



Framework for Designing a New Health System

The grassroots work of the Archimedes Movement has produced agreement around a set of parameters which offer us the conceptual structure for a new system. These elements evolved from a set of principles and were revised through a robust process of public engagement. These tenets include:

- We cannot solve the health care crisis by simply giving everyone insurance coverage (i.e. this is not just an insurance problem).
- We are all in this together and have challenged the whole concept of “categorical eligibility.”
- All Americans should be eligible for and have timely access to effective treatment for at least the same set of essential health conditions (“core benefit”)
- The core benefit should be portable and not tied to employment.
- In terms of financing, we believe the first emphasis should be on the public resources already being spent on health care. We want to ensure that public resources are spent in a way that is equitable, efficient and effective in producing health.
- Market competition should be based on cost, quality and outcomes, not the avoidance of risk.
- We must explicitly recognize the reality of fiscal limits and that we cannot purchase everything for everyone.
- We must acknowledge the inevitability of at least a two-tiered system; that people with more disposable income will always be able to purchase more than people with fewer resources. People should be able to purchase additional services that may not be covered in the core benefit. The challenge is to ensure that the core benefit (the “floor”) is adequate to provide for the health of all Americans.
- All medical interventions are not of equal value and effectiveness in producing health, and therefore a prioritization process must be established to decide what will be financed with the public resources.
- Individuals should be more directly involved in their own health care treatment decisions.
- It is important to promote healthy behaviors through strategies that focus on both individual choices (responsibility) and environmental influences.
- Co-payments should be used not simply to shift costs to individuals, but rather to influence individual behavior by placing lower co-payments (or no co-payments) for highly effective procedures backed by good scientific evidence and higher co-payments on lower priority interventions.