Newly Muscular Middle to Define Health Agenda?

by Tim Size, Executive Director, Rural Wisconsin Health Cooperative

The Republican’s mid-term “Democratic tsunami” may be the perfect storm for those Americans who are not Republican or Democrat. David Broder, a syndicated columnist for the Washington Post, wrote an article in late September entitled “Independence Days” that now seems prophetic. He described the revolt of several Republican senators against President Bush (on his position regarding the treatment of terrorist detainees) as signaling “the emergence of an independent force in elections and government.”

Conventional wisdom has been that our country was frozen into unproductive “bomb throwing” between these two parties due to congressional districts rigged to give an advantage to “far right” and “far left” candidates. Being labeled as moderate was comparable to be seen as a wimp in middle school. We may be beginning to see centrists as not those too weak to have an opinion but as those strong enough to speak out against simplistic solutions from either political extreme based on a firm conviction that the vision of either party’s “base” should not control the other three-quarters of the country.

Broder went on to say that “the revolt goes well beyond three men. What it really signals is a new movement in this country—what you could rightly call the independence party. Its unifying theme can be found in the Declaration of Independence's language when Jefferson invoked ‘a decent respect to the opinions of mankind.’ A congressional election with lots of new faces and a scare for many returning veterans is important as a signal to next year’s likely leaders such as Republican Sen. Mitch McConnell and Democratic Rep. Nancy Pelosi that they can’t design their strategies simply to satisfy the most rabid of their party's extremes; they have to govern down the center and work across party lines.”

Exit polls of mid-term voters seem to bear out Broder’s scenario of the center rising according to the Pew Research Center. “The political center forcefully asserted itself in Tuesday's midterms. In an election that proved to be a referendum on Bush and Iraq, political independents cast the deciding votes. The national exit poll showed that political independents, who divided their votes evenly between George Bush and John Kerry in 2004, swung decisively in favor of the Democrats. With roughly nine-in-ten Republicans and Democrats casting ballots for representatives of their parties, just as they did two years ago, the Democrats' 57%-39% advantage among independents proved crucial.” (Source: 11/8/06 at http://pewresearch.org/) Perhaps a realignment of politics to include a muscular middle is wishful thinking, but I hope not.

If we are entering a new era, what might this mean for rural health? At its core, I believe it means that politicians have the opportunity to become longer term pragmatic and less short term in each others’ faces—less often “you are either for me or against me” on either moral values or political positions. They will be more amenable to negotiate proposals that can be acceptable beyond the extremes of either party and in fact acceptable to most Americans.

As regards Medicare: 1) Democratic leadership has already stated their intention that government become more proactive regarding prescription drug coverage and use its purchasing clout to negotiate better prices from the multinational pharmaceutical suppliers. 2) But we will not see a dismantling of
market incentives beginning to be implemented with Medicare Advantage, the use of private health insurance companies to delivery the Medicare benefit. 3) We will see more support for beneficiaries in the complex process of choosing amongst competing health plans as well as how they are treated by these plans after enrollment. 4) We will see greater transparency regarding Medicare’s relationship with the mega-national health insurance companies. 5) We will see greater sensitivity to managing the potential negative aspects of the mega-national insurers entering rural communities.

Health care reform was widely expected to be a major issue in 2007 before the election, now given the results, it is even more likely. I believe the Principles* recently adopted by the Wisconsin Hospital Association Board of Directors are a good indication of the positions we can expect to be taken by centrist leaning members from both parties in the new Congress and state legislatures.

They state that “Wisconsin’s health care system must provide affordable coverage for everyone’s basic health care needs and directly address the reality that current trends in health care costs and insurance premiums are not sustainable and are contributing to access and coverage challenges.” While the way to accomplish this goal will be the subject of much debate, the following list of shared responsibilities by all stakeholders from WHA should resonate well with the muscular middle:

**“Hospitals and physicians** must deliver health care that is guided by the best clinical evidence or expert consensus and be willing to share best practices with their peers. They must be accountable for their costs and quality by embracing initiatives designed to measure, publicly report and improve performance.”

**“Government** must play a role in guaranteeing access to health care services for our most vulnerable populations, fully recognize the special costs of educating the healthcare workforce, promote transparency and adequately pay for health care services provided to patients covered by its programs.”

**“Individuals** must share directly in the financial responsibility for covering the costs of their health care needs and engaging in behaviors that maximize their health care status. In addition, individuals must be prudent buyers of health care services, availing themselves of available information to purchase health care based on demonstrated quality and efficiency.”

**“Employers** should offer a basic health care benefit to their employees. They should provide financial incentives for their employees to select the highest quality, lowest cost providers in their region and participate in programs and behaviors that support wellness and prevention.”

**“Payers** should provide meaningful incentives for providers to coordinate the delivery of health care services, especially to patients with chronic diseases and design plans that provide incentives for prevention services and promote healthy lifestyles.”

Rural health policy is not just “public policy” jockied by elected officials and legions of lobbyists. It also includes “private policy,” what we in rural health, in our professions, in our “industry” take to be acceptable or desirable behavior. The muscular middle outside of politics will also make demands upon us to be both more transparent regarding cost and quality and more engaged with our communities to reduce the need for that care. How we respond is an open question.

* “WHA Access, Coverage And Cost Principles” is available on line at <http://www.wha.org>.