

# HEALTH CARE

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*PROGRESSIVE MASSACHUSETTS ENDORSEMENT QUESTIONNAIRE RESPONSES  
(EXCERPT; SECTION II, PART C)*

*2014 GOVERNOR'S RACE*

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# HEALTH CARE

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*[Section C.] Massachusetts has led the way in providing near universal health care insurance coverage. However, we still spend an oversized portion of public and private money on health care, without necessarily achieving better health outcomes.*

## Statement/Experience

*[Questions C1/C2] Please share your personal values and principles regarding health care insurance, delivery and outcomes.*

### DON BERWICK

Massachusetts should be proud to be the first state in the nation to make health care a human right, but we have not gone nearly far enough to curb the cost. In the Massachusetts state budget, almost every key line item has gone down in real terms since 2000 except health care, which has gone up by 59%.

What we need to achieve is better care, better health, and lower cost through improvement – all at the same time. Our 2011 cost-containment law, Chapter 224, was a step in the right direction, but we will need to be even more aggressive to make sure that the needed transformation in health care delivery takes place.

The current payment system pays hospitals and doctors for how *much* they do rather than how *well* patients do. And, it is not sufficiently focused on the prevention of disease. The results are high costs without sufficiently high value. Those high costs come out of wages and rob both government and families of opportunities to use their hard earned income for other important purposes. We must move our state away from fee-for-service payment and from fragmented delivery into coordinated, team-based, integrated care. For patients and families, this will lead to care that is more responsive, helpful, and respectful. Outcomes will be better and costs will fall significantly.

If results from Chapter 224 lag behind, I will work with the Legislature within my first 100 days to craft a new wave of stronger legislation to incentivize increased transparency, payment changes, and care reorganization. It is also time to seriously explore a single payer system in Massachusetts. The complexity of our health care payment system adds costs, uncertainties, and hassles for everyone – patients, families, clinicians, and employers, and we must find ways to simply it.

I will personally lead a statewide initiative to make Massachusetts the healthiest state in the nation, through smoking cessation, obesity reduction, and specific programs to curb domestic and physical violence. And I will assure that mental health care is incorporated into the center of our health care system. We will reduce substance abuse and suicide rates by 50% in Massachusetts in the next decade.

### *Berwick/Related Experience/Record*

I have devoted my life to improving health and health care for communities around the world. I started my career as a pediatrician serving low-income families at the Harvard Community Health Plan. I quickly found that caring for children also meant improving the hospitals, health systems and communities that families depend on. In 1991, I founded the Institute for Healthcare Improvement (IHI), a small non-profit dedicated

to improving complex healthcare systems to eliminate medical errors, improve patient experience and lower health care costs. Over 25 years, IHI grew into a world leader in health care improvement with a budget of \$40 million and over 125 employees. We launched scores of successful campaigns and projects, including a project credited with saving tens of thousands of lives.

In 2011, President Obama asked me to serve as Administrator of the Centers for Medicare and Medicaid Services, an agency with over 5,000 employees and a budget larger than the Pentagon's. Republicans threatened to filibuster my nomination, but President Obama installed me using a recess appointment. I served as Administrator for 17 months. In that time, we worked to implement major provisions of the Affordable Care Act: we kept children on their parents' insurance until the age of 26; we ensured that children with pre-existing conditions cannot be denied the care they need; and we increased transparency for insurance company rates. My time in Washington gave me the opportunity to serve 100 million of the most vulnerable Americans – children, seniors, the sick, needy and disabled – the people who need government the most. I am excited to continue that work as Governor of the Commonwealth.

### MARTHA COAKLEY

Massachusetts remains a national leader in health care access and quality; as a result of the Commonwealth's first-in-the-nation health reform legislation, 98% of Massachusetts' residents have health insurance, people come from all over the world to be treated at our hospitals, and we are on the cutting edge of medical research.

However, we still face challenges. Health care costs are too high for families and businesses in the Commonwealth, and they continue to grow, although we are bending the cost curve. Costs associated with health care consume nearly half of our state budget, dramatically reducing the funding available for critical programs in other areas. And barriers to access remain, especially for those struggling with mental and behavioral health problems.

Government needs to work with our partners on the federal level, the business community in Massachusetts, non-profits, and consumers, as it did in passing our landmark health reform, to develop strategies for reducing costs while improving health outcomes and maintaining access for everyone.

#### *Coakley/Related Experience/Record*

When I took office, I created the Health Care Division in the Attorney General's Office in order to help our office advance the mission of promoting quality, affordable health care.

Our office undertook the first investigation of its kind to understand the cost drivers of health care in the Commonwealth. Our report demonstrated a clear link between the market power of providers and high costs, and that report helped shape the Commonwealth's health care cost containment legislation passed in 2010 and 2012.

We also have been aggressive in ensuring that insurers offer mandated coverage to all our citizens, including behavioral health treatment.

### STEVE GROSSMAN

Health care and life sciences are a lynchpin of the Massachusetts economy, directly or indirectly responsible for at least one of every six jobs in the Commonwealth. We must ensure that policy changes allow enough transition time for the institutions to adapt and preserve jobs.

Our shared goal is for quality care to be delivered at the lowest cost setting possible, and we need to seek ways to shift care to our community hospitals and our community health centers. Particularly in rural areas on the state, we need to address the shortage of primary care doctors and nurse practitioners. We also need to lower the skyrocketing cost of pharmaceutical drugs. Lastly, we need to incentivize and encourage employers to invest in wellness programs, which create a dramatic return on investment.

### JULIETTE KAYYEM

Healthcare is a right that every individual in Massachusetts must have access to. While we have 98% of residents covered we still have work to do. We have made legislative strides through the Affordable Care Act, but we must ensure that implementation improves. Improvement in implementation and focusing on lowering costs must be the goals of the next Governor.

## Policies and Proposals

### Single Payer and Public Option

*[Question C3.] Do you support moving Massachusetts to Single Payer insurance?*

- SUPPORT: Berwick, Kayyem
- OPPOSE: Coakley (“Not at this time”)
- GROSSMAN: I am proud that our state is the national leader on health care reform. As governor, I would work to ensure the continued success of Massachusetts’ pioneering state level reform laws around access and cost, and their successful integration with the federal Affordable Care Act. Looking down the road a bit farther, yes, I do believe that a public option, or single payer system, could be part of the ultimate solution and I will be watching Vermont very closely. I have publicly put single payer on the table as a viable option to consider as governor.

*What role might a Public Option play, in your view?*

- BERWICK: It is time to move toward a single payer system in Massachusetts. The complexity of our health care payment system adds costs, uncertainties, and hassles for everyone – patients, families, doctors, and employers. I will work with the Legislature to assemble a Single Payer Advisory Panel to investigate and report back on whether and how Massachusetts should move towards a single payer option. I suspect that the Panel will find that single payer would be an attractive option, as it has been in numerous health systems that have better outcomes at far lower cost. I will also form a consortium of states interested in the option so that we can make progress and learn together.
- COAKLEY: *no response*

- GROSSMAN: I believe that a public option will be a viable option to consider as governor.
- KAYYEM: *no response*

### Costs and Quality

[Question C4.] *What steps would you take to lower health care costs while maintaining or improving health outcomes?*

#### *Berwick*

The current payment system pays hospitals and doctors for how *much* they do rather than how *well* patients do. And it is not sufficiently focused on the prevention of disease. The results are high costs without sufficiently high value. Those high costs come out of wages and rob both government and families of opportunities to use their hard earned income for other important purposes. We must move our state away from fee-for-service payment and from fragmented delivery into coordinated, team-based, integrated care. For patients and families, this will lead to care that is more responsive, helpful, and respectful. Outcomes will be better and costs will fall significantly.

As Governor, I will convene a summit of all stakeholders to conduct a top to bottom review of the 2011 cost containment law, Chapter 224, and develop an action plan to ensure it is taking meaningful steps towards reduce costs. If results lag behind, I will work with the Legislature within my first 100 days to craft a new wave of stronger legislation to incentivize increased transparency, payment changes, and care reorganization. It is also time to move toward a single payer system in Massachusetts. The complexity of our health care payment system adds costs, uncertainties, and hassles for everyone – patients, families, doctors, and employers. I will work with the Legislature to assemble a multi-stakeholder Single Payer Advisory Panel to investigate and report back within one year on whether and how Massachusetts should consider single payer. I suspect that the panel will find that Single Payer is an attractive option to reduce costs while maintaining health outcomes.

#### *Coakley*

Our first priority should be making the strategic investments in prevention and primary care that will save money and lives in the long-term.

Today, the United States spends hundreds of billions annually to treat preventable diseases; for example, health care costs associated with smoking, hypertension, and diabetes totaled nearly \$150 billion last year alone. Despite this, only about four cents of every dollar we spend on health care goes towards public health and prevention. By increasing our investment in proven prevention strategies, we can dramatically lower long-term health care costs while improving health outcomes.

In addition, we need to bring more transparency to our health care system and reduce waste, fraud and abuse.

As Attorney General, I have a record of working on both of these issues. For the last three years, my office has released an annual report on health care expenditures, which allows consumers and policy makers to

make more informed decisions about cost-effective health care. And, by tackling fraud and abuse in our Medicaid system, our office has recovered hundreds of millions of dollars for Massachusetts' taxpayers.

Finally, we need to increase the use of tiered and limited networks. We have begun that process and the next Governor must continue that important work.

### *Grossman*

I believe that Chapter 224 represents a model approach to curb the rising costs of health care by tying it to growth of the state economy. But we do not yet know the full impact of this law. To make health care more affordable, we need to shift care from our acute care, teaching hospitals into our community hospitals and our community health centers. I also believe that investing in wellness programs, mental health, behavioral health, and substance abuse programs can save us significant resources in the long term.

### *Kayyem*

Massachusetts has some of the leading healthcare facilities in the nation. Unfortunately, we also have some of the highest healthcare costs. To stem the rising costs of healthcare in Massachusetts we must explore alternative payment strategies, coordinate care among providers and manage cases more sensibly. As Governor I will work to implement alternative payment strategies such as episode of care and bundled payment that better align the economics of healthcare with the outcomes. I will work with our hospital systems so that they coordinate care in a way that makes the most sense for the patient, so that patients get the care they need in the least intense medical environment. And I will encourage the creation of outpatient medical homes that will lower the extraordinary expenses associated with frequent Emergency Room trips by high risk patients through constant care provided by qualified nurse practitioners in a low-cost setting. Reducing healthcare costs boils down to creating smarter ways to pay for more sensibly given distributed care, while providing extra preventative care to those most likely to use the system.

## **Mental Health**

*[Question C5.] What steps would you take to address the gap in affordable mental health services?*

### *Berwick*

As a doctor, I know that mental health must be incorporated at the center of any successful health care system. Through major investment in treatment programs, we will ensure that all residents have access to high quality and affordable mental health services. But providing care is not enough. We must also support efforts the end the stigma around seeking help for mental illness. By fostering partnerships between the public and private sectors, and by finding, adapting, and adopting best practices from around the world, we can reduce substance abuse and suicide rates by 50% in Massachusetts in the next decade.

### *Coakley*

Access to quality mental health care is an issue that is deeply personal to me. My brother Edward suffered from depression for most of his life, but he was reluctant to seek treatment because he thought it would lead people to stereotype him. Because he wouldn't seek treatment, he was unable to hold a job or carry on a relationship, and he committed suicide in 1996, when he was 33.

The first priority in Massachusetts needs to be making sure that there is parity in insurance coverage for individuals with mental health needs. We have begun to implement this here in Massachusetts, but our next Governor will have to continue to shine a spotlight on this issue and ensure that insurance companies are not unfairly discriminating against those with mental health issues.

We also need to eliminate the stigma around mental health, and empower people with mental health issues to speak up and seek needed treatment without the fear of losing their job, being ostracized from their community, or otherwise being unfairly discriminated against. This starts with having a Governor who continually brings mental health care into the discussion about how we improve health care, generally, here in Massachusetts; I will do this.

Finally, we need to do more to identify children with mental health issues earlier. Research has shown that 50% of chronic, adult mental health disorders present before the age of 14. Working with schools and health care providers to improve early detection will allow us to connect those in need with critical care much sooner.

### *Grossman*

I'm deeply disturbed that we have cut our funding for mental health services more than any other New England state since 2009. As governor, I will be an unwavering advocate to increase this funding and ensure our Commonwealth invests in its most vulnerable citizens during times of urgent need.

While Massachusetts has parity in the legal sense, we still do not yet have true mental health parity. Patients in an acute psychiatric emergency spend hours, sometimes days waiting in emergency rooms for the care they need. Outpatient mental health clinics are not paid adequately, and the result has been a reduction in service. In the face of financial challenges, psychiatric units of community hospitals face being closed. Long-term care patients remain stuck in state hospital beds after they are ready to return to the community, because there are no community placements for them.

My administration will commit the funds to ensure a robust community mental health system, and eliminate the systemic obstacles to ensuring that mental health consumers are able to receive services at the appropriate level of care. My administration will also bring together the health plans, public and private sector providers, advocates, and consumers to make sure that the health care system works as well for those with mental illness as it does for those with any other medical illness.

### *Kayyem*

Addressing the gap in mental health and substance abuse services are a critical piece of ensuring every resident of Massachusetts is able to belong. It is imperative that we increase funding for these types of programs, which sadly, have seen a significant decline for funding over the years. One specific component to address is mental health in relation to veterans. Veterans who suffer from mental health problems, often as a result of the unfathomable trauma they experienced while in service or difficulties reintegrating when they return, are disproportionately represented within the criminal justice system. Left untreated, mental health disorders and/or related substance abuse can lead individuals into the criminal justice system.

## Health Disparities

[Question C6.] *What steps would you take to reduce racial and income disparities in health outcomes?*

### *Berwick*

As a pediatrician, I learned that the health of children is determined by far more than the medical treatment they receive; it is determined by the food they eat, the air they breathe, the streets they walk on, and the educational support they benefit from. To truly address disparities in health, we must address the root causes of poverty, violence, and injustice. Health care is a human right, and disparities based on race or income level are unacceptable. We must make narrowing these gaps a top priority through targeted, community-level investment to encourage healthy lifestyles and communities. To achieve these aims, I would consider steps such as partnering with the private sector to increase the value of EBT cards at farmers markets.

### *Coakley*

The tremendous progress Massachusetts has made in increasing access to quality health care sometimes obscures the fact that certain segments of the population still face barriers to care and experience depressed health outcomes. There are a number of changes we can make to achieve parity in health outcomes for everyone in Massachusetts:

- Increase access to primary care providers, particularly in low-income communities, and increase the percentage of primary care providers accepting subsidized insurance, like MassHealth.
- Support prevention programs targeted at the health concerns of specific communities.
- Increase public awareness about the existence and root causes of health disparities.
- Address the social and environmental conditions that lead to health disparities, including the availability of safe, clean housing, access to fresh, healthy food, proximity to parks and other open spaces, and differences in air quality.
- Encourage our non-profits to address this in their community benefits.

### *Grossman*

By shifting care into community health centers and investing in preventive services, including wellness programs, substance abuse programs, and behavioral health programs, we can ensure that all residents, regardless of where they live, have access to quality care. Investing in these community health centers will require public-private partnerships, as Chapter 224 seeks to create.

### *Kayyem*

Community health centers are one of the greatest tools we have for healthcare in Massachusetts, and one that we must empower and strengthen to help decrease health disparities we see across the Commonwealth. One incredible example of the success of community health centers can be seen with the Dimock Center in Roxbury. The Dimock center, overseen by President Dr. Myechia Minter-Jordan, provides help for those with mental health and substance abuse and is also the largest employer in Roxbury, with over four hundred staffers.



Community health centers like Dimock do more than just provide quality healthcare, they connect how they treat their patients back to the community, understand different demographics, and have developed the ability to properly treat new patient populations (impoverished specifically) in ways that we need to introduce to our other hospitals and health care facilities. We should treat Dimock as the model other community health care centers should look to for guidance. In addition to empowering our community health centers, we also need to grow partnerships between community health care centers and hospitals. Doing this will allow hospitals to adapt policies to properly accommodate changing populations, such as the impoverished.

If we empower community health centers, and establish partnerships between them and hospitals, we can correctly address health disparities in the Commonwealth.

### Implement Standards of Care and Costs Panel

*[Question C7.] Do you support establishing a state panel of experts (such as the Affordable Care Act's IPAB/"Independent Payment Advisory Board") to recommend high-value and cost-effective services?*

- SUPPORT: Berwick, Coakley, Grossman, Kayyem
- COAKLEY: I believe it is always important to draw on expert knowledge when tackling complex challenges like health care. As a result of the health care cost containment bill passed in 2012, there are already agencies, both independent and within state government, whose mission it is to advise the Governor on health care policy issues, including the Health Policy Commission and the independent Center for Health Information and Analysis. I would continue to work with these agencies and seek their input as we develop strategies to improve health care in Massachusetts.

### Pharmaceutical companies

*[Question C8.] Do you support prohibiting pharmaceutical companies from including direct-to-consumer drug advertising as tax-deductible expense?*

- SUPPORT: Berwick, Kayyem
- COAKLEY: As Governor, I would review this.
- GROSSMAN: We should explore either prohibiting or severely limiting these tax-deductible expenses.

### Bulk prescription programs

*[Question C9.] Do you support establishing a bulk prescription drug program that would provide lower cost prescription drugs for public employees?*

- SUPPORT: Berwick, Coakley, Grossman, Kayyem,

*Do you support establishing this same program for all Massachusetts residents?*

- SUPPORT: Berwick, Coakley, Grossman, Kayyem

NOTES: