

A Q&A WITH KAVITA K. PATEL, MD, MS

Could COVID-19 Become a Policy Tipping Point?

Interview by Allison Inserro

To mark the 25th anniversary of The American Journal of Managed Care® (AJMC®), each issue in 2020 will include a special feature: an interview with a thought leader in the world of health care and medicine. The October issue features a conversation with Kavita K. Patel, MD, MS, nonresident fellow at The Brookings Institution and editorial board member of AJMC®.

AJMC®: Something that has been noted throughout this 25th anniversary interview series is that Americans probably don't have the will or the capacity to do anything different in terms of lowering the cost of care or widening access to care and that institutions are slow to adopt change. Thinking about the coronavirus disease 2019 (COVID-19) pandemic, do you think that will continue to be the case going forward, or do you think there's a chance that this could be a tipping point for public health?

PATEL: I definitely think it's a tipping point. There's no question that something material and hopefully positive will come out of this, but I think you're asking kind of the more nuanced question, which is exactly how much of a difference will that make? So, yes, I do think that we're at a tipping point; something will change. But no, I do not think that [it will be permanent]. Let's say we fast forward a year and there's a very safe and effective set of vaccines, and we get coronavirus cases down to 100 a day, something that seems reasonable. I think that then, people will unfortunately kind of fall back into old habits, and that includes the health care system.

I think that that will only perpetuate some of the very problems that we've seen come out during COVID-19. The only place where I think that that's not going to necessarily be the case is public health infrastructure. Most county and state public health departments are the first ones to get attacked on the budget side, and I think now that we've had such a dramatic pandemic, they will not be the first ones to get cut. Now will that last long? I don't know. But I think that certainly reinvesting in and rethinking public health infrastructure will be a high priority for everyone.

AJMC®: One change that some people have predicted is an accelerated shift to value-based care and an increased focus on risk. In discussing the health care system, we saw that providers that were only in fee-for-service arrangements really got slammed. Do you

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think that could also change with an accelerated shift, or could things get in the way of that transition?

PATEL: I think it's going to change but not for the reasons that we think it might change; it's not because of COVID-19 and what you just cited around [how] fee-for-service providers got slammed and the hardest-hit small practices, etc. I think it'll change because of Medicare Advantage, and if you look kind of on the complement, the practices that did well were the ones that were in capitated arrangements. You can call them risk- or value-based arrangements, but they were largely like Medicare Advantage, capitated-type arrangements. And I think because Medicare Advantage will grow and because managed Medicaid is so large, that will almost become a force function. It's not because you're going to see this rush from fee-for-service into alternative payment models, the way some of us, including people like me, thought we would have 10 years ago, but I guess it's going to be because the payers are not going to pay for it. And that includes Medicare, because Medicare Advantage, if anything, takes people out of that fee-for-service treadmill. So, if you call Medicare Advantage or Medicaid managed care “value,” then yes, you're right. I think there will be a kind of an acceleration, but I think of it more as there are some insurance-based structural elements that just make the move away from fee-for-service easier.

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I'm not sure if it's value. That's probably the politically correct way of saying it.

AJMC®: Speaking of politically correct, as we're getting closer to the election, one of the big changes the current administration made is with Medicaid work requirements. If there is a change in the administration next year and a new one comes in, what do you think would be a priority in Medicaid? Would it be a huge convoluted process to unroll that?

PATEL: Yes, a priority would be to unroll that, but it's easier. It's definitely doable. A Biden administration would 100% do it. Getting it out? The states have decided to take it up. Basically, CMS just made it easier to put in work requirements. It's not like Medicare or CMS actually said that all states must do this, but they basically did what's called a waiver template and guidance and notification. You would expect a Biden CMS to completely undo that, and maybe the part that would be a little bit harder is how do you get states like Indiana, for example—where [CMS] Administrator [Seema] Verma came from, where she helped to set up some of the Medicaid program—that wanted to do this on their own, anyway, to undo that? You're going to have to override it with some overwhelming incentives: money, basically. And I don't know if states would take that. If a state was kind of on the bubble and didn't want to do work requirements and felt like they were getting, quote, pressure from the Trump administration, maybe that could be undone. My fear is that Biden will definitely make actions to undo it, but if the states have already adopted it, and they don't feel like it's been harmful, and the legislatures and governors in those states are the same political party, I don't know what would motivate them to undo it, so I think it will be harder. But yes, I would expect a Biden administration to not just [undo] work requirements, but to put out a series of those same kinds of guidances and notifications that actually encourage expansion of Medicaid and to do some of the things that I think the Obama administration started, where they did quality measure harmonization, accountable care organizations. You'll see some of those same familiar themes probably continued.

AJMC®: In terms of what you've seen over the past decade or two, what have you seen change in terms of chronic disease and also substance use disorder (SUD), which we know is being affected by the pandemic?

PATEL: It's a great question. More than 10 years ago, I worked in the Senate when one of the first—we called them demos back then—chronic disease demos in diabetes was launched, and it was a big failure. It was a failure because it just wasn't designed very well. So, I think that we've done an amazing job in the past decade of understanding how to design effective chronic disease management programs; we learned a lot over the years. We also realized that there is no such thing as a single chronic disease: You don't take care of the diabetes without also dealing with their mental health and with their new cancer diagnosis, etc. We've done a much better job of [understanding] poly chronic disease, treatment interventions, heart failure, readmissions, helping people figure out their medications after discharge—that's a lot of work that we've done. But then to your second point, we have never done with substance use and behavioral health disorders what I mentioned doing in diabetes and heart failure and asthma, for a lot of bizarre reasons, including the financing of behavioral health being carved out, as well as the fact that we never really integrated people like me, primary care doctors, with mental health providers previously. I think that in a telehealth era, there's a lot of promise, but we have to overcome some of those structural barriers. For example, you cannot [prescribe] buprenorphine, you cannot get someone off opioids, without face-to-face or video visits. I can't do telephone medication assistance therapy counseling to get someone off opioids. That's crazy. Why is that? Because of the structural barriers. So, I think we still have a lot of work to do on the SUD/mental health side. I think it's possible. I am hopeful that this is, again to your first question, coming out of COVID-19. I think with behavioral health and substance use disorders, it is a tipping point, and I hope that can change. ■

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