



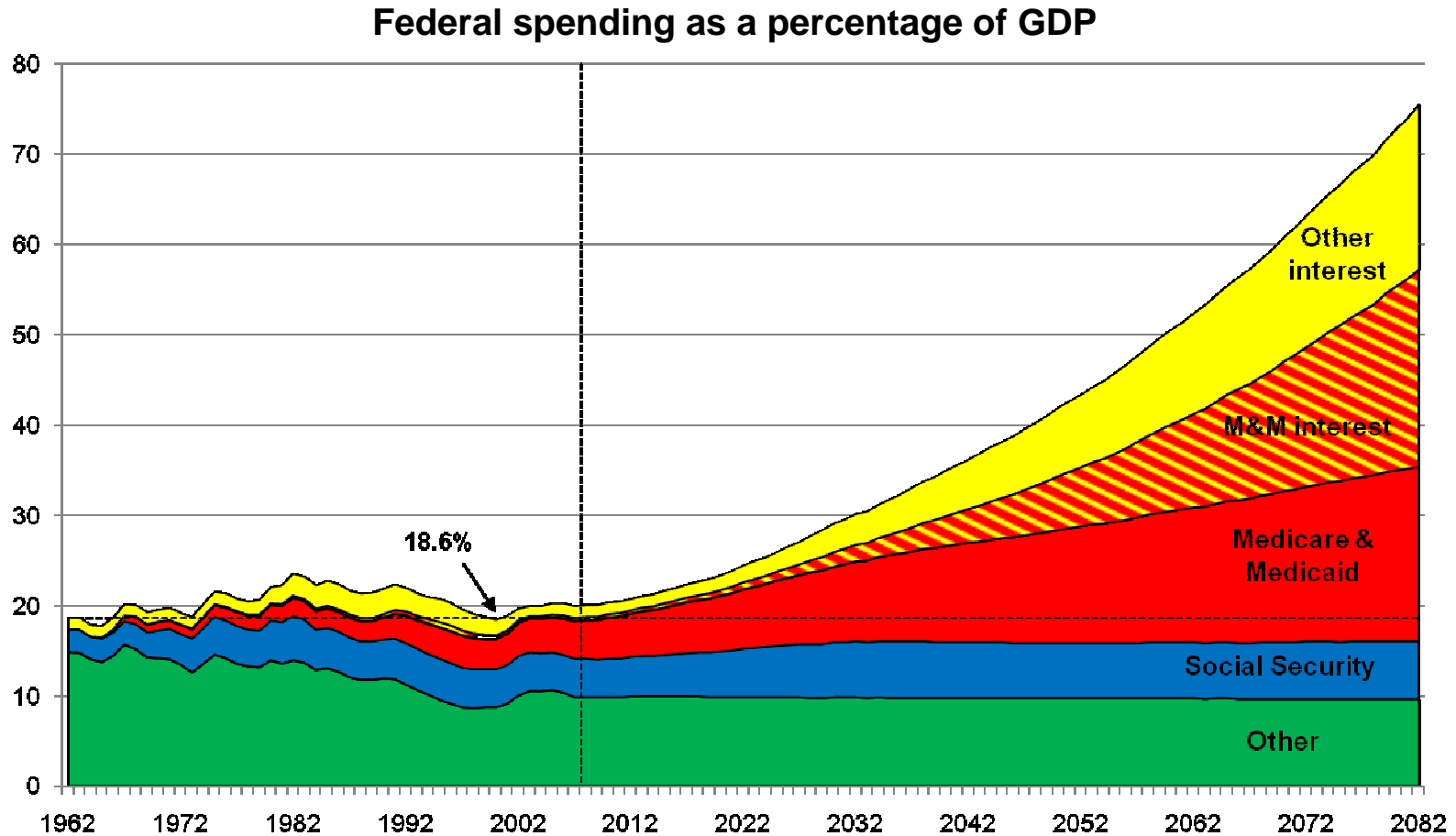
# Realigning Incentives to Promote Affordable Quality Care

National Academy of Social Insurance  
Washington, DC  
January 29, 2009

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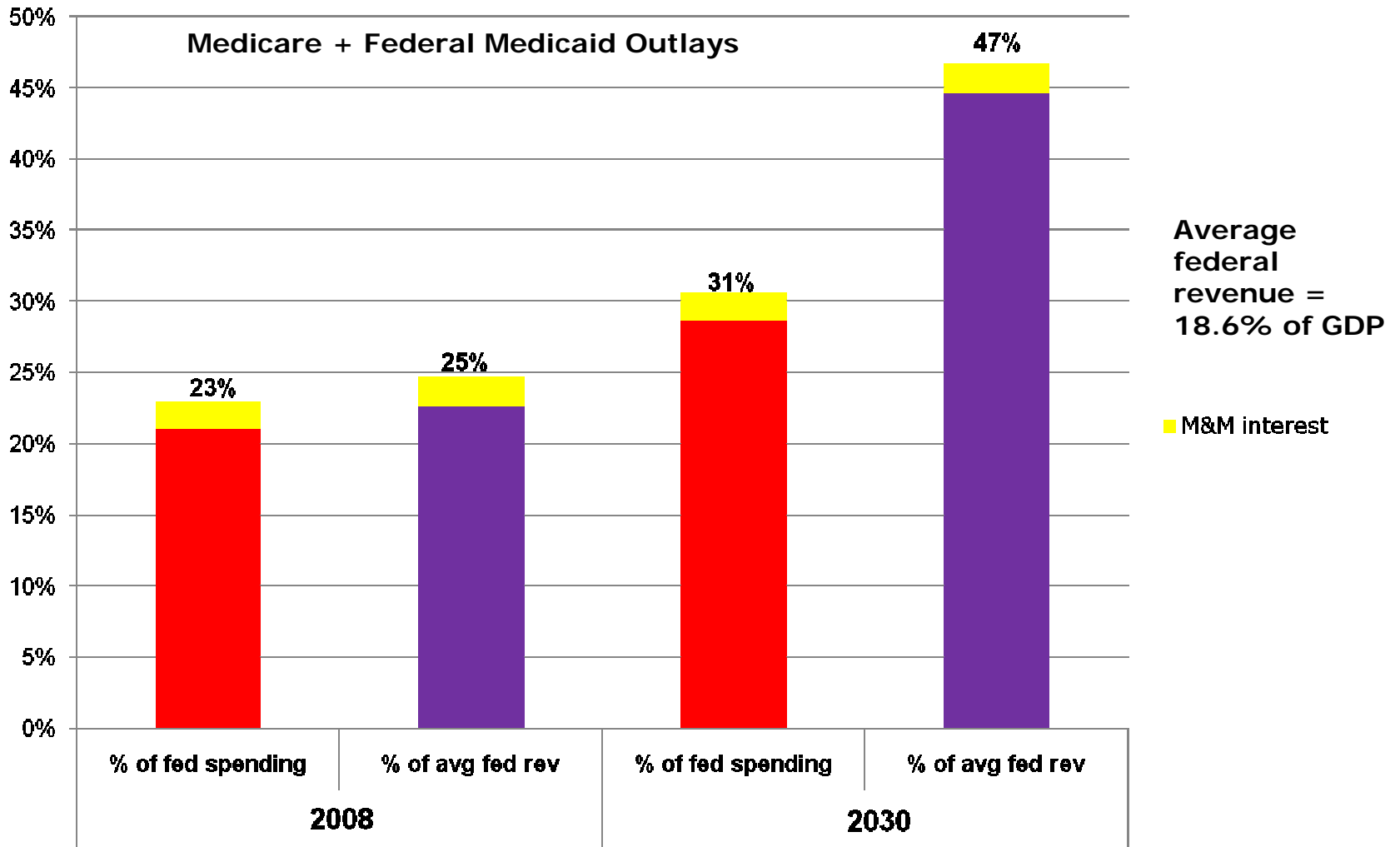
Wilson H. Taylor Scholar in Health Care  
and Retirement Policy  
American Enterprise Institute

# Health programs drive the federal deficit



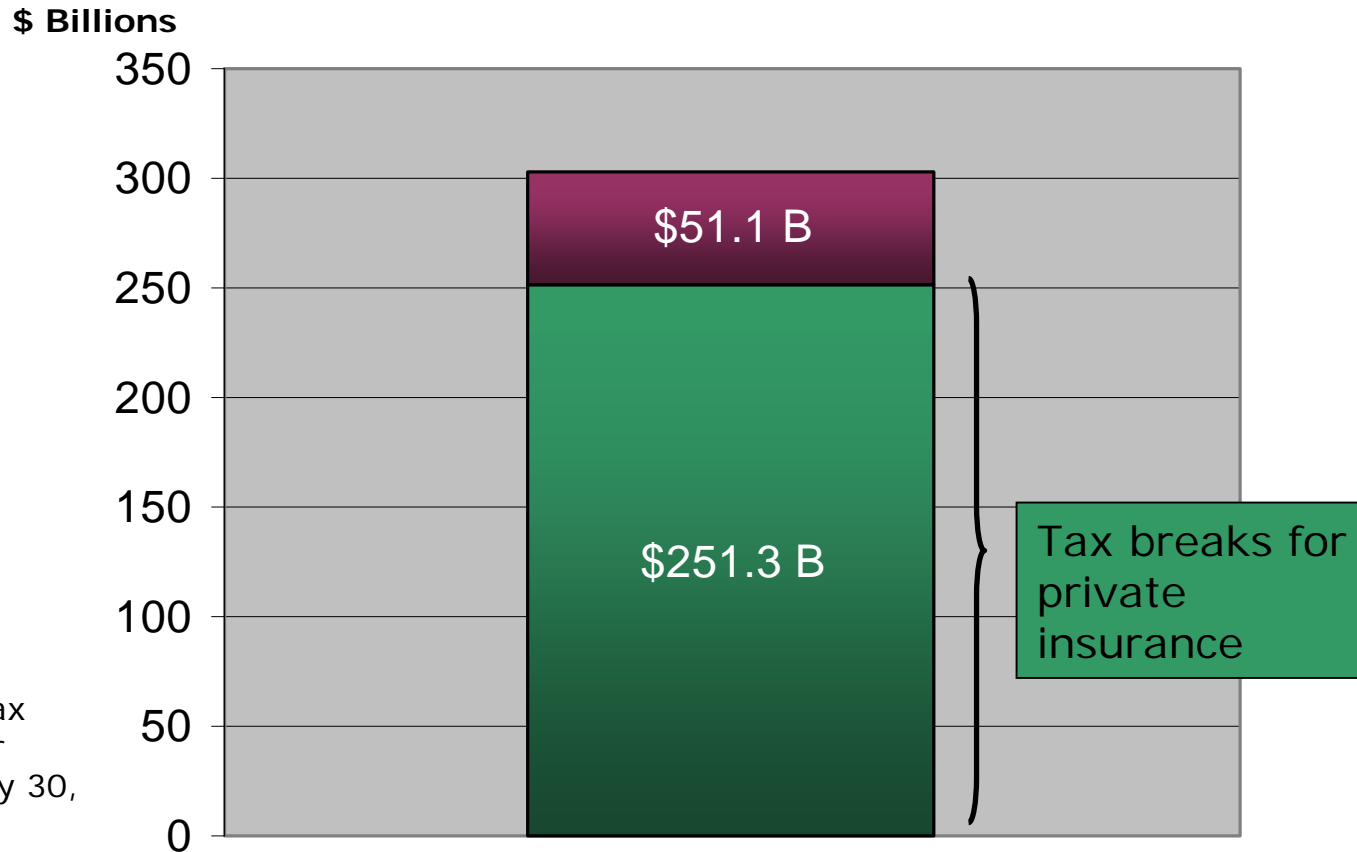
Source: Author's calculations based on CBO, "The Long-Term Budget Outlook," December 2007.

# Crowding out other priorities



# The third health “entitlement”

## Tax Expenditure for Health, 2007



Source: JCT, Tax Expenditures for Health Care, July 30, 2008

# Policy leverage

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**Medicare can't do it all**

**Demand and supply sides matter**

**Who decides what is quality/value?**

**You can't regulate enough**



# Incentives matter

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## We get what we pay for

- DRGs promote shorter stays and post-acute care
- P4P, other pricing schemes will produce more units bundled differently
- Is there enough money on the table to change the way care is delivered?
- Would competitive markets price this way?



# Consumers and value

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## Even health care markets respond to consumers

- Tax incentives promote cost and coverage
- Will subsidy for COBRA make matters worse?
- Shift to Medicare managed care in the 90s
- The case of Children's Hospital



## Value is not absolute

- Benefit design
- Conundrum of catastrophic coverage

**Can we use regulation to require sellers to do things that consumers do not want?**