The flywheel:

the Affordable Care Act is picking up momentum

Elections always have consequences. The midterm elections in the US were not solely a referendum on the xenophobic, misogynistic, and hateful rhetoric of President Trump and the inability of his flimflam appointees to dismantle most of the progressive reforms of the Obama administration. The election results, somewhat surprisingly, were also driven by the increasing value Americans are putting on the Affordable Care Act (still, unfortunately, referred to as Obamacare) and the reliance that 20 million Americans have developed on it for securing affordable insurance.

PICKING UP SPEED

The cry of 'Repeal Obamacare' has changed over time to 'Fix Obamacare' and the door has been opened to serious discussion about methods to achieve universal coverage, advocated in the US since before the First World War but defeated repeatedly. The two relatively easy-to-understand government-funded or subsidised insurance programmes — Medicaid for individuals on low incomes and families, and Medicare for everyone over the age of 65 years, are being used by Democrats as examples of how expansion of either or both of those programmes might move the country towards the goal of universal coverage. For the first time, a majority (56%) of Americans want the government to ensure healthcare coverage.[1] And no one is pounding the table decrying 'socialised medicine'!

During the most divisive, hateful, and uncivil period in the modern era, the ACA, the most consequential progressive social reform since the 1960s, is gaining voter support. This might seem oxymoronic. It isn't. Business writer Jim Collins used the idea of a flywheel as guidance to companies and social organisations trying to move from good to great.[2] He writes how an initial huge effort overcomes the inertia and begins the flywheel turning, and constant pressure over a long period of time will move it faster and increase momentum. The ACA — Obamacare — is a flywheel, now in its ninth year, and is picking up speed rather than slowing down.

FEMALE VOTERS HOLD THE KEY

Why is support for the ACA growing all across the country with Trump as president? One major factor is women. Women voters truly understand and appreciate the need for reliable health care for themselves and their families. Women are the 'deciders' for their family's health insurance and the increasing percentage of single working mothers have seen real benefits from the ACA. The election saw a large swing in women voting for Democrats and health care was their biggest concern.

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Second, more families are depending on it. Poor and underemployed families have come to rely on the expansion of Medicaid for coverage. More states, regardless of their politics, have used the ACA guidelines to expand Medicaid to include the working poor in addition to women on low incomes and children. Part-time workers in the 'gig economy' with no health insurance benefits can also receive subsidised coverage. Everyone loves Medicare, and, as 10 000 baby boomers become eligible each day, any threats to decrease coverage or increase fees threaten to mobilise millions of outraged older people who see it as one of the few safety net programmes for them.

OPIOID OVERDOSES

Finally, the opioid crisis. Overdose deaths and opioid use disorders are increasing dramatically since the turn of the 21st century and are overpowering community resources and primary care clinicians.[3] Fortunately, the ACA mandated mental health parity just in time to include treatment programmes for substance misuse and addiction. Currently close to 50% of patients being treated for opioid addiction treatment receive Medicaid.[4] The majority of patients with opioid use disorders are white and live in more rural and small-town communities. An article in 2017 found that US counties with greater than average opioid use voted 60% Republican in the last presidential election compared with counties with lowest opioid use, which voted less than 40% Republican (includes some very revealing maps).[5] Why, exactly, voters who live in the poorest, most disadvantaged communities in the country supported a party and a candidate that threatened to take away what little health care they had will be the stuff for political science and sociology dissertations for decades to come. But voters in Republican counties now know that, without the ACA or expanded Medicaid to help with treatment, their communities would feel even more hopeless. The narrowing gap in the midterms is evidence that perhaps people are beginning to understand that the government is not the enemy, particularly when people are losing family, neighbours, and friends daily to overdose deaths.

SAPPING THE SPIRITS OF DOCTORS

Organised medicine and the primary care groups in particular have been stalwarts against the effort to diminish or undermine the ACA. Before the 2016 presidential election (I use the phrase in the same way as one might say 'before the Plague Years') reform was moving to increase funding for primary care and change the method of payment for health care from fee-for-service to a more risk-adjusted capitation. The election stopped reform in its tracks. Meanwhile, the increasing burdens of 'value-based care' with its constant addition of yet more screening and management tasks and electronic documentation without any increased help to carry it off have been sapping the spirits of both younger and older family doctors. The primary care dysphoria is genuine.

MEDICAL SCHOOLS

From a workforce perspective, medical schools and academic health centres refuse to be socially accountable for guiding students towards careers in primary care that would be needed if the country ever achieved a system of universal coverage, claiming that medical students should be free to do whatever they want (that attitude

reminds me of an old Tom Lehrer song containing the line *'once they go up, who cares where they come down. It's not my department says Wernher Von Braun'*).

The $16.3 billion that the government spent supporting graduate medical education in 2017 has not addressed the deficiency of primary care physicians and has resulted in an overproduction of medical and surgical subspecialists. Any business with a similar return on investment would fire its leadership, replace its board of directors, and demand results that customers want. Evidently not the federal government. The Association of American Medical Colleges, in the meantime, is asking for 'more study,' which is an old strategy for ignoring a report and hoping it just goes away.

However, there is a danger that Trump might find out and use the money to build a wall to keep out doctors from other countries.

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American Overdose. The Opioid Tragedy in Three Acts
Chris McGreal
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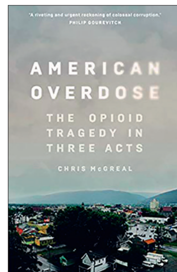

BUSTED

This book describes health and social devastation caused in the US by the rapid growth of potent opiate analgesic prescribing. It analyses the intensive marketing and lobbying of federal regulating bodies, state and federal government, and the powerful influence on medical and pharmacy professional bodies. And the large profits the pharmaceutical industry have made. It looks at experiences of people harmed and how their concerns were ignored by regulating authorities, state and national government. It describes how medical professionals and pharmaceutical companies constructed an epidemic of untreated pain with opioids as a safe and effective first-line treatment.

The author is a journalist. How robust is the evidence he draws on? His analysis draws from a wide range of sources: interviews and testimonies from those involved, including people affected, family, health professionals, members of the regulatory Food and Drug Agency, the Drug Enforcement Agency, the Centers for Disease Control (CDC), and politicians; national and state statistics; policy documents and research papers. He draws on a research paper and a review that question the effectiveness of opioids for the treatment of chronic pain.[1,2] A clinical guideline for opioid prescribing from the CDC suggested a different approach to prescribing of opiates.[3] And a policy document from the Trump administration recognised that the epidemic had occurred and the harm it had done.[4] The author brings this together to present a strong case for how the epidemic came about and was sustained, and the consequences for individuals, families, and communities. Is the US experience applicable to the UK? National statistics show a growing number of people taking increasing amounts of opiate analgesics, both prescribed and over the counter. Recent analysis of general practice prescribing data 1998–2016 found the number of prescriptions for opioid analgesics had increased by 34%, rising from 568 per 1000 patients per year in 1998 to 761 in 2016.[5] The number of more potent opioids prescribed, such as morphine, fentanyl, oxycodone, and buprenorphine, have also increased. There has also been a growth in gabapentin and pregabalin use, to treat an increasing wide range of chronic pain, even though the evidence for treating its actual indication of neuralgic pain is poor. There has been an increase in the number of reported drug deaths attributed to gabapentoid and prescription opioid drugs. The influence of pharmaceutical companies is perhaps more subtle in the UK compared with the US, yet remains substantial; for example intense marketing of Subutex (buprenorphine) following its introduction in 2006 for heroin addiction treatment; including lobbying for inclusion in NICE 2007 technology appraisal TA114 and for it to be prescribable on FP10 (MDA) prescriptions.

This year I received an invitation to attend a national conference 'Changing the Face of Opioid Dependence' chaired by Professor John Strang, leading researcher/policymaker in substance misuse. The meeting is organised and funded by Camurus Ltd, a pharmaceutical company currently marketing the first long-acting depot treatment for opiate dependence in the UK, Europe, and Australia —Buvidal.

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