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massachusetts-rhode island chapter

24th Annual Revenue Cycle Conference

Rev Cycling Through Adversity



Race, Medicare and Post Pandemic America

January 6, 2021 Virtual Webinar

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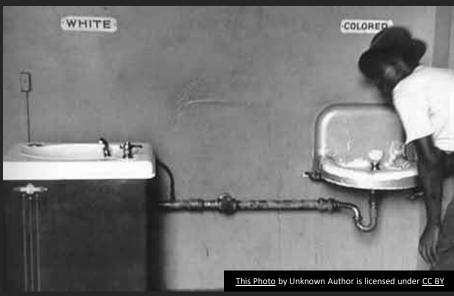
DAVID BARTON SMITH

Pandemics and Major Social Change

- "Only when the tide goes out do you discover who has been swimming naked." Warren Buffett
- COVID-19 laid bare two key flawed assumptions about the organization and financing of healthcare in America







Flawed assumption #1:

"That was all in the past"'Historical institutionalism and path dependency shapes the present.



Flawed assumptions #2: The future involves a full epidemiological transition from the "Age of Infectious Diseases" to an "Age of Degenerative Ones."

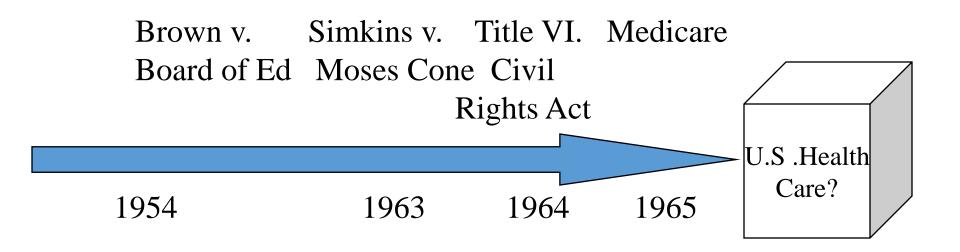
The Truthful Story:

"The past is not dead, it's not even past." Faulkner

- U.S. health system's "formative years" bookended by the Plessy and the Brown Decisions (e.g. 1896-1954).
- The way we think about, finance and organize health care has been shaped by that dysfunctional environment.
- Yet, coordinated small acts of defiance began to force dramatic change (August 28, 1963.



Mounting Pressure from a Twenty Year Civil Rights Campaign



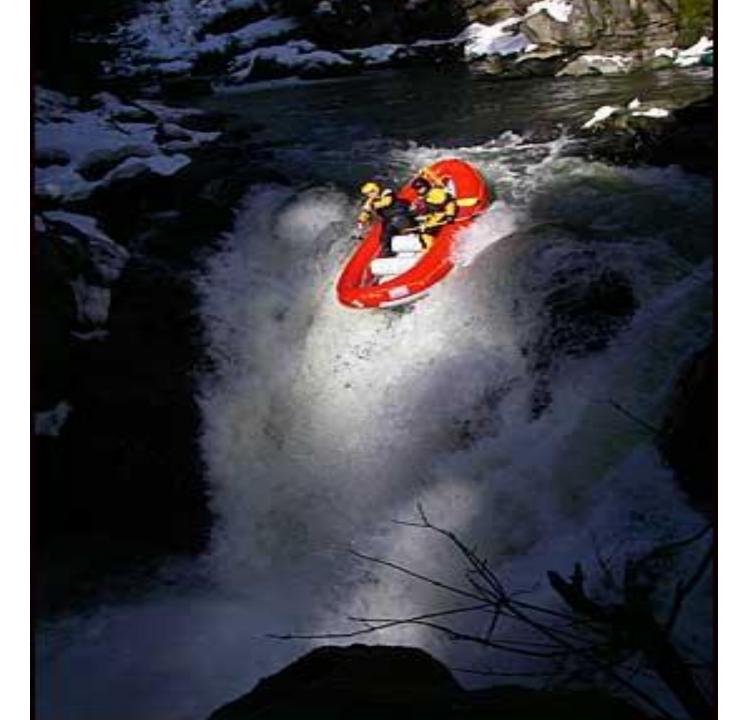
No one thought Title VI posed a Problem for Segregated Hospitals

- Provider dependent: AMA threatened a Medicare boycott and hospitals had already successfully resisted Title VI compliance for the Hill-Burton funding they had received.
- Politicians and bureaucrats had no interest in forcing the issue. Never came up in the legislative debate over Medicare.
- Mission Impossible: The office established to assure compliance in more than 6,000 hospitals had a staff of 5, no budget for expansion or travel costs and a 3 month deadline.

The Office for Civil Rights' "Children's Crusade"

- No "all deliberate speed" for hospitals wishing to participate in the Medicare Program. They must be in "full compliance."
- No exceptions- dare you to stop us!
- Johnson's two signature pieces of legislation (Civil Rights Act and Medicare) are on a collision course in the highest stakes gamble in domestic policy history.





Regulatory Capture by the Civil Rights Movement

- Authors the enforcement guidelines and procedures.
- Recruits & Trains 800 inspectors as temporary transfers from DHEW's Public Health Service and the Social Security Administration.
- Energizes an invisible army of local civil rights activists and hospital workers.

The "2-Day Wonder" Field Inspectors Fly by the Seat of their Pants and Force Real "Behavioral" Change

- The "Desegregated" Doors
- The "Desegregated" Waiting Room
- The Louisiana Red Cross Blood Supply
- Desegregating the "medically vulnerable."
- Desegregating physician referrals.

June 1966 Crisis:

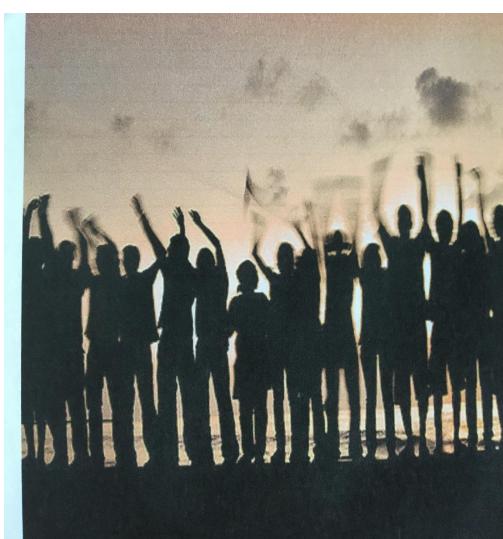
Most Hospitals in South Still Non-compliant



- Staff work round the clock.
- LBJ, fully engaged, turns up the heat.
- "War Room" at Social Security.
- VA, military hospitals, National Guard helicopters on standby.

Victory!

- Elimination of all the symbols of a racially and economically divided hospital system.
- Access to care on the basis of need not race or economic resources and reduced health "disparities."
- Success made threat of the use of the federal purse credible and produced dramatic transformations in other sectors (e.g. Title IX).
- But "the past was not dead."



The Dead Hand From the Past



- 1965 HEW decision exempted physicians that would be paid by Part B of Medicare from Title VI compliance.
- Failure to achieve a universal form of payment assures persistence of racial and economic disparities in care.

Can the Keys to Medicare's Title VI Victory in 1966 be Applied to the 2021 Problems?



- Regulatory precision and consistency.
- Universal payment's "Golden Rule."
- The rising tide of a grassroots social movement: "We are all in this together."



The Pandemic Challenge: End Jim Crow Medicine