

Measuring the success of the new health reform law in Nevada

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Whether one supports or opposes the Affordable Care Act, there is little question that a new era in medicine and health care is on the immediate horizon.

Over the next two years, the implementation of various national and state-level activities, such as the development of the Silver State Health Insurance Exchange in Nevada, will move us closer to a time in which most US citizens and legal US residents will have health insurance.

There will, of course, be millions of Americans who choose to pay a penalty for not buying health insurance, not to mention millions of undocumented workers ineligible for premium subsidies or public insurance. Nonetheless, we inch closer to the rest of the civilized world and a date in which lack of health insurance no longer represents a barrier to obtaining needed medical care.

In a recent article in the the Journal of the American Medical Association, "Two Years and Counting: How Will the Effects of the Affordable Care Act be Monitored?," Dr. Robert Brook outlines four broad measures that should be used to gauge the impact of the new law on the health of the US population. The article also provides a framework for how we might assess the impact of health reform in Nevada.

The first measure of success is the degree to which health reform reduces preventable mortality as a result of access to better hospital, outpatient, and emergency services. While a good deal preventable deaths have more to do with social determinants, such as a good education or a living wage, Dr. Brook contends that "the goal of health reform should be to drive the number and proportion of preventable deaths that are under the control of the medical system ... as close to zero as possible."

Second, we need to assess the extent to which insurance coverage expansions and reform elements reduce preventable or avoidable hospitalizations and use of costly medical services. The persistence of considerable regional variation in hospital admissions indicates that many of these admissions could have been avoided by better, more coordinated care in less-expensive outpatient settings, such as physicians' offices and community health centers. Again, Dr. Brook argues that a key goal of reform should be to drive avoidable hospitalizations to zero.

The third key measure of the law's impact should be the degree to which coverage expansions and other reforms result in an increase in both the number and proportion of Americans who

have access to a system of care – that is, access to regular source of primary care, medical specialists and hospital care when they are needed, and the wide-range of evidence-based, cost-effective preventive services, such as childhood immunizations, tobacco cessation services, and colon cancer screening.

Dr. Brook maintains that access to a coordinated system of care boils down to the degree to which “patients have a reasonable chance of receiving the level of care they need in a reasonably timely manner ... [and] so that patients with serious problems are not left to fend for themselves.” From a public health perspective, it also means access to upstream preventive measures known to reduce the need for downstream curative treatments in the first place.

Finally, gauging the law’s impact on the public’s health must include an evaluation of the extent to which the growth rate of health care costs for those of us enrolled and participating in the health care system come to reflect the growth rate of the larger economy. Over the past decade, the average US family has seen most of its income gains wiped out by higher insurance premiums and a greater proportion of our paychecks devoted to health spending.

Thus, any measure of the new law’s impact must assess the degree to which the growth rate in health spending is tamed and medical costs are aligned with other sectors of the economy.

Dr. Brook is careful to note that there are other elements of the new that should be monitored, and that “adverse or unpredictable consequences” of reform that must be examined and publicly reported.

Critics of the President and the Affordable Care Act have seized on this uncertainty as a pretext for repealing the new health reform law and returning us that more “predictable” world that existed before reform was signed into law – certainties, it should be pointed out, that included health insurance premiums rising faster than wages, access barriers for 50 million uninsured Americans, and the majority of bankruptcies being related to medical bills.

With less than two years and counting before coverage expansions take place, it is now time for those of us in the research community in Nevada and our partners in the health care system to begin monitoring and candidly assessing both the anticipated and unanticipated effects of the new law on the health (and wallet) of our state’s population.

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