

Book Review

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Emanuel, Ezekiel J. (2015). *Reinventing American health care: How the Affordable Care Act will improve our terribly complex, blatantly unjust, outrageously expensive, grossly inefficient, error prone system.* New York: Public Affairs.

The United States is currently in a state of exploration in determining how the Affordable Care Act (ACA) will shape the future of health care. In the book *Reinventing American health care*, Ezekiel Emanuel- brother of well-known Chicago Mayor, and former White House Chief of Staff, Rahm Emanuel- sought to provide a comprehensive “primer” (p. xii) on the American health care system. Emanuel is certainly a qualified author for such a primer; he earned an M.D. and Ph.D. in Political Philosophy, has experience as a National Institutes of Health researcher, and was a professor at the University of Pennsylvania. He is known as a supporter for universal health care coverage, and has written several books and articles advocating for health reform and universal health care coverage. His strong favorable opinion towards health care reform is similarly present in this book.

The book provides both a descriptive review and analytical critique of the ACA throughout the book’s three major parts: the American health care system, health care reform, and the future of American health care. The first part of the book begins with a comprehensive historical review of health care and health insurance. Then, Emanuel describes and critiques how health care was financed and delivered immediately prior to the enactment of the ACA. This part of the book introduces complex topics related to health care financing and delivery that are referenced throughout later chapters in the book. The final chapter in this section additionally introduces the reader to Emanuel’s critiques of the U.S. health care system. This chapter provides the reader with the lens used in latter parts of the book that discuss health care reform, and highlights Emanuel’s strong opinions and biases.

The second part of the book begins with a chapter detailing the “surprising history of health care reform” (p. 127) over the last 100 years, embedding the enactment of the ACA in U.S. history. Emanuel’s inclusion of this section educates readers about the vast attempts at reform, and transitions nicely to the next chapter, which details how President Obama was able to enact the ACA and overcome barriers present with previous attempts at health care reform. This section is extremely comprehensive, in that it provides many details about who did what, when, to whom, and why in the process of enacting the ACA (and the subsequent Supreme Court hearing). Those who are less interested in the process and more interested in the content and application of the ACA, may be tempted to skip over these intricate details. Those interested in the policy process, however, will appreciate this level of detail. Recognizing the complexities involved with health care and policy-related topics, Emanuel provides guide-posts, consisting of a chapter and page number, throughout the book that direct readers to earlier sections of the book that discuss the topic in more detail. For a reader new to health care history, financing, and policy, these guide-posts are invaluable.

The strength of the second part of the book lies in Emanuel's discussion of the contents of the ACA (chapter eight) and the implications for various patient groups and actors within the health care system (chapter nine). In chapter eight, Emanuel organizes the ACA into eight "themes" (p. 204), as opposed to discussing the contents of the ACA in terms of each of the ten titles (or chapters). The themes he creates are access, cost control, quality improvement, prevention, workforce, revenue, odds and ends, and the Community Living Assistance Services and Support (CLASS) act. Discussing the ACA by theme enables him to discuss the ACA in terms of outcomes, which may actually be spread across multiple titles of the legislation, making it easier for the reader to understand the contents of the act. Within this chapter, Emanuel provides a description of all the reforms made to the U.S. health care system as a result of the ACA, with summarizing statements for each theme, as well as his own critique of the changes. He also includes several tables that supplement the text well. Chapter nine allows readers to understand how the ACA practically affects patients belonging to different age groups with differing insurance statuses, as well as physicians and insurers. These two chapters together provide a very comprehensive and understandable description of the ACA.

Finally in the third part of the book, Emanuel presents problems in the implementation of the ACA, health metrics that can be used to evaluate its success, and recommendations and predictions for the future of health care in the U.S. He primarily discusses implementation problems in relation to the health insurance marketplaces, but is comprehensive in highlighting the structural, personnel, and political factors involved in what Emanuel refers to as the "disastrous launch" (p. 279) of the federal exchange. Emanuel does not believe these implementation issues will cause permanent damage, though, and suggests four "dashboards" (p. 295), with several quantitative metrics for each, to be used to evaluate the ACA. In presenting the associated health, prevalence, or cost metrics (as applicable), Emanuel provides both predictions made by the Congressional Business Office (CBO), as well as his own (more liberal) predictions. In his presentation of his own predictions, Emanuel is explicit with his opinion that the CBO underestimated the various benefits that will result from the ACA. He additionally predicts six "megatrends" (p. 317) for the future of health care, including "VIP care" (p. 323) for individuals with mental illness and multiple chronic conditions, and the end of health insurance companies and employer-sponsored health insurance, as we know it.

Some of Emanuel's recommendations for future improvements to the ACA would be considered highly controversial, such as his recommendation to further increase the tobacco excise tax to reduce economic disparities in use (p. 307), and to completely move from a fee-for-service to bundled payment system (p. 312). Emanuel simply introduces these recommendations without providing a detailed critique that analyzes the various political, ideological, and structural barriers, or even possible detrimental effects. It is up to the reader to assess the validity and efficiency of his recommendations.

In this book, Emanuel doesn't attempt to hide his personal opinions or political alignments. In fact, he is explicit about them. Readers are made aware of his biased opinions as soon as they read the subtitle of the book. This may prevent some with differing ideological beliefs from wanting to pick up the book. Additionally, these biases may cause some readers to accept Emanuel's opinion as the only opinion, without thinking critically about other viewpoints on the subject. Within the contents of the book, it is not uncommon to read praises of President

Obama's virtue and integrity, or to read forthright opinions regarding happenings in the process or compromises made. At one point, he even takes advantage of the platform the book provides to clear his name regarding controversial incidents during the enactment of the ACA. Emanuel's closeness to this process, however, allows him to provide well-informed, personal accounts of what transpired.

Despite the limitations discussed above, *Reinventing American health care* should be on the 'must read' list for social workers. If Emanuel's predictions are correct, over the next decade social workers will be practicing under a very different health care system in terms of access, quality, and delivery method. Social workers will undoubtedly come across situations where full knowledge of the ACA would be helpful, regardless of their practice area; the ACA has entwined itself around all stages of the lifespan and income-levels, particularly the most vulnerable populations. In fact, Emanuel discusses the increasing role of social workers as partners with physicians in the future U.S. health care system (p. 341). In line with the social work value of informed practice, social workers should strive for an accurate, and comprehensive, knowledge regarding health care and health reform in the U.S. This book succeeds in providing the comprehensive primer on the U.S. health care system and the ACA for which Emanuel sought to write. While Emanuel's biases are present throughout the book, the information he presents allows for social workers to consider his opinions while also thinking critically about other viewpoints.

Elizabeth A. O'Neill, LMSW has over nine years of social work practice experience, including nearly five years in health social work. She is a PhD student at the University of Kansas School of Social Welfare, and currently works as a graduate research assistant at the University of Kansas Center for Mental Health Research and Innovation. Her research interests include health policy, health disparities/equity, chronic disease management, and integrated health care models.