

# SGIM's Endorsement of ACP's Better Is Possible: Aligning Policy with Values



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There will come a day when everyone in our nation will get the healthcare they need; when medical bankruptcy will be unheard-of; when families don't lose coverage because a breadwinner loses their job; and when healthcare dollars go to patient care, not profits.

There will come a day when we ask: How did we put up with such a terrible combination of inequity and waste? Why did we allow healthcare to be linked to employment? Why did physician organizations stay silent for so long?

But that time will not come if Americans—and their physicians—remain silent. We will not magically wake up and achieve universal healthcare, or right other injustices in our country, without demanding change.

We should applaud, then, that SGIM has taken an historic step. SGIM took a stand in supporting the American College of Physicians' (ACP) "Better Is Possible" vision for healthcare reform.<sup>1</sup> The ACP's vision was released in January of 2020, a year fraught with ongoing public health and societal reckonings.

The "Better is Possible" call to action was itself historic.<sup>2</sup> The ACP recognized that fighting to support and preserve the Affordable Care Act (ACA) was not enough. Millions continue to lack any coverage, and many more are underinsured—they have insurance but still cannot afford the care they need. The COVID-19 pandemic has widened the fissures in our healthcare financing system—millions have lost jobs and job-based insurance, and only a fraction will regain coverage through Medicaid and ACA marketplace subsidies.<sup>3</sup> And people of color who have suffered most in the pandemic continue to bear the greatest burden of un- and under-insurance, an insidious form of the structural racism that pervades American society, and medicine.<sup>4,5</sup>

Meanwhile, doctors continue to work in a system where profit-seeking insurers force patients into narrow provider networks, breaking continuity-of-care. More than a third of healthcare spending is consumed by administration,<sup>6</sup> a waste driven by the need to apportion costs among thousands of insurers and millions of patients, and by insurers' and providers' efforts to game an unjust payment system.

It is no surprise, then, that physicians are enduring an epidemic of burnout, due not to insufficient personal resiliency,<sup>7</sup> but to the accumulated moral injury of laboring in an unjust and irrational healthcare system.<sup>8</sup> Healthcare providers see a constant stream of patients wounded by racism, unable to afford medications, and forced to choose between healthcare and other basic needs. Physicians are forced to answer to their employers who too often prioritize financial goals, and to insurers, for whom profitability is the sole metric of success.

Single Payer Medicare-for-All would assure access to needed care for everyone residing in the U.S. It would replace premiums, deductibles and copays with progressive taxes, and cut administrative costs in half. Yet Medicare-for-All would not remedy all of society's problems. Racism would persist; repairing past medical inequities would require large-scale investments in medical facilities serving minority communities, and in aggressive actions to increase the number and influence of minority health professionals. Additional measures are needed to fix our woefully inadequate social safety net.

But single payer reform would make healthcare available to all, and global budgeting of hospitals and health systems—a payment reform incorporated in proposed single payer legislation—would eliminate the warped incentives that reward health systems for focusing on elective procedures and that penalize them for providing mental health, primary, and even COVID-19 care.

The ACP, and now SGIM, also endorse "Public Choice," a tightly regulated, universal version of a public option reform, with a government-sponsored health plan offered alongside existing coverage. Importantly, the ACP/SGIM vision of public choice is markedly different from the public option reforms thus far offered as legislation. Recognizing the danger that private insurers would seek to tilt the playing field in their favor, as they have done in the Medicare Advantage program, the ACP and SGIM endorse a public choice model more akin

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to the German system. In that system, insurers offering the mandatory coverage must be non-profit; and all insurers pay the same fees, charge the same premiums, and contract with every hospital and every doctor. Moreover, insurers with low-risk patients must cross-subsidize others, effectively creating a single risk pool. And although a German-style reform could achieve universal coverage, it would retain much of the administrative complexity and cost inherent in a multi-payer system.

Why was ACP's statement—and now SGIM's endorsement—historic? Many have long pushed for Single Payer reform. Physicians for a National Health Program (PNHP), started by a handful of activists in 1986, has grown to over 23,000 members. Myriad research studies, economic analyses and editorials have built the evidence base for single payer reform.<sup>9</sup> Single Payer bills in both the U.S. Senate and the House of Representatives have gained broad sponsorship, as well as support from labor and healthcare organizations such as National Nurses United (the largest US nurses union) and the American Public Health Association. Polls indicate that a majority of the lay public favors Medicare for all reform. But other than PNHP, physician-led organizations have been largely silent—until the ACP and SGIM stepped into the fray.

For too long professional organizations have lauded universal healthcare but failed to support policies that could actually make it happen, like those who, in Frederick Douglass' words, “want crops without plowing up the ground.” Worse yet, many organizations have actively opposed policies that move towards universal coverage, notably the American Medical Association (AMA), which led the opposition to the creation of Medicare in the 1960s. Happily, the AMA, pressured by medical students and members, has inched closer to dropping its opposition to Medicare-for-All.

The ACP's endorsement of single payer stood out as a bold island in a sea of silence—but, with SGIM's stance, the ACP is alone no more—now two physician organizations have moved to the right side of history.

SGIM is a relatively small organization. But its ranks include leading academics and researchers, and it wields out-sized influence. Translating SGIM's endorsement into policy reality will require mobilizing a broad cross section of SGIM members. Will other medical professional organizations join? That remains to be determined. But the movement for universal healthcare is growing. We may yet get to a day when everyone is covered; when no one will lose coverage because

they have lost their job; when healthcare dollars won't be squandered on bureaucracy; and when racial and income-based inequities in care will be merely a bitter memory from the past.

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#### Compliance with Ethical Standards:

**Conflict of Interest:** DH and SW are long-time proponents of single payer national health insurance and have served as unpaid advisors for the campaigns of Senators Bernie Sanders and Elizabeth Warren. SW and DM are board members of Physicians for a National Health Program. CW has no disclosures.

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