law and shift more responsibility to the states. And multiple Democratic presidential candidates have embraced Medicare for All (though some Democrats support the incremental goal of expanding Medicare eligibility to more people, which would leave the ACA largely intact).

The paradox of Obamacare is that for all the controversy that has surrounded it, the legislative, legal, and administrative challenges it has endured, and myriad shortcomings in design and implementation, the ACA has produced important successes and transformed the health care landscape, which makes it difficult to displace. Both liberals and conservatives may want to move beyond Obamacare, but enacting disruptive reform that aims to undo the ACA and replace it with new insurance arrangements is easier said than done.

An audio interview with Dr. Oberlander is available at NEJM.org

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The Upcoming U.S. Health Care Cost Debate — The Public's Views

Robert J. Blendon, Sc.D., John M. Benson, M.A., and Caitlin L. McMurtry, S.M.

U.S. health care costs — and not merely prescription-drug prices — have risen to the top of the national agenda. More than two thirds (69%) of the U.S. public has said that reducing these costs should be a top priority for President Donald Trump and Congress in 2019, ranking it behind only strengthening the economy (70%) on a list of 18 possible priorities (Pew, 2019) (see table, next page). Given a list of 13 possible health-specific priorities, about 9 in 10 Americans said both prescription-drug prices (92%) and lowering the overall cost of health care (88%) were extremely important (Politico–HSPH, December 2018). In addition, when asked how much of a problem each of 18 domestic issues was, respondents ranked affordability of health care first, with 70% saying it was "a very big problem" (Pew, September–October 2018). We reviewed 14 national public opinion polls from 2018 and 2019 to elucidate the public's perspective on health care costs and possible solutions (see box for list of polls).

Although the United States spends 18% of its gross domestic product on health[1] — more than any other industrialized country — that is not the focus of the public's concerns. In fact, 69% of the public believes that the United States is spending too little on health (only 10% believes we're spending too much) (NORC–GSS, 2018); 56%, too little on Medicare (10%, too much); and 42%, too little on Medicaid (17%, too much) (West Health–NORC, February 2018).

Instead, the driving force for concern is the belief that health care services are unreasonably priced and that what people pay for care harms their household's financial situation. More than half (53%) of Americans say the cost of health care affects their own household's financial situation "a lot" (Pew, March 2018). Forty percent say they're dissatisfied with the total amount they pay for care (Gallup, 2018).

So why, according to the public, are health care costs so high? When given lists of 12 or more possible reasons identified by policy experts and the media, respondents focus on charges by pharmaceutical companies (78% in one survey, 79% in another), insurance companies (70%, 75%), and hospitals (71%, 74%) as the main causes (KFF, 2018; Politico–HSPH, 2019).

Unlike many experts, the public does not see overuse of services as a significant contributor to the cost problem that concerns them.[2,3] Some 60% of Americans attribute high costs to unreasonably high prices for services and drugs; 23% believe that Americans are getting more health care and prescription drugs than they

Public Attitudes about Health Care Costs.*

Attitude	Percentage of Responses
Health care costs as a national priority	
Reducing health care costs should be a top priority for President Trump and Congress in 2019†	69
Health priorities for the new Congress (top 5 from a list of 13; % saying "extremely important" priority)‡	
Lowering prescription-drug prices	92
Making sure insurance companies must still provide health insurance for preexisting conditions	91
Making sure Medicare benefits are not cut back	88
Lowering the overall cost of health care	88
Increasing spending on research to find cures for diseases	85
Affordability of health care is a very big problem in the country today§	70
Health spending	
U.S. spending on health¶	
Too little	69
Right amount	19
Too much	10
Spending on Medicare‖	
Congress should increase spending	56
Keep spending the same	33
Decrease spending	10
Spending on Medicaid‖	
Congress should increase spending	42
Keep spending the same	39
Decrease spending	17
Personal effect of health care costs	
Cost of health care affects own household's financial situation a lot**	53
Dissatisfied with total cost you pay for your health care††	40
Reasons for high health care costs	
Reasons for rising health care costs (top 5 from a list of 12; % saying major reason)‡‡	
Drug companies make too much money	78
Hospitals charge too much	71
There is too much fraud and waste in the health care system	71
Insurance companies make too much money	70
New drugs, treatments, and medical technologies are often very expensive	62
Reasons for high health care costs (top 5 from a list of 18; % saying major reason)	
High prices charged by drug companies§§	79
High prices charged by insurance companies¶¶	75
High prices charged by hospitals §§	74
High prices charged by doctors and other health professionals¶¶	66
Actions taken by the federal government that raise health care prices¶¶	64
Cause of high health care costs¶¶	
More because prices are too high for health care services and drugs	60
Because Americans are getting more health care and prescription drugs than they need	23
Both (volunteered response)	11
Relative to the quality of care, for most of the care they receive from the U.S. health care system, Americans are paying...‖‖	
Too much	76
About right	18
Too little	3

Public Attitudes about Health Care Costs (Continued).

Attitude	Percentage of Responses
Increases in health insurance premiums reflect...‖‖	
Greater profit for insurance companies	47
Better care	21
High prices for care	16
Broader coverage	13
As a way to reduce the nation's health care costs, favor . . .	
Making greater efforts to prevent future diseases and to have people live healthier lives¶¶	84
Believe this will reduce the nation's health care costs a lot¶¶	41
Having the government making it easier for health care professionals and hospitals to compete with each other on basis of price and quality§§	67
Believe this will reduce the nation's health care costs a lot§§	32
The government establishing limits on what health care professionals and hospitals can charge§§	65
Believe this will reduce the nation's health care costs a lot§§	34
Allowing people 50 to 64 yr of age to buy into Medicare§§	61
Believe this will reduce the nation's health care costs a lot§§	25
Changing our health care system so that most people have Medicare and there is little or no private health insurance§§	52
Believe this will reduce the nation's health care costs a lot§§	36
Having insurance plans not pay for some high-cost prescription drugs and treatments that have been shown to be safe and effective but whose high cost many experts believe is not justified by the benefit provided¶¶	37
Believe this will reduce the nation's health care costs a lot¶¶	18
Giving individuals tax incentives to buy high-deductible health plans, which require them to spend several thousand dollars out of pocket before insurance kicks in; may encourage consumers to shop for lower-priced care and use fewer unnecessary services¶¶	37
Believe this will reduce the nation's health care costs a lot¶¶	19
As a way to lower the price of prescription drugs, favor . . .	
Allowing pharmacists to tell customers whether directly paying the retail price of a prescription drug would cost them less than paying insurance copayment***	81
Believe this will lower prescription-drug prices***	42
Having the FDA approve greater numbers of generic, over-the-counter, and biosimilar drugs to encourage more prescription-drug competition***	66
Believe this will lower prescription drug prices***	56
Requiring drug advertisements on TV to include price information***	63
Believe this will lower prescription-drug prices***	28
Trying to make other countries pay more for prescription drugs (rather than using their national health systems to negotiate for unfairly low prices)***	26
Believe this will lower prescription-drug prices***	19
The federal government negotiating with pharmaceutical companies to lower the prices of prescription drugs for seniors on Medicare†††	82–89
Believe this will lower prescription-drug prices for seniors on Medicare‡‡‡	58

Public Attitudes about Health Care Costs (Continued).

Attitude	Percentage of Responses
Role of government and private health insurance plans in controlling costs	
Which would be better at controlling health care costs§§§	
Government	47
Private health insurance plans	38
Both equally (volunteered response)	6
Neither (volunteered response)	5
Which would do a better job at establishing limits on what health professionals and hospitals can charge§§§	
Federal government	51
State governments	45
Medicare Part A trust fund	
Very concerned that Medicare Part A will run out of money in the next 10 years§§	25

* "Don't know" and "No opinion" responses are not shown.
† Data are from the responses of 1505 U.S. adults, as reported by Pew, 2019.
‡ Data are from the responses of 557 U.S. adults, as reported by Politico–HSPH, December 2018.
§ Data are from the responses of 5368 U.S. adults, as reported by Pew, September–October 2018.
¶ Data are from the responses of 1160 U.S. adults, as reported by NORC–GSS 2018.
‖ Data are from the responses of 1511 U.S. adults, as reported by West Health–NORC, February 2018.
** Data are from the responses of 1466 U.S. adults, as reported by Pew, March 2018.
†† Data are from the responses of 1037 U.S. adults, as reported by Gallup, 2018.
‡‡ Data are from the responses of 1201 U.S. adults, as reported by KFF, 2018.
§§ Data are from the responses of 505 U.S. adults, as reported by Politico–HSPH, 2019.
¶¶ Data are from the responses of 498 U.S. adults, as reported by Politico–HSPH, 2019.
‖‖ Data are from the responses of 3537 U.S. adults, as reported by West Health–Gallup, 2019.
*** Data are from the responses of 517 U.S. adults, as reported by Politico–HSPH, June-July 2018.
††† Data are from the responses of 1002 U.S. adults, as reported by West Health–NORC, August 2018; responses of 1440 U.S. adults, as reported by KFF, February 2019; responses of 1010 U.S. adults, as reported by HSPH–SSRS, 2019.
‡‡‡ Data are from the responses of 1010 U.S. adults, as reported by HSPH–SSRS, 2019.
§§§ Data are from the responses of 344 U.S. adults who thought that government establishing limits would reduce the nation's health care costs at least a little, as reported by Politico–HSPH, 2019.

need; and 11% consider these two factors equally responsible (Politico–HSPH, 2019).

About three fourths (76%) of the public believes that Americans are paying too much for most care they receive, relative to its quality. A majority also believes that health insurance premiums are increasing primarily either to boost profits for insurance companies (47%) or to accommodate high prices for care (16%), not because care is better (21%) or coverage is broader (13%) (West Health–Gallup, 2019).

Numerous broad-based proposals for reducing U.S. health care costs have been put forth by experts and covered by the media. More than half the public supported five of the seven such proposals they were asked to consider: making greater efforts to prevent disease and ensure that people live healthier lives (84%), having the government facilitate competition among health care professionals and hospitals based on price and quality (67%), having the government establish limits on what health care professionals and hospitals can charge (65%), allowing people 50 to 64 years of age to buy into Medicare (61%), and changing our health care system so that most people have Medicare and there is little or no private health insurance (52%) (Politico–HSPH, 2019). Although experts see competition and government regulation as fundamentally different ways of controlling health care costs, Americans are nearly equally supportive of both.

The two proposals the public does not favor would restrict patient access to treatments and prescription drugs: allowing payers not to cover some services deemed by experts not to be beneficial enough to justify their high cost, and giving individuals tax incentives to buy high-deductible plans. Each proposal was favored by only 37% of the public (Politico–HSPH, 2019). The public's opposition to allowing experts to make decisions based on cost-effectiveness was similar in 2019 (56%)

to what it was in 2012, when 43% were in favor and 54% opposed.[4]

When asked whether they thought the five proposals favored by the majority would greatly reduce health care costs, however, a preponderance of respondents said they didn't think any of the five, including Medicare for All, would do so (Politico–HSPH, 2019).

A similar pattern can be seen in attitudes toward high prescription-drug costs. Shortly after May 11, 2018, when Trump released the outline of a plan to lower prescription-drug prices, the public was asked whether they favored or opposed four components of the plan. Although a majority supported three of the four proposals, they saw only one as likely to be effective: having the Food and Drug Administration approve more generic, over-the-counter, and biosimilar drugs to encourage greater competition. Sixty-six percent favored this proposal, and 56% believed it would lower drug prices (Politico–HSPH, June-July 2018).

A large majority (82 to 89%) favors allowing the federal government to negotiate with drug companies for lower medication prices for people on Medicare (West Health–NORC, August 2018; KFF, February 2019; HSPH–SSRS, 2019). A smaller majority (58%) believes that such negotiations would reduce prices (HSPH–SSRS, 2019).

When asked whether government or private health insurance companies would be better at controlling health care costs, nearly half (47%) of respondents said government, while 38% said private companies. Notably, 61% of Republicans were in the latter camp, and 65% of Democrats were in the former (Politico–HSPH, 2019). And when respondents who thought that government-set limits on what health care professionals and hospitals can charge would reduce U.S. health care costs were asked which level of government would do a better job of establishing these limits, there was a similar lack of consensus: 51% said the federal government, and 45% said state governments. Once again, a partisan split was evident: 69% of Democrats chose the federal government, whereas 63% of Republicans chose state governments (Politico–HSPH, 2019).

What can we conclude from these findings as we approach the 2020 election? First, health care costs are likely to be an important election issue. But unlike many experts and political leaders, most Americans are not particularly concerned about aggregate health spending, either overall or on the part of government. In fact, when asked about the possibility of the Medicare Part A trust fund running out of money in the next 10 years, only 25% of the public was very concerned that it would (Politico–HSPH, 2019).

The public sees the issue of health care costs primarily as a price problem, rather than one of overutilization. Thus, proposals focused principally on reducing overuse of care are likely to be less popular than those that address high prices directly. People are likely to support candidates who talk about increasing overall health spending, not reducing it. In addition, it's important to recognize that the public has not reached a judgment about whether increased competition or government regulation is more effective in controlling health care costs.

This debate tracks with the partisan divide: Republicans generally believe that private health insurance and state governments would be more effective at reducing costs, whereas Democrats tend to support efforts by government, especially the federal government, to address the problem. Finally, given the public's skepticism that any approach will greatly reduce

Public Opinion Polls on the Upcoming Health Care Cost Debate.

Gallup poll
November 1–11, 2018

Harvard T.H. Chan School of Public Health–SSRS (HSPH–SSRS) poll
April 9–14, 2019

Kaiser Family Foundation (KFF) polls
August 23–28, 2018
February 14–24, 2019

NORC–General Social Survey (NORC–GSS)
April 12–November 10, 2018

Pew Research Center (Pew) polls
March 7–14, 2018
September 24–October 7, 2018
January 9–14, 2019

Politico–Harvard T.H. Chan School of Public Health (Politico–HSPH) polls
June 27–July 2, 2018
December 11–16, 2018
February 28–March 3, 2019

West Health Institute–Gallup (West Health–Gallup) poll
January 14–February 20, 2019

West Health Institute–NORC (West Health–NORC) polls
February 15–19, 2018
August 16–20, 2018

health care prices, if they are to actively support particular cost-saving proposals, they will have to be shown that those approaches would actually reduce what they pay for care. And if the public's view is going to converge with that of many experts, they will have to be convinced that overuse of services plays a greater role in high health care costs than they currently believe.

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Serious-Illness Care 2.0 — Meeting the Needs of Patients with Heart Failure

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Heart failure is the most common cause of hospitalizations among elderly Americans, and despite much medical and scientific progress, it remains a source of substantial suffering, expense, and caregiver burden. Palliative care can improve quality of life, symptoms, and functioning for people with serious illnesses, and a recent observational study in patients with heart failure showed that enrollment in home hospice was associated with fewer emergency department (ED) visits and intensive care unit stays, shorter stays in the hospital, and longer survival.[1] Yet palliative care and hospice care remain grossly underused for heart failure, owing to both general and disease-specific barriers (see box). In the next phase of serious-illness care, innovations in care delivery can help providers integrate approaches to improving functioning and quality of life into the care of people with heart failure.

For example, advance care planning enables patients to influence the kind of care they will receive if and when they are unable to make their own decisions. Clinical staff can be trained and empowered to integrate advance care planning conversations into their workflows. Planning documents could be designed specifically to address common heart-failure scenarios, including options for managing permanent pacemakers and implantable cardioverter–defibrillators (ICDs). Patients may decide at some point not to receive further ICD shocks, for example, but to continue benefiting from antitachycardia pacing to terminate ventricular arrhythmias. Many patients with heart failure are at risk for progressive cognitive decline and could be supported in making decisions about future use of inotropes or mechanical circulatory support, including ventricular assist devices or extracorporeal membrane oxygenation. Even traditional do-not-resuscitate or do-not-intubate orders might not be specific enough for patients with heart failure, since treatment for ventricular tachyarrhythmias differs greatly from treatment for pulseless electrical activity or asystole. Because of the difficulty involved in predicting future circumstances, however, patients often cannot make specific decisions regarding future care, especially when they're relatively healthy. This limitation highlights a role for value-based advance care planning that doesn't focus on specific treatments, instead preparing patients and their surrogates using education and exploration of values and goals.[2]

Another innovation entails concurrent delivery of cardiac and palliative care. A major barrier to adoption of palliative care is the misconception that palliative care is incongruent with conventional care. Concurrent care can be provided in any care setting, including hospitals, outpatient clinics, and nursing homes, and can be used to support home-based care when travel becomes burdensome and 911 calls and ED visits become the defaults for symptom crises. Reliable, continuous home-based support involving telemedicine, collection of patient-reported outcomes using new devices such as wearables, and cardiac or palli-