THE HARVARD FORUMS ON HEALTH:  
SUMMARY OF FINAL LESSONS AND CONCLUSIONS

OVERVIEW

The failings of the United States’ health care system are well publicized: obesity has emerged as a national epidemic in ten short years; repeatedly documented racial and ethnic disparities in health care point to the gap between our beliefs about the unacceptable problem of racial discrimination and the reality of clinical practice; our approach to treating mental illness and other chronic diseases illustrates the fragmented and reactive nature of our broader health care system; un- and under-insurance continue to plague our country, even as more research reveals the elevated social, economic, and bodily costs of uninsurance; and, finally, there is widespread belief that the $5,300 per person\(^1\) that we spend on health care does not provide us with as much good health, or good quality health care, as it should.

What is less well publicized is that there are innovative solutions being implemented around the country – solutions that create unusual partnerships based on shared concerns that focus on the needs and wishes of the individuals and families that suffer because of systemic roadblocks and, that help these people navigate or circumvent previously overwhelming obstacles. Perhaps most importantly, these regional programs manage to survive and flourish in a complex political and social environment, where proposals for big national programs have made little headway. In other words, these solutions offer glimpses of hope for a better health care system despite an increasingly gloomy health care environment.

The Harvard Forums on Health was conceived as a mechanism for showcasing some of the most promising innovations addressing five broad areas of critical concern – disease prevention, racial and ethnic disparities, management of chronic illness, covering the uninsured, and controlling rising health care costs. Each of the five forums was devoted to one of these key areas of concern, bringing together stakeholders, including Americans personally affected by these problems, grassroots service providers from innovative organizations that offer promising solutions, and academic and policy experts, to discuss the broader implications of these innovations. Because of their focus on highlighting local innovations, the Forums were held in cities across the country, away from the sheltered campus of the University. The final Forum utilized ideas generated in previous sessions to develop a comprehensive framework for a twenty-year strategy of phased activities to meet specific goals related to issues of coverage, quality, affordability, value, and population health. In other words, the Harvard Forums on Health have provided a roadmap for building national health reform from the bottom up, building from local innovation to systemic change. Such a roadmap, we believe, offers a sound policy framework for the development of bipartisan consensus on ways of improving our health care system at a time of national health care crisis.

\(^1\) OECD Health Data 2004, 1\(^{st}\) edition, 3 Jun 2004.
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The theme of the Harvard Forums on Health was “glimpses of hope,” and each Forum spotlighted innovative initiatives around the country implemented to address some of the most pressing problems facing the US health system. The Forums illustrated convincingly that finding ways to leverage the creativity and flexibility of local innovators would improve health in the short-term and also help prepare for future change.

An unanticipated feature of the highlighted innovations was that most were developed by coalitions of interested parties rather than a single agency or institution. For example, one of the major issues raised in the Forum on mental health was that patients were often lost as they transitioned between social, health care, and government services, and that inefficiencies also arose when patients received duplicated and poorly coordinated services from these various sources. Wraparound Milwaukee, one of the innovations highlighted in that Forum, was designed to address these quality and redundancy problems by pooling the resources used to care for emotionally disturbed children in the mental health, juvenile justice, child welfare, and special education systems. Because this type of coordination would be impossible for a single group to spearhead, Wraparound Milwaukee requires a coalition of city and county actors in order to succeed.

In addition, the Forums highlighted that many of the most critical health care problems are highly interconnected. For example, in the Forum on health disparities, the director of Community Health Policy for the Baltimore City Health Department stressed the statistical relationships between racial and ethnic disparities and uninsurance. In addition, she discussed how the population served by the Baltimore Men’s Health Clinic – a mostly minority and impoverished group – contend with substance abuse, other mental health issues and a lack of preventive care, which tends to cause them to seek help later and to be sicker when they do eventually receive care. These findings suggest that developing inclusive solutions may be the most effective way to handle the diverse, interrelated problems of the health care system.

Finally, through polls developed specifically for the Forums, we know that the public overwhelmingly supports health system change. Harnessing this support, however, has proved difficult. The key conditions for crafting a generally acceptable program include generating as broad a coalition as possible in support of the proposal, using a sequential approach that operates under carefully delineated guiding principles, and utilizing mixed solutions that build upon the existing employer-based system.

THE VISION

The problems illustrated by the Forums underscore the general belief that major change to the US health system is inescapable. We need a long-term vision in order to ensure that incremental changes over time create the health care system our people need and want. Specific quantifiable goals will provide the scaffolding for that vision. Thus, we propose the following goals to be achieved over the next 20 years:

- All Americans will have health care insurance.
- All Americans will receive health care that meets specific quality and safety standards, and that is continuously improving.
- Health care and health care insurance will be affordable for all Americans.
- The American people will judge the level and rate of increase in health care expenses to be commensurate with the benefits they receive from that spending.
The health care system will actively promote health and prevent illness by addressing the environmental, behavioral, mental, and physical causes of poor population health.

IMPLEMENTING CHANGE

We recognize that there is disagreement over what is possible and what is desirable for the US health care system. The political system is conservative by design, and the current political environment is polarized, meaning that consensus on across-the-board health system change will be difficult to achieve. Trust in institutions continues to fall, with trust in the federal government especially low, meaning that individuals are more suspicious than ever about the motives of government in proposing avenues for change. In addition, economic realities severely limit options for improving the health care system: federal and state budget pressures mean there is less funding available for expensive, comprehensive programs; and an increasingly competitive global economy puts pressure on businesses to lower production costs, in particular the rising costs of employee benefits. Competition for federal health care money will only intensify as the baby boom generation approaches retirement; competition for public resources is exacerbated by record tax cuts. Finally, terrorism and the war distract citizens and politicians from domestic ills.

This combination of factors has led to a frozen, barren landscape of political stalemate and intellectual fatigue at the national level that is paralyzing progress as our health care system spins out of control. The Harvard Forums on Health were designed to point the way out of this paralysis, to find glimpses of hope that could inspire practical forward steps. We believe that pathway lies in capitalizing on the power of the creativity of the American people, working for change from the bottom up.

In particular, the final Harvard Forum outlined some guiding principles that build on the concept of local innovation and point the way out of our current dilemma. These principles include: espousing a sequential process of change, in which successive programmatic steps build on one another to achieve our health care goals through a series of incremental improvements; experimentation at the local, state and federal levels in order to better understand the characteristics that enable initiatives to thrive; providing tools to local and state actors to support and disseminate the results of these local experiments in change; and choosing mixed strategies of reform that will attract a broad coalition of supporters. Following these guiding principles, the participants in the final Forum designed a sequenced series of initiatives that will achieve the vision outlined above over a 20-year period.

The first stage of this multi-staged strategy is to identify and refine key elements of the proposals advanced by elected leaders in the Executive and Legislative branches of our federal government. These relatively modest proposals are consistent with the current political climate and offer potential for progress if properly designed and implemented. Specifically, over the next five years, this strategy advocates for strengthening the tax credit and health savings account (HSA) approaches by carefully elaborating all of the possible options for such programs, by developing devices to mitigate possible unintended consequences, and by evaluating these programs to see how well they perform in terms of reaching coverage, population health, and cost goals. In addition, we recommend that the national legislature enact medical litigation reform, including caps on attorneys' fees and limits to compensation for pain and suffering. This type of reform may drive down health care costs, which could make health insurance more affordable and decrease the misuse of medical care.

The most important aspect of this first phase of health reform, however, will take place outside the Washington beltway. Simultaneously, we propose to stimulate and support local and regional health care innovation directed at our key goals of coverage, quality, affordability, value and population health improvement. Ideally, such local programs will provide comprehensive health care solutions to local populations leveraging local resources. In this model, state and local governments will act as regulatory enablers, while private stakeholders – large anchor corporations, local health plans, major health care providers, unions, consumer groups – provide leadership and expertise to launch local health care
reform. This strategy will not be appropriate for all locations, but will provide a broad range of options for self-selected locations.

The second stage of the strategy will involve phasing in a federalist, or state-based approach. This stage will begin in five to ten years. The federal government will offer funding and tools to help ten states experiment with innovations to meaningfully advance national goals. This federalist solution will have the following key elements:

- State plans must commit to achieving quantifiable five-year goals for expansion of health insurance coverage and at least one other domain of the vision outlined above (quality, affordability, value, population health).
- The federal government will provide 50% of the funds needed to achieve the states’ goals.
- State plans must encourage innovation at the local level, including explicitly demonstrating the involvement of employer groups, provider groups, and payers. This involvement might include, for example, the creation of a public/private health care innovation council.
- The plans must include an evaluative component, including specific measures by which the plan will be evaluated and funding requirements for carrying out these evaluations.
- If a state fails to apply for funds, sub-state entities such as counties, cities or regional authorities may apply to receive a portion of their state’s funds, provided the entity can raise matching funds and demonstrate that it can achieve population-level goals for the specified community or area of the state.

These state-based experiments will fulfill several roles: first, they will attempt to improve the health of their populations by meeting the goals; and second, they will provide innovative, proven ideas that can serve as a model and a foundation for similar programs in other states.

The third stage of the strategy, to begin in ten to twenty years, will involve the implementation of effective state based programs throughout the United States, with continuing funding partnership and guidance from the federal government.

By proposing a multi-stage process of reform directed toward the achievement of measurable goals and involving a range of interested constituents, we are putting forth a practical, politically feasible, bipartisan plan. However, this strategy is experimental - it is possible that local and state health system programs may not be enough to reach the agreed upon goals. If this occurs, and if health system failure continues apace, public views toward the role of the federal government and the attractiveness of alternative solutions may change. It is our view that, one way or another, fundamental health care reform must occur. We propose here a bottom-up solution that is consistent with the current political climate. Should that climate change fundamentally, perhaps in response to the progressive collapse of our private health insurance system and widespread uninsurance and underinsurance among middle-class Americans, then it may become possible and necessary for the federal government to play a more aggressive leadership role. Such a role could mean expanding Medicare, Medicaid, and SCHIP, or it could mean creating new programs that are consistent with the nation’s needs and its collective vision of an accessible, high quality, affordable, high value and health-promoting health care system.