The Long and Winding Road of Health Care Reform

A Review of

Reinventing American Health Care: How the Affordable Care Act Will Improve Our Terribly Complex, Blatantly Unjust, Outrageously Expensive, Grossly Inefficient, Error Prone System

by Ezekiel J. Emanuel


http://dx.doi.org/10.1037/a0039033

Reviewed by

Kristofer J. Hagglund

In 2005, two highly regarded health policy experts, Victor Fuchs and Ezekiel Emanuel, outlined the scenarios in which major health care reform might yet occur (Fuchs & Emanuel, 2005). At that time, the failure of President Clinton’s health care reform effort was still relatively fresh, and private and public sector leaders and academics continued conversations about the need to deliver health care differently. Yet, nobody envisioned major health care reform in the near future. In fact, the Health Security Act was only the last of many failures at health reform, which dated back to the presidency of Theodore Roosevelt. Arguments in favor of reforming health care cited rapidly escalating costs and increasing millions of citizens without health insurance. The Institute of Medicine reports To Err is Human (Kohn, Corrigan, & Donaldson, 2000) and Crossing the Quality Chasm (Committee on Quality of Health Care in America, Institute of Medicine, 2001) documented that, in spite of the hefty price tag, the quality of care in the United States was variable and often poor.

Fuchs and Emanuel hypothesized that one of the conditions that might tip the scales to bring about a major overhaul would be the occurrence of an economic depression. While the United States did not sustain a full-blown depression, it did experience the most significant recession in its history. Ironically, the recession contributed modestly to the slowing of health care inflation, but it worsened other health system problems, thereby tipping the scales toward reform. Just five years after Fuchs and Emanuel’s article was published, President Obama signed the Patient Protection and Affordable Care Act (ACA; 2010).

Emanuel, a physician and health policy authority, offers an informative and interesting analysis of the ACA and of the U.S. health care system past, present, and future in his most recent book, Reinventing American Health Care. Emanuel recognizes that discussion of health policy causes many eyes to glaze over and many minds to wander, so he begins his discussion with three vignettes of individuals who were challenged by the health system as
much as they were by their health problems. The rest of this primer is divided into three parts, which provide a simple and solid structure for his insightful discussion of events, people, politics, policy, and data.

Part one, which focuses on financing, provides a useful foundation for the rest of the book. Few dispute that the U.S. health system is nearly a “non-system” because of its complexity and lack of structural integration. Emanuel explains the historical events that contributed to the current state of affairs, and concisely articulates the problems of the health system prior to passage of the ACA, including fragmentation, excessive costs, and variable quality.

In the second part, Emanuel recounts the history of health reform attempts and offers insights into the economic, structural, and political contributors to previous failures and unlikely victories. Prior to the ACA, the most profound health system change was the passage and implementation of Medicare and Medicaid. These two programs, like other efforts, had no guarantee of being successfully signed into law. The American Medical Association and others opposed these programs, calling them “socialized medicine.” It took approximately 10 years of political jockeying before the Social Security Amendments of 1965 were finally passed by Congress and signed by President Lyndon Johnson.

The ACA almost never made it to the President’s desk and the Senate voted to pass the ACA only after some last minute dramatic maneuvering. Even after it was passed by Congress, nearly half of the states immediately challenged the constitutionality of the law. Emanuel’s summary of the Supreme Court decisions regarding its constitutionality, and its implications for patients, providers, and institutions is straightforward and unvarnished. The ACA alone was 906 pages of technical, legislative language, but could have easily have been longer, given that it was attempting to change a system that accounts for slightly less than 18% of the nation’s gross domestic product. Emanuel describes the history of reform, the ACA structure and implications, and predicts the future of health care in fewer than 400 pages!

Emanuel looks into the future of health care and makes provocative predictions. For example, he foresees the “end of health insurance companies as we know them” by 2025. Making predictions about health care is comparable to placing bets on horses or individual stocks or picking your favorite teams in the annual college basketball tournaments. It would be easy to scoff at some of these predictions if he and Victor Fuchs hadn’t already demonstrated their prescience in their 2005 article. Emanuel has been controversial in previous articles and books, and he is again with the dramatic changes he predicts in the entertaining chapter entitled “Six Megatrends in Health Care.” He has earned his *bona fides*, however, and his projections are worthy of serious consideration.

Some may assume from its title that this is a partisan book. But, those who are looking for a partisan-based, ideological diatribe will be disappointed. Instead, his analyses are grounded in the ethical principle of justice and the belief that all people have a right to high quality health care. To the extent that this is a partisan belief, then the book could be criticized for being one-sided. Emanuel is a health care provider, though, and his belief in health care as a right appears to be an extension of his personal mission and professional code. He acknowledges his previous role as an advisor to the Obama administration and defends the President and Congressional leaders for pushing the ACA through Congress. At the same time, Emanuel rightly criticizes the Administration’s choices (or lack thereof) of leadership to oversee the development and roll-out of the exchanges and the launch of the health exchange Web site.
Emanuel is clear that he believes the Affordable Care Act is an effective, if still flawed, law that will transform the American Health System in positive ways. He argues, with cogent logic and data, that the ACA has, and will continue to, dramatically increase access to health care, improve the quality and consistency of care, control costs, and bring greater transparency and accountability. The writing, although trending toward progressive views, is reasonably balanced. Emanuel has worked in both policy and politics and he appears to enjoy and appreciate policy more. He acknowledges that there is a lot of room for disagreement in a system as complicated as health care and that no one person has the answers or can see the future with perfect clarity.

Many books addressing health care and policy are subject to becoming dated quickly because of the rapid changes in the health care system. Emanuel has effectively avoided this potential pitfall by providing historical context to the passage of the ACA and by predicting well into the future. Even in the highly remote event that the law will be repealed, the book would continue to be an interesting read.

*Reinventing American Health Care* will facilitate an understanding of ongoing policy and political discussions, especially those regarding the ACA. Readers who found it difficult to fully grasp the underpinnings of health system controversies will find this book helpful. For example, readers will have a better understanding of why the House of Representatives’ 50 votes to repeal the ACA were more symbolic than substantive. Readers may also find themselves truly interested in the outcome of the current case before the Supreme Court challenging the ACA’s constitutionality in regards to eligibility for subsidies to purchase insurance in the exchanges.

Health care professionals from all fields, including psychologists, will find this book intriguing and informative. Psychologists, especially those working in health care, will find that the forthcoming changes in the health care system will challenge their approaches to providing services to patients/clients and to educating the next generation of students. If Emanuel is right, the ACA may present opportunities for psychologists to expand their roles as health delivery begins to place more value on population-based interventions and team-based tertiary prevention. Academics may want to use this book as a core text in health care policy courses. Health economists and health policy experts already have this book on their shelves because of Emanuel’s reputation and “insider” status. Importantly, this book will appeal to members of the lay public who enjoy learning and reading about “wonky” topics and want to avoid technical, jargon-filled prose.

Health care reform will never be completed. It will be a long and winding road. Readers will appreciate that Emanuel has at least given us a map.

**References**


Patient Protection and Affordable Care Act (P. L. 111–148), United States Statutes. (2010).
Social Security Amendments of 1965 (P. L. 89–97), United States Statutes.