

## Scenarios for Exploring America's Healthcare Values

Societal institutions are based on societal beliefs and values. However, these values are rarely identified or pondered by citizens, policymakers or other stakeholders. As a result institutions tend to resist rather than constantly adopt to change, and over time they can evolve in directions unrepresentative of the desires of society.

This is the problem with healthcare today. The system struggles with runaway costs, a growing number of uninsured, safety and quality problems, and increasing complexity leading to fragmented care and dissatisfaction among all stakeholders. Financial and business imperatives are reducing the time for caring relationships so important for healing and achieving quality of life. Because values have not been articulated and demanded by the public, they are slipping away. The system is not close to living up to its potential.

How can this incredibly complex system that rewards powerful stakeholders be reformed? It has to start with understanding of the issues and articulation of society's expectations. This requires a dialog, ideally involving citizens, policymakers, payers and healthcare providers, which clarifies desired underlying values. Scenarios are a good way to stimulate this discussion as they illustrate the outcomes of values over time. Different values lead to different futures.

The following three scenarios to the year 2025 each focus on a couple fundamental values while leaving other desires unchanged. The result is a system with some aspects working, but glaring deficiencies in other areas. They illustrate consequences and stimulate discussion about which values need to be included to achieve desired outcomes. Following the presentation of each scenario there is discussion to give participants insight about the influence of values and the unintended consequences if they are not carefully chosen by society.

### Scenario 1: The Best Health Science Can Deliver

#### **Summary**

Amazing diagnostics, drugs, and procedures make prevention and comprehensive management of chronic disease part of everyday medicine in 2025. Care is evidence-based, safe, coordinated and customer focused. Success breeds high expectations, and healthcare remains the economic engine of the market-based economy, consuming 22 percent of gross domestic product (GDP).

In spite of these accomplishments, society still has avoided the fundamental issues of healthcare. The result is that in 2025 there are 93 million Americans without health insurance. The costs to society are too high, outcomes in terms of quality of life are disappointing, health professionals remain dissatisfied, and healthcare continues to be a

big political issue. The best of science and the free marketplace have failed to deliver a healthcare system that serves all Americans well.

## ***Advances in Prevention and Treatment***

### **Prevention is scientific and aggressive**

Two major factors cause an aggressive push of preventive measures upon a reluctant public: (1) Health plans mine their extensive information systems finding many ways to save significant money through preventive measures. (2) Detailed understanding of cellular processes in health and disease permit accurate screening for future risks and targeted behavior modification and preventive therapies.

Health plans are assertive in influencing enrollee behavior to reduce costs. Using targeted messages, home monitoring with prompts, advice nurse coaching, automatically administrated therapies, and efforts to leverage community public health, every attempt is made to achieve compliance with health interventions and to modify behavior to eliminate risks. This approach is successful in preventing, delaying or lessening the severity of chronic diseases.

There is a wide range of drugs and nutraceuticals on the market that specifically target pathways leading to disease. For instance newly released drugs act on reducing appetite, increasing metabolic rate, or altering certain aspects of metabolism. It is now possible for a selected combination of drugs to dramatically reduce the weight of obese individuals. Other targeted therapies are beneficial in preventing heart disease, Parkinson's disease, Alzheimer's disease, many cancers, and other chronic diseases.

The one area where healthcare has had only marginal success is in getting people to proactively modify their behavior to healthy lifestyles. The marketplace is resistant to policy incentives promoting a healthy society, and individuals look for medical solutions rather than personal responsibility for addressing health. Computer simulations have some influence on behavior modification in children, but adults are surprisingly resistant. The meaning of the concept of "health" is quite one-sided – the best that aggressive science can provide. Naturally achieved wellness through balance and subtle nurturing of mind, body, and spirit with a focus on meaningful quality of life is not viewed as realistic or effective.

### **Effective management of chronic diseases**

The driver for effective disease management is technology. Medical professionals (and patients) enthusiastically embrace the latest gadgets and wonder therapies.

#### ***Transforming biotechnology advances:***

- **Biosensing and biomonitoring devices** monitor health status, behavior, and progress in managing diseases for better health management.

- **Pervasive computing** provides seamless integration of communications, data, and directed activities for anytime access to health information and remote management of healthcare.
- **Pharmacogenomics** – Genetic profiles identify unique metabolic characteristics that guide the selection of the best drug and dosage for the individual.
- **Forecasting disease risk** for chronic disease through genetic and behavioral assessment permits life–style modifications and targeted interventions.
- **Targeted therapies** – Biomarkers identify abnormalities unique to a patient’s disease so selected combinations of targeted therapy can safely cure or control it.

### **An example: managing cancer in 2025**

Biomarker screening frequently uncovers cancer at the precancer or preclinical level when there are no symptoms. Additional testing determines the extent of disease and the underlying genetic mutations causing abnormal growth in this tumor. Therapy cures the cancer about 80% of the time. The rest of the time elimination of the cancer is not yet possible, however, a combination of drugs targeting specific metabolic abnormalities keeps it under control. The focus is on moderating therapy to maintain a normal life while keeping the cancer in check, a fundamental paradigm change in therapy. In these cases the patient eventually dies with cancer, not of cancer. Although treatment is successful, chronic use of multiple targeted biologic drugs is very expensive.

### **Delivery of Care**

A set of 20<sup>th</sup> century problems did get solved by the end of the first decade. Since then care has been evidence-based with heavy reliance on artificial intelligence; it is of high quality and safe; information technology ensures coordination and continuity; and customer service is superb. Pervasive information technologies and marketplace demand for efficiency and customers were the driving forces resolving these issues, not compassion for the patient.

Although people are living longer, quality of life and meaning are poorer than at the beginning of the century. Society is enamored with scientific solutions and materialism, but there is little emphasis on deeper spiritual meaning. The physician-patient relationship has become mechanical. Primary care doctors see even more psychosomatic complaints and “diseases of meaning,” but rather than taking time to address underlying issues, symptoms are suppressed with drugs.

### **Economics and the Healthcare Marketplace**

American medicine remains the economic engine of the free-market economy and consumes 22 percent of the GDP – \$6.6 trillion per year in 2025. The main factors driving up costs are a growing and aging population, a complex healthcare structure with many layers of management, and rapid advances in expensive biotechnology. The

other big factor is that the American economy can afford it, and the stakeholders continue to be successful in raising the bar of expectations (and their profits).

American medicine remains a private enterprise based system with almost all Americans (including Medicaid and Medicare) receiving a “defined contribution” and belonging to a commercial healthcare provider organization. Benefits are tiered with the basic tier covered by insurance. Many things such as life enhancement therapies and expensive new drugs are not included – one must “buy up” to a higher tier for these. This caused a consumer backlash as new targeted cancer therapies first came on the market in 2012 at \$50,000 - \$100,000 per year, but the Supreme Court eventually ruled that healthcare is not a right under the Constitution, so payers can set a limit for the basic tier as long as “adequate therapy” is available for all disease categories. In reality, after the first few years manufacturers lower prices of advanced therapies so they can be included in the lowest tier – going for volume, rather than price alone for profits.

In 2025 there are 93 million without insurance coverage and society has yet to agree upon a solution that gives them reasonable access to care. Likewise the poor are ignored and often do not meet Medicaid criteria. The result is that America ranks 14<sup>th</sup> out of 15 advanced countries in terms of health outcomes. For many Americans, “the best health science can deliver” is still not good enough.

### ***Discussion***

1. What are the core beliefs and values of this scenario?
  - Science and technology can successfully treat most of our diseases
  - The free market place is the best way to deliver healthcare
  - Individuals are responsible for securing their healthcare coverage
2. What aspects do you like about this scenario?
3. What aspects do you not like and what features are missing?

## **Scenario 2: Health for All**

### ***Summary***

Amazing, but people worldwide in 2025 recognize that American medicine is more caring, accessible, and equitable than virtually any other system. Every American is entitled to a basic tier of comprehensive healthcare, funded by the government. There are several private sector plans to choose from. Access to care and deliberate social priority setting reduced healthcare spending to 12 percent of GDP, yet at the same time America ranks a close second out of 15 advanced nations in health outcomes. This amazing feat of abandoning a careless system biased against the poor only occurred because of a healthcare crisis.

## ***It took a crisis***

In late 2003 America (and most of the rest of the world) slipped back into recession with a deflationary component. More people lost their jobs. The healthcare industry seemed unaware of the implications and continued to raise prices. In the spring of 2004, businesses faced with another double-digit increase in health premiums, shifted to defined contribution plans, or dropped health coverage all together. By summer, in the heat of the national election campaign, 7.5 percent of Americans were unemployed and many middle class workers, who still had jobs, did not have health insurance. Healthcare became the number one public issue, encouraging the media and political candidates to publicize the worst side of the healthcare system – fraud, greed, medical errors, and horror stories concerning the uninsured trying to get care. Data showed health expenses were a major cause of state government insolvency, and that Medicare/Medicaid was the biggest line item in the federal budget with projections for huge deficits in the coming years.

As the media dug deeper the public became aware that 60 million Americans were uninsured – frequently working people with young children. Americans were spending twice as much per capita as other modern countries, yet had poor results in terms of infant mortality, life expectancy, and other health measures. Advocates for other critical social programs, such as education, affordable housing, police, fire and homeland security protection, and efforts to protect the environment, realized they were squeezed out by runaway healthcare burdens on governments at all levels. Social priorities were not in balance.

The healthcare industry lobbied for free enterprise solutions and tweaking of existing programs, but leadership appeared at all levels demanding a solution that was equitable, simple, and focused on needs rather than profits. The public was galvanized by the prospect of real change for the better, especially when exciting examples of improvement bubbled up from doctors' offices, hospitals, and even government programs.

Winners of the 2004 elections returned to Washington or their state houses with a new mandate to fix health for the entire country by replacing the current system. Two factors made a huge difference in facilitating reform this time around. First, the political campaign produced the unintended consequence of stimulating public debate on healthcare values, rather than obscuring them through targeted sound bites. A new American value became crystallized: All Americans are entitled to comprehensive and equitable healthcare. A way must be found for government to provide it.

Secondly, a think tank from Wisconsin came up with a simple solution that was embraced by the winning party and an energized public. It had the following elements:

1. A basic tier of benefits will be provided to everyone. People will have the option of “buying up” for additional services. All providers must offer the complete basic tier.
2. An independent commission will determine the basic tier of comprehensive benefits based on evidence of effective treatment and global budget projections. Citizens can submit comments online, which will be considered when determining services offered and proportion of governmental spending dedicated to health. Congress is only permitted to approve or disapprove the recommendations of the commission in total without amendments – to lessen special interest influence.
3. Health will be federally funded for uniformity and simplicity. Financing will come from a shared employer-employee payroll tax (including Medicare) and general tax revenues. Patient co-pays apply, but are reduced for those with high expenses and low income. State and local governments will not be responsible for healthcare expenses.
4. Healthcare delivery will be provided primarily through private enterprise with competition on services and quality. Every effort will be made to ensure at least two provider choices in any geographic area.
5. Prevention, individual responsibility and coordinated management of chronic diseases are important so benefits cover these services and individuals can get tax credits for measurable improvements in health status from lifestyle changes.

### ***The Transformation***

Within the first 100 days of the new administration Congress passed legislation setting the basic principles for a new national healthcare system and creating a bipartisan process to devise the structure. Recommendations were presented within 5 months. Congress was unable to reach agreement the first year, but the pressure of midterm elections the next year forced action leading to passage of the Healthcare for All Americans Act in 2007.

It took 10 years for complete transition into a well-running new system. It was traumatic for parts of the healthcare industry as insurance withered into a few supplemental policies and all players learned to accept limited growth within a global budget. An aggressive patient education campaign taught individuals to take more responsibility for their health, and they gradually accepted the idea that healthcare has limits unless one wants to pay for more. There are those who complain that limited budgets have slowed the development of new pharmaceuticals, and that patients who cannot buy-up to higher tiers do not have access to the latest expensive therapies in many cases.

By 2025 Americans are proud that everyone has a right to good healthcare. The stresses of obtaining care are gone, and this has led to people taking proactive steps to

maintain well-being and quality of life. The country ranks a close second out of 15 advanced nations on measures of health outcome. Because there is access for all, efficient delivery, and health expenditures are in balance with other social needs, only 12 percent of GDP is required for providing the nation with the health it deserves.

The transformation of health delivery had profound effects on the industry and the public. Cooperation, openness, and the enthusiastic belief “WE” will create a powerful healing system changed the milieu of healthcare so that intransigent problems almost resolved themselves. Quality and patient safety “just happen” through new systems, new understanding, and an openness to admit and learn from mistakes. Prevention is a purposeful part of the culture and of people’s daily lives, and it has significantly reduced the burden of disease. Patients, their families and teams of providers collaborate to control chronic diseases while focusing on quality of life. Science and religion combined in a natural way to ensure meaningful and peaceful death at the end of life.

Nobody could have imagined how powerful a shared set of values could be in shaping the health of a society and the whole planet. Yes, America is being emulated around the world as the power of this transformation becomes manifest. In 2025 we are near the end of the road to Health For All.

### ***Discussion***

1. What are the core beliefs and values of this scenario?
  - Universal equitable healthcare will be provided for every American
  - Healthcare will be funded by the federal government and be provided through free enterprise
  - Healthcare expenditures will be balanced against other priorities and stay within an assigned global budget
  - Prevention and coordinated management of chronic disease will be incentivized
2. What aspects do you like about this scenario?
3. What aspects do you not like and what features are missing?

## **Scenario 3: Americans Choose “Healthy Life”**

### ***Summary***

Over the past 22 years healthcare was transformed into a shrinking industry focused on treating diseases and an exciting new “healthy life” industry, which is devoted to promoting health and well being with the resulting elimination of disease. The precepts of healthy life resonated with consumers once data showed that over half the disease burden in America is created by the beliefs, thoughts, and actions of individuals and society. Health doctors and life coaches focus on the positive side of life, interact well with their clients and make a significant difference in the quality and meaning of peoples’ lives. At present in 2025 almost one-half of health expenditures are for healthy life and disease burden is reduced by 35 percent. By 2040 the disease burden is projected to be reduced by 65 percent, when the full impact of healthy life is achieved.

## ***The birth of change***

Looking back from 2025 the transformation is remarkable – an American system focused on health! It started at the beginning of the century in two divergent parts of the world. In Sweden a husband and wife team of psychiatrist and primary care physician were studying the question “Why do people so often create their diseases?” At the same time young scientists in China were applying advances in biotechnology to look at factors creating health and well being, rather than causes of disease. In 2005 both groups presented their findings at a conference in Finland.

An American physician and wellness advocate attended that conference. He soon shifted his practice to a novel health program where he only charged his patients if he kept them well. He developed a process to make patients aware that they actually create many of their illnesses to meet unconscious needs and expectations. This is done through their beliefs, thoughts, and actions, which are very powerful in creating reality. (The same thing happens to society as a whole.) He taught them to consciously assess their health status and proactively deal with underlying perceptions and actions resulting in illness. They learned to modify behaviors, such as diet, activity, and the management of stress. Utilizing the latest biotech knowledge of health from China, he promoted steps that reinforce healthy bodily function and enhance resistance to stress and disease.

The results were amazing with a 50 percent reduction in medical problems from the baseline. The expected incidence of chronic disease dropped and health problems were more easily managed with better outcomes. Just as importantly, patients raved about feeling energetic, having less stress, and leading much more fulfilling lives. After gaining three years of experience in his new approach and collecting provocative data, the doctor became a prolific and convincing writer and TV personality. He had such an impact that *Time Magazine* named him person of the year in 2009!

His message was enthusiastically embraced by early adaptors of both the millennial and baby boomer generations. Many formed activist groups and soon were lobbying NIH and Congress for federally funded research. Before long one billion dollars per year was going into basic science research and controlled clinical trials focused solely on health and well-being.

At first this work was ignored by mainstream American healthcare as pseudoscience of little consequence. How could disease actually be eliminated from society? It had to be feeding a public fantasy. However, by 2014 irrefutable data showed that it was possible to eliminate diseases through changed beliefs, healthy behavior, and preventive therapies. Some forward thinking health plans and physician groups saw the market potential and tried to incorporate these principles into their practices, but their hearts and minds remained with the sickness model, and their efforts were marginally convincing.

However, there was a group of practitioners - primarily family physicians, nurse practitioners and alternative medicine providers, who embraced the concepts and made a complete transition into being providers of health. If their clients developed a serious illness, they were referred to a traditional medical specialist for treatment.

Excitement grew much faster than expected in the health conscious Midwest and West Coast. By 2017, in a few sections of the country as much money was being spent on wellness as on disease. Hospitals and physicians saw a dramatic drop in business and some had to close their doors and move. Mainstream medicine finally awoke to the threat, but misread public sentiment. The professions tried a negative media campaign, but it backfired, and attempts to get legislative restrictions to limit the practice of “healthy life” providers failed.

The transformation happened so fast that by 2020 50 percent of the public in large parts of the country chose a health practitioner as the primary provider for health related issues. The incidence of disease in America dropped by 20 percent. Over the next 5 years these numbers increased so that 80 percent of Americans participate and disease burden has been reduced 35 percent. Data suggested it could drop by as much as 65 percent by 2040 if society continues to support healthy initiatives with reinforcing incentives. Disability associated with aging has also decreased and longevity is already 14 months greater than earlier predictions. Only 50 percent of research money is now devoted to diseases with the rest dedicated to health. The giant disease-based healthcare industry has undergone a painful downsizing to its new role of technical specialists managing significant diseases if they occur.

The center of the new “Healthy Life” industry is the “Health Physician” and the “Life Coach.” The first health physicians were M.D.s with additional training, but soon a whole new field of H.D.s (health doctors) evolved with four years of training focused on creating health. They are taught how to treat minor ailments, but only to recognize serious diseases for referral to traditional disease providers. Life coaches began as nurses, social workers, therapists, and psychologists with additional training. Likewise, soon a specific educational program and licensing body evolved producing the Registered Life Coach (RLC).

The focus of both H.D.s and RLCs is on enhancing physical, mental, and spiritual well-being through evaluation, education, coaching, and advances in health therapy. Over time biomonitoring and targeted molecular therapies evolved, but the difference is that they focus on enhancing health, not reacting to diseases. Needless to say, the H.D.s are certified to deal with the latest advances in biochemical modification, whereas the RLCs focus on helping people achieve life goals and maintain optimal quality of life through health.

At first people had to pay all the costs for healthy life services out of pocket, but services were reasonably priced. Gradually, employers offered benefits as an employee incentive and reduced premiums on traditional health insurance if the employee was actively involved in a healthy life program. Now healthy life insurance with catastrophic

coverage treating serious disease is the norm in the marketplace and for Medicare and Medicaid. Unfortunately, many people are uninsured and are unable to take full advantage of the healthy life program.

Healthcare costs peaked at 18 percent of GDP in 2016 and then declined to 13 percent in 2025. For the country as a whole, 25 percent of healthcare money went to healthy life in 2020, but now it is 50 percent. America is truly shifting from a disease state to a health state.

### ***Discussion***

1. What are the core beliefs and values of this scenario?
  - Individuals and society create a significant amount of the disease they suffer. Much of this disease can be prevented.
  - The focus should be in creating health, and this effort should receive close to half the total expenditures of the healthcare system.
  - The healthcare system was otherwise unchanged - free market delivery, individual responsibility for obtaining health coverage, and so on.
2. What aspects do you like about this scenario?
4. What aspects do you not like and what features are missing?

### **Conclusions**

- American healthcare has serious problems and should be reformed. Any changes must be consistent with the public's values. However, these values have never been made explicit and few policymakers or industry leaders can articulate them, much less the public at large. It is time for a dialog leading to public consensus of values Americans desire in their healthcare system as guidance for the industry and policymakers when they design the components of a new system. Scenarios are a good means for stimulating that discussion because they provide understanding of the consequences of value options.