequate and Appropriate Infrastructure

Health care reform requires appropriate technological and capital infrastructure, including physical plants that support healthy environments. **Health care information technology,** including interoperable hardware and software, security and ease of use and transmission, is central to a more effective and efficient health care delivery system. Integrated medical records, billing and supply systems, for example, provide for better delivery of care. Individualized electronic health records may allow health care providers to coordinate their efforts across disciplines and over time. People should have access to, and control of, this health information. **Financial support** for designing, developing and implementing systems is critical for providers.

Investment in **telemedicine** and other efforts that expand a provider's reach into underserved communities may link people to needed services. **Medical equipment** used effectively and efficiently is a core component to enhancing the diagnosis and delivery of health care. Infrastructure also includes **capital investments**. Aging physical plants should be refurbished and made energy efficient and environmentally sound. Reimbursement for capital costs and improvements should be included in health care reform discussions.

Real health care reform
yields quality for all people.

Quality for All People

Quality must be **intrinsic** to the system's design and considered from the outset because efforts to add quality measures after the fact often fail to achieve their intended purpose. Definitions of quality and how it will be measured should be created through the shared work of stakeholders. Health workers must engage care receivers and caregivers to determine individual measures of quality that build on standardized approaches. Both **low tech and high tech solutions** must be mobilized to ensure that people get the right care at the right time. Determining which solutions are the most **effective**, taking into account cost and setting, will assist providers in targeting the right service or intervention to the right person at the right time. An outcome based system that allows for variation of definitions of success for different people at reasonable cost will lead to **value** in health care. Efforts to pay providers for how well they perform should continue to be studied and implemented if the results show that it improves quality of care. The intersections of research, practice and policy should receive dynamic, concerted and ongoing attention.

Adequate treatment must be available to meet people's needs. All parties should be answerable for reducing unneeded, unwanted or inappropriate treatment. All information and decision making should be **transparent** so that care receivers are active participants in their own care, understanding the pros and cons of different treatment options. Providers should take the time to have conversations and listen to patients/consumers when making treatment decisions. Full disclosure of all options should be available to individuals and their families. **Regulatory compliance and certification** should be implemented in a fair and equitable way across the nation and in partnership between payers, regulators, researchers and providers. The results of these processes should be publicly available in an understandable and consumer friendly format. These quality implementations and assessments should consider negotiated risk where appropriate to ensure that an individual's desires and life aspirations are viewed as a valued outcome that sometimes trumps safety.

III. Shaping the Future of Health Care Reform

For people to have access to affordable health care throughout their lives and circumstances, health care reform must ensure that services will be available and providers will have the resources needed to offer access. In response to the call to exercise responsibility for ourselves and others, all partners must be involved in the health care reform discussion and willing to compromise when necessary for the common good.

- Real health care reform provides participation for all people and comprehensive, individualized care, coverage and payment.
- Real health care reform requires mutual responsibility, affordability and sustainability.
- Real health care reform requires adequate, coordinated and well-trained provider capacity, and adequate and appropriate infrastructure.
- Real health care reform yields quality and availability for all people.