

What Are the Prospects for Health Care Reform?

The Robert Wood Johnson Foundation's CEO Says Things Are Looking Better than They Have in Years

Risa Lavizzo-Mourey, MD, is the president and CEO of the Robert Wood Johnson Foundation (RWJF), Princeton, NJ. The foundation was launched in 1936 by the CEO of Johnson & Johnson, a prominent manufacturer of medical products. Today one of the world's largest philanthropies, RWJF focuses on goals—such as improving access to health care—that are shared by the Catholic health ministry.

HP: What motivates you in your work, both as a physician and as the CEO of RWJF?

Lavizzo-Mourey: I come to the job of CEO as a clinician and also as a person who has had a fair amount of involvement with policy and business. One of the things that really motivates me—indeed, thrills me—about philanthropy is that it gives me the opportunity to address the root causes of big problems and to really transform the way society does things, so that people actually do have better lives as a result. A clinician doesn't get that opportunity, because he or she tends to focus on the individual patient or on the patient's symptoms. In philanthropy, you can sometimes address the root causes and actually cure the person.

Then, too, philanthropy gives you an extraordinary opportunity to take a long view, to focus on the root causes of some of the most difficult challenges that the nation (and, at times, the world) faces, and also to work with really tremendous people and organizations like CHA in focusing on root causes. I like African proverbs because they often capture a simple wisdom. The work we do with CHA and other groups reminds me of the proverb that says, "Disease and disaster come and go like the rain, but health is like the sun that illuminates the village." At RWJF, we love the blessing of being able to illuminate the village.

HP: Regarding RWJF, what are you excited about this year?

Lavizzo-Mourey: This will be a busy, jam-packed year in terms of public policy. Clearly the issue of health care coverage for more people is going to rise to a greater level of prominence. We're seeing organizations that, in the past, were opposed to reforms, now becoming willing to offer reform plans of their own.

The State Children's Health Insurance Program (SCHIP) legislation is up for reauthorization in 2007. This will give the



nation an absolutely critical opportunity to not only sustain that effort but do it in a way that does not diminish Medicaid, and do it in a way that, we hope, will establish a platform for covering all kids all the time—and perhaps even create more opportunities for coverage.

I can't help but be enthusiastic about the greater emphasis that we're seeing the nation put on prevention. More and more people—in businesses, state governments, municipal governments, and local communities—are realizing that prevention is an important part of what we need to do if we're going to be a healthier people. You see this in the current push to address obesity and tobacco use.

Real benefit sometimes comes out of tragedy, I think. The terrible lessons learned from Hurricanes Katrina and Rita have got the country really focused on what we need to do to

improve our public health system. The potential threat of avian flu is also pushing the country in that direction. More and more, we are seeing local and regional public health systems saying that we've got to be prepared for catastrophes—both natural disasters and those that are human-made—because we just can't ignore the public health system as we've ignored it in the past.

At RWJF, we're glad to see it. The foundation has been focused on quality for a long time, and we are increasingly seeing the nation becoming ready to re-engineer its health care system, so that it can deliver both a better quality of care and better equality of care. More and more people are realizing that a care system is inadequate if it looks at only one problem at a time and never considers the ways in which problems are connected. (A person's mental health will be affected by how well he or she recovers from a heart attack, for instance.) Catholic health care has been connecting the dots for years. I'm heartened by the fact that more people, health care facilities, and care systems are now doing the same thing. If we continue to improve quality in this way, we'll reduce disparities in care as well.

And finally, the United States is moving with great speed toward an electronic health record. We're seeing a real willingness to deal with all the thorny accompanying questions involved—such as paying for the record, making sure that safety-net institutions have access to it, and patient privacy.

As I see it, these issues, in addition to expanding coverage, are the primary things that are really going to play out in the next 12 to 18 months.

HP: Some 45 million Americans continue to go without adequate health care coverage. When do you think we'll realize that this is a problem that absolutely must be fixed?

Lavizzo-Mourey: There are a few things that we need to connect. For example, we need to realize that rising health care costs are linked to coverage, and that a solution to one problem must also solve the others. I think people are increasingly coming to understand this.

But solving these related problems is also going to take the support of a fairly broad and inclusive "tent." This big tent will show our elected officials that people who were formerly opposed to tackling these issues—some trade associations, for example—are now in favor of doing so. It's heartening that federal legislators are seeing that states really are serious about this and are developing solutions that are innovative, workable, and bipartisan. Elected officials at all levels are really getting the message that people do care about this and are willing to lend their voices to it. I was gratified to learn that, during the last "Cover the Uninsured Week," so many Americans sent e-mails to members of Congress. Congress isn't going to act until the people demonstrate that it is important to them.



Risa Lavizzo-Mourey, MD

In January 2003, Risa Lavizzo-Mourey, MD, became the fourth president and CEO of RWJF. She had previously been senior vice president and director of the foundation's Health Care Group, overseeing grant making and programs related to access to care and care for chronic illness.

Lavizzo-Mourey was born in Seattle, the daughter of two physicians. She earned a doctor of medicine degree at the Harvard Medical School, Cambridge, MA, and also acquired a master's degree in business administration at the Wharton School of the University of Pennsylvania, Philadelphia. She was a Robert Wood Johnson Foundation Clinical Scholar at the University of Pennsylvania, where she received her geriatrics training.

Before joining RWJF in 2001, Lavizzo-Mourey served in a number of roles at the University of Pennsylvania, including director of its Institute on Aging. She was also deputy administrator of the U.S. Agency for Health Care Research and Policy and has been a consultant to the White House on health care issues, including the Clinton administration's plan for health care reform.

What Are the Prospects for Catholic Health Care Reform?

HP: CHA, along with many Catholic health care organizations across this country, has taken the crisis of the uninsured quite seriously. What are some of the main concerns you're hearing from health care leaders about this crisis?

Lavizzo-Mourey: The main thing I hear is that we have a gaping wound in this country, a real chasm between the haves and the have-nots, the people who have insurance and those who don't. Health care organizations (including some Catholic



organizations) that are trying to solve the problem alone are, in effect, trying to close a gaping wound with a Band-Aid. Try as they will to solve it—and they are doing incredibly innovative things to change things in their own organizations—they can't do it alone. This is a national problem that's going to take a national solution. It's going to take comprehensive leadership from a lot of different sectors.

HP: Do you see any bright spots on this front?

Lavizzo-Mourey: Actually, I think SCHIP reauthorization is a potential bright spot. SCHIP is really the only big change in health care coverage policy that we've seen since 1965. There's no question that it has led to an increase in the number of kids who have coverage, and research shows these kids are much better off with coverage than without it, in terms of their health, their future well-being, and their ability to do important things like learn in school.

I think that this success story, SCHIP, is going to become more important as national and state leaders start jockeying about how to address the coverage issue in the next presidential election. I suspect the fact that we have an opportunity to build on SCHIP will be a real bright spot, because it is a success story.

HP: We're coming up on the fifth annual Cover the Uninsured Week. What do you see as the impact of this RWJF initiative?

Lavizzo-Mourey: When you do something for five years, you have the potential to really create a drumbeat, and for us the drumbeat has been that this is an important problem, it's a problem that affects millions of people, and that the impact today it has on their lives is real in terms of the financial consequences and the clinical consequences.

The fact is that this drumbeat would not have been possible without the partners that we've had and the tremendous number of events we've created together each of the five years. Last year, I think, there were about 5,000 events.

In those areas where we have had the most intensive involvement, we've seen a dramatic increase in enrollment in programs like SCHIP or Medicaid. So not only are we seeing a greater awareness, a greater number of organizations that are interested and involved and willing to speak out; we're also seeing uninsured people actually becoming insured as a result of the initiative. So the bottom line is that, with all of these kinds of events, we think that Cover the Uninsured Week creates a situation in which the uninsured cannot be ignored.

HP: Some organizations, like the insurance lobby group America's Health Insurance Plans, are beginning to issue proposals to cover everyone. Should these proposals come from industry? Who else should be "at the table" and how do we get them there?

Lavizzo-Mourey: I think every proposal should be looked at carefully. This is a complex problem that affects us all, and there needs to be representative stakeholders at the table. This means industry, trade organizations, health care organizations, and groups such as CHA, along with philanthropy and government.

I have long felt that, rather than picking any one organization's top choice, the nation will reform the health care system by being willing to understand all of the different perspectives and then persuading everyone involved to be willing to trust one another, talk to one another, negotiate, and, ultimately, compromise. That way, instead of taking anyone's first choice, we'll arrive at some consensus about what might be everyone's compromise choice—which, by the way, is likely to be better than what we have now.

HP: Leaving public policy aside and considering your own perspective as a physician, why is covering the uninsured an ethical as well as medical issue?

Lavizzo-Mourey: Whenever I think about the moral or ethical imperative of providing coverage, I can't help but think about one of the people I met during a recent Cover the Uninsured Week. Nick was 21, uninsured, and about to become a father. He'd been working as a construction worker but had developed a sore on his back that just wouldn't go away. Nick went to a clinic and got the sore biopsied. It turned out to be a melanoma and was already metastatic. Metastatic melanoma does not have the most favorable prognosis.

I remember thinking about this young man when another young man—a member of the Cover the Uninsured Week staff—discovered a similar sore spot on his back. The staff member got the sore biopsied right away, and it also turned out to be melanoma. But it was excised completely, and, as a result, the staffer had a complete cure.

I think about the moral juxtaposition of these two young men, both with great potential, but one with insurance and



one without, and the probable difference in their medical and financial futures as a consequence of being insured or not. It struck me that this is not what our country stands for. We talk about equality in this country, about people having the ability to realize their potential. Unfortunately, the nation's health care system does not reflect American core values.

HP: Are you optimistic that one day we'll have health care for everyone in this country? How long might that take?

Lavizzo-Mourey: I am optimistic. You have to be optimistic that things are going to change when you see, on one hand, the problems that a lack of insurance causes, but also, on the other hand, the number of groups and organizations that are willing to come together and talk about things in a really honest and open way.

We haven't seen that willingness for many years, but we're starting to see it now. There won't, I think, be a "silver bullet," a single solution to the access problem. And because there won't be a silver bullet, it's critical that we get a variety of ideas on the table. Then, after we've analyzed and criticized those ideas, we can begin to talk in a realistic way about reaching a compromise, so that we can get a wonderful solution. I'm not going to speculate on how long this is going to take, but I'll tell you this: For as long as it does take, RWJF will be working on it.

HP: Is there anything else you would like to add?

Lavizzo-Mourey: Just that we are very grateful to have CHA as a partner. It's been a tremendous alliance, one that, I think, gets to the very core of both organizations. The two of us can help do what Sr. Bernice Coreil, DC, a former CHA board chair who is now senior executive advisor to the president of Ascension Health, has long advocated we do: "Keep the pot boiling"—which is what will ultimately cause health care reform to occur.

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