Living sicker, dying younger in the richest country on Earth

Dispatcher: *911, what's your emergency?*

Caller: *America's healthcare system is broken and people are dying! (ambulance siren)*

Welcome to **Code WACK!,** where we shine a light on our callous healthcare system, how it hurts us and what we can do about it. I'm your host **Brenda Gazzar.** This time on **Code WACK!** We're talking with **Anthony Wright,** executive director of **Health Access,** a health consumer advocacy coalition. Health Access works to connect the dots between community organizing and legislative advocacy, and has been at the forefront of many successful campaigns to eliminate disparities and expand health care to underserved communities. This is the first of two podcasts with Anthony on the future of healthcare reform in California.

Welcome to Code WACK! Anthony!

(00:46):

Wright: Great to be here.

(00:47):

Q: So great to have you. Tell us a little bit about yourself. What drew you to your work in healthcare reform advocacy?

(00:54):

Wright: So I've been the executive director of Health Access California, the statewide healthcare consumer advocacy coalition for now two decades. I've had a career in consumer advocacy and organizing having done it in New York and New Jersey prior to moving to California, working on a variety of issues, healthcare issues, but also a variety of other issues as well prior to my time in California. I grew up in the Bronx, New York City. I am somebody who coming from what is the poorest congressional district in the country but having been given an opportunity to - as a mixed race kid from a certain community - [I] was given a scholarship and an opportunity to good educational institutions. I had both a daily education in issues of inequality, but also the means and the desire to want to help to address them. And, you know, while I've worked on many issues, health care is one of those core issues that everybody cares about, that everybody needs, that help define so much about who we are as both individuals and as a society. The question of whether we have universal health care is literally the question of whether we care for one another, both literally and figuratively, and so it's a worthy goal to work for both for the very practical impact of trying to prevent people from living sicker, dying, younger, being one emergency away from financial ruin, and what we can do if we have a system that actually takes care of everybody in the right way

(02:23):

Q: Wow. So well said, thank you. Talk to our listeners about Health Access and its past work. What accomplishment are you most proud of?

(02:32):

Wright: So the organization's been around for over 35 years. We are proud of a lot of the efforts we've done to expand coverage, to put in place new consumer protections, whether it's the HMO Patients Bill of Rights or prohibitions against surprise medical billing, the work to stop hospitals from overcharging the uninsured. We're probably most known in the last decade for the work to both be the lead group in California, to advocate for the passage of the Affordable Care Act and then the work to implement and improve upon it and then more recently defend it over that stretch of period and so that certainly is a host of things that we are proud of together. I

think the other thing that we're probably well-known for is co-chairing the #healthforall campaign to expand the state's Medi-Cal program to include all income-eligible Californians, regardless of immigration status. In the last couple of weeks, we've expanded Medi-Cal to over 250,000 Californians, 50 and above who were otherwise excluded, but now have access to primary and preventive and comprehensive coverage as a result of that – of the most recent expansion – and we're working to finish a job in the next, over the next weeks and months with regard to fully removing the exclusion based on immigration status. So those are some of the things that we're particularly proud of, whether it's consumer protections, whether expanding coverage or whether it's these broader systemic reforms.

(03:58):

Q: Right. Thank you. For the past two years, you served on Gov. Newsom's Healthy California for All Commission. We'd love to get the bird's eye view. How did you come to be appointed to the commission and what was the commission charged to do?

(04:11):

Wright: So Health Access has been involved in supporting multiple efforts at reforming our healthcare system over, you know, many, many years including getting to a single-payer universal healthcare system. That's something that this organization has believed in since our start and when the legislative and administrative conversations came to the point of 'we need to have a commission to sort of delve into the details,' we figured we had something to contribute, with regard to *not just the history* of health reform in California, but also having been in a lot of these negotiations and advocacy efforts to do these reforms. We know a lot of what it takes to get to the end goal and we wanted to be able to contribute…to make sure that this was as successful as possible. So I put my name in and along with others, I was appointed by the assembly speaker [Anthony Rendon] to be on the commission. There's appointees from the legislature, but the majority are actually from the governor.

(05:14):

It had a wide range of academics and foundation heads and other distinguished people who have experience in Congress or in setting up such systems in other countries like Taiwan. It is not the kind of commission where like, there's just like a group of representatives from every stakeholder group. It [wasn't], you know, like that, it was not the kind of commission where there

was somebody from the doctors and somebody from the hospitals and somebody from the drug companies. If we did that, we wouldn't have gotten very far. It would've been a different conversation. If that was the case, it would've been a conversation within the industry. I think it was more about, ‘can we get key experts together to at least vet through some of the issues of what would it take to get California to a universal healthcare system with unified financing’ and that was our focus and the work of the last two years that we did and I would say, you know, through an extraordinary period of time during a global pandemic and I think that that provided the frame (and) was both an obstacle, but also an inspiration of why this work is important.

(06:24):

Q: So to confirm when you're talking about unified financing, you're talking about single payer or Medicare for All?

(06:30):

Wright: Yeah. I basically use the term single payer as almost synonymous with unified financing. The idea that - as opposed to the world today where we pay in a variety of different ways through employers, through public programs individually, through premiums, through cost sharing - that you know, that the financing of the healthcare system is done through a single payer, a unified financing, largely through public financing, rather than through the mishmash and fragmentation that we do today, where, you know, some people get it through their union, some people get it through their employer, some people get it through a public program. Some people pay out of their own pocket and that creates issues because the system is so fragmented that so much time and focus is on, you know, trying to figure out how to get paid that then, a lot of things fall through the cracks.

(07:26):

There's a lot of inequities between payments and providers and how care is administered and at the end of the day, you also don't have the great, you don't have good incentives about what it would take to actually get to a better healthcare system. Providers today are paid not so much on how much the cost of providing the care is, or the quality or the outcomes. It tends to be more of a negotiation based on the relative market power of an insurer here or a provider there. And that doesn't necessarily yield the best results in terms of quality, in terms of equity, in terms of reducing costs in general.

(08:05):

Q: The commission started with an analysis of the current state of California's healthcare system. What can you tell us about that? Did the analysis jive with your own observations?

(08:15):

Wright: The commission was tasked with producing two reports – one was an environmental scan of the existing system and in some ways you could define that as a problem statement of which I thought, impressively, in a hundred-so pages, detailed out, you know, what our system looks like, where does the money come from? How are providers paid? How are they structured in California, which is a little bit different than in some other states, you know, with our focus on managed care, with the dominance of a lot of medical groups and other types of structures that are maybe if not unique to California, where California is not the same as other states if nothing else, because of our size and our breadth and our diversity, and in that fragmentation it makes it very hard for the system to actually achieve certain goals. It's very hard to sort of drive the system toward better quality with regard to providing better health care or better outcomes in these metrics, try to have a public health strategy. If you know, the financing is so fragmented that there's very few levers to actually hold the industry accountable for attaining certain goals and you're never going to meet goals that you never set <laugh>. So I thought that was a useful just description of the existing system and it was a useful laying out of a problem statement, which then the second report focuses on okay, what would it look like if we did move to a universal system with unified financing? And that was the second report.

(09:52):

Q: So did you learn anything new from these reports?

(09:56):

Wright: I learned a lot. I learned a lot from my fellow commissioners, some of whom are very distinguished academics or people with a lot of, you know, deep knowledge about, you know, whether it's the administrative appointees that are, you know, the heads of running Covered California, the Department of Healthcare Services, CalPERS or whether it was some of the academics, whether it was some of the folks with other important experience about, you know, providing care or on the front lines or administering it at a higher level and figuring out how

those systems work. As the former president, you know, famously said, who knew health care was so complicated? It is and so even somebody who has a lot of experience can, you know, you can always keep getting deeper into the weeds of some of these fairly thorny decisions. I think the main thing to just recognize is that even if you decide we're going to move to a single payer system tomorrow, there's literally hundreds of other decisions that need to be made after that – that need to be teased out.

(11:02):

And frankly, if you're trying to convince legislators and certainly voters that we want to move in that direction, you need to be able to answer a bunch of questions, because this is about their health care. They care about it deeply and so they will have questions about, okay, well, what does that mean that we're going to move to a system with unified financing? What does that mean in terms of the care that I get? People will ask and we need to have those answers, and one can assume some answers about what our ideal is, but there are some issues where there may be different values that you want to have the system reflect. There may be, also, just other decision points, where we just have to decide one way or another and you know, those are choices that we have to make. I thought that there was a real value in this report in sort of detailing that out a little bit more so that there is a clear roadmap ahead for what reformers have to do to move down that road.

(12:02):

Q: Right. That's super important to note, that single payer cannot be achieved overnight. The commission did considerable research and study, including polling low-income Californians, and sponsoring a fiscal study, comparing our current healthcare system expenses with projections of costs if we had single payer. What findings do you think were most noteworthy?

(12:26):

Wright: So I think as somebody who supports moving to a single-payer system, to moving to a universal healthcare system, I was not surprised by the results, but I think this report is an important contribution to that literature, that moving to such a system would save lives, would save money – and at the scale of what we're talking about. There have been academic studies that have said as much, but to really detail out that if we do nothing, *our healthcare system*

would cost another $160 billion each year within a decade if we don't act. That is a staggering amount of money that frankly we do not have and so we do need to take action to try to, you know, prevent inflated cost and price of health care and we need to take action ASAP. This is really important and the current system is not sustainable in the long term without some fairly major reforms so that healthcare inflation is not going up at multiple times what wage growth and economic growth is.

(13:38):

If it continues to do that, it crowds out the economic growth. It crowds out investment in education and other key social services that actually keep us healthy. It prevents wage growth. You know, my labor friends are very clear that at the bargaining table you know, they see that money that could have gone to wage growth is going to just maintain benefits as they were because of increasing healthcare costs. So we need to have a better set of rules and incentives and structures in our healthcare system, both to save money, to save lives, but also to get the kind of healthcare system that is actually more responsive and respectful for all Californians at the end of the day. I think one of the other findings was the fact that, you know, when serving low income Californians, and I think this is true across the board is that I think a lot of patients when they interact with our healthcare system generally feel a level of disempowerment, of not being fully seen and respected and how can we have a system that has the incentives and the structures to be accountable, to not only provide good care to not only and get people healthier, but ultimately to respect them. Right now, our system is so complex, so confusing, it's almost Kafkaesque in how Byzantine it can be for people to navigate both getting care, and then having to figure out how that care is paid for and we can and should do better for Californians and I thought that that urgency was made clear in a number of different parts of the report.

(15:32):

Q: In its final report, the commission concluded that bringing all Californians into a single system would help make health care more affordable, while improving health outcomes and equity, and reducing administrative burden for employers and health providers. What were your thoughts about single payer before serving on the commission? Did your views change at all as a result of your participation?

Wright: While I have been a long-time supporter of moving toward a single-payer system, I have felt new urgency looking at this report and these findings and about taking action to get closer to that goal. I've also felt more sobered about the work that it will take to get from here to there. While this is incredibly urgent, it also is a big lift not just for the political and procedural obstacles that exist, you know, the industry opposition, the ideological opposition, but just the procedural and policy issues that need to be worked out to get from here to there.

Thank you, Anthony Wright, Do you have a personal story you'd like to share about our 'wack' healthcare system? Contact us through our website at heal-ca.org.

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