

## Writing a Health Policy Brief

A policy brief is an objective analysis of a current and controversial health care cost/access/quality issue directed at a specific audience who is involved in or impacted by the issue – and/or who has the power and resources to implement your policy recommendation.

Your policy brief assignment assumes that your legislator has asked you to provide him/her with an objective analysis of a piece of current legislation so that s/he can decide on how to vote on the bill. Information s/he will need includes the following:

- Definition of the health policy issue and its impact on access/cost/quality;
- Summary of what the bill would do to address the problem – the intended outcomes;
- Description of potential *unintended* outcomes of the legislation
- Summary of potential stakeholders, including who will support or oppose the issue and why.

**“My business is to teach my aspirations to conform themselves to fact, not to try and make facts harmonize with my aspirations.” (T. Huxley 1860)**

The first step in writing your health policy analysis brief is to get the ‘big picture’.

### ▪ Who is your audience?

Identify an audience and assume this person or group has asked for your analysis of a key health policy issue as well as your policy recommendation to address the cost, access, and/or quality issue. Choose an audience who is a **decision maker** on the issue. If you are analyzing a piece of federal legislation, your audience will be your US Representative and/or Senators.

### ▪ Frame your issue in one sentence

**“If you can’t write it one sentence, you can’t say it in an hour!”**

Identify an **issue**, not just a topic. Topics identify a subject of study – but issues identify an access, cost, or quality problem that can have many potential solutions.

A FRAMED issue defines the problem and identifies a solution. Although you won’t know if the solution is the best policy until you do the research, it’s only human to already have a *strong opinion* or a *bias*. Do your best to put your personal and professional opinions aside.

## Three Examples

1. Topic: Shortage of primary care physicians

Issue: Lack of *access* to care to primary care physicians drives up health care *costs* and compromises *quality* of care.

### Framed Issue

“This brief will analyze the factors responsible for the PCP shortage, the impact of the shortage on access to affordable, quality care, and the extent to which PAs and NPs could fill the gap.”

2. Topic: Suicide rate among veterans

Issue: Inadequate *access* to mental health care has resulted in an unprecedented increase in the rates of suicide among servicemen and veterans.

### Framed Issue

“This brief will examine the use of pre- and post-deployment mental health screenings as proposed by *Veterans Mental Health Screenings and Assessment Act/H.R. 1308* to increase access to mental health care for veterans in order to decrease the suicide rate.”

3. Topic: Pain is a public health problem.

Issue: Lack of *access* to adequate diagnosis and treatment of pain compromises *quality* of care in the US.

### Framed Issue

“This brief will analyze the extent to which the *National Pain Act* will reduce the barriers to effective pain control and increase access to affordable pain assessment and treatment. “

## Health Policy Brief Overview (September 14)

Completing an overview will help you see the big picture and will help you to focus your research by seeking answers to your Congressman's questions about the issue and the bill.

Identify the audience	
Explain the intent of the bill	
Identify the issue/problem the bill addresses and summarize its impact on cost, access, and quality	
Anticipate <i>unintended</i> outcomes/consequences of the bill	
Brainstorm a list of specific stakeholder groups that would likely support/oppose the bill	
Anticipate what your US Representative or Senator will need to know	

### Take off your white coat!

Based on human nature and your medical or advanced degree training, you will probably have strong opinions about many health policy issues. One of the biggest challenges to analyzing policy is to set aside personal and professional opinions in order to view the facts objectively. Just as you wait for lab results before making a diagnosis, you need to gather the facts from all sides of an issue before you draw conclusions about the value of a policy.



## Overview Contents

### Identify the Audience

- If the bill has been proposed only in the House, address your Representative
- If the bill has been proposed only in the Senate, address both your Senators
- If the bill is in both houses, address all three congressmen

### Explain what the bill would do

- Describe the purpose of the bill
- Summarize HOW the bill would address the problem and how it would be paid for

### Identify the issue

- Frame the issue in one sentence
- Explain the issue and its impact on cost, access, and quality
- Provide DATA to substantiate the extent to which the problem impacts access, cost, and/or quality of care (or not)

### Anticipate unintended outcomes of the bill

- What are the potential *unintended* outcomes of this bill?
- What groups might be affected by these unintended consequences?

### Brainstorm Stakeholders

- Stakeholders are organized groups with the POWER and RESOURCES to influence policy
- Based on the intended and unintended outcomes of the bill, what specific stakeholder groups will be likely to support or oppose the bill?
- Follow the MONEY

### Anticipate what your audience will need to know about the issue and the bill

- Anticipating what your reader will need to know is key to focused, time-effective research
- What questions will your congressmen have about the ISSUE and how it impacts access, cost and quality of care?
- What questions will your congressmen have about the BILL and how it impacts access, cost and quality of care?

## Example: National Pain Care Act of 2009/H.R.756

Sponsor: [Rep Capps, Lois](#) [CA-23] (introduced 1/28/2009) [Cosponsors](#) (15)

Related Bills: [S.660](#)

Latest Major Action: 3/31/2009 Referred to Senate committee. Status: Received in the Senate and Read twice and referred to the Committee on Health, Education, Labor, and Pensions.

House Reports: [111-47](#)

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SUMMARY AS OF:

3/30/2009--Passed House amended. (There are 2 [other summaries](#))

National Pain Care Policy Act of 2009 - (Sec. 2) Requires the Secretary of Health and Human Services to seek to enter into an agreement with the Institute of Medicine to convene a Conference on Pain to: (1) increase the recognition of pain as a significant public health problem in the United States; (2) evaluate the adequacy of assessment, diagnosis, treatment, and management of acute and chronic pain in the general population and in identified demographics groups that may be disproportionately affected by inadequacies; (3) identify barriers to appropriate pain care; and (4) establish an agenda for action to reduce such barriers and significantly improve the state of pain care research, education, and clinical care in the United States. Allows the Secretary to enter into an agreement with another appropriate entity if the Institute of Medicine declines. Requires a report summarizing the Conference's findings and recommendations to be submitted to Congress. Authorizes appropriations for FY2010-FY2011.

**Audience:** Senator Sherrod Brown (D/OH)

### Potential Questions

What questions will Senator Brown will have about the proposed need to address the diagnosis, treatment and management of pain?

- How many people suffer from intractable, chronic or acute pain?
- What entities are currently doing pain research and why hasn't research led to better pain care?
- What are the barriers to appropriate pain care in the U.S.?
- Is there a lack of effective medication for pain?
  - Are anticipated adverse side effects a cause of reduced access pain meds?
  - Is there lack of access to prescription pain medicine due to physicians perceiving a threat from the DEA or state medical boards?
  - Is there a lack of access to pain meds due to a crackdown on drug diversion?
  - Is there a lack of access to prescription pain medicine due to lack of insurance coverage?
- Do physicians lack education about appropriate/effective pain care?
- How will the Bill increase access to appropriate pain care?
- How will the action required in the Bill be financed?

## Summarize the Issue

**Topic:** Pain as a public health issue.

**Issue: Lack of access to adequate diagnosis and treatment of pain compromises quality of care in the US.** Over X million people suffer from chronic pain and Y million report that their pain is not adequately diagnosed or controlled.<sup>1</sup> The elderly are disproportionately affected by inadequate pain management.<sup>2</sup> Patients have difficulty accessing appropriate medication for the following reasons:

- X% of physicians report reluctance to prescribe schedule II drugs due to fear of DEA or medical board action<sup>3</sup>
- X % of family physicians report inadequate education about use of schedule II drugs<sup>4</sup>
- X% of patients with chronic pain lack of access to insurance to cover medications<sup>5</sup>
- Access to effective narcotic medications has fallen by X% due to a crackdown on drug diversion<sup>6</sup>

**Framed issue:** This brief will analyze the extent to which the *National Pain Act* will reduce the barriers to effective pain control and increase access to affordable pain assessment and treatment.

## Intent of the Bill

HR 756 would increase the recognition of pain as a significant public health problem; evaluate the adequacy of assessment, diagnosis, treatment and management of pain; identify barriers to effective pain care; establish an agenda to reduce these barriers; and improve pain care research, education, and clinical care.

## Unintended Consequences

- Increased access to pain medication could exacerbate existing problems with prescription drug abuse (crime, unintended overdose deaths).
- Increased use of pain medication could increase risk of addiction.
- Increased diagnosis and treatment could increase cost of care.
- Alternative treatments to pain (OMM) might be minimized with increased use of pharmacological treatment.
- Physicians might feel that additional educational requirements are an unnecessary waste of time and money.

- Money spent on pain treatment might drain away money to fund research/programs on prevention.

## Stakeholders

- DEA: concerned about an unjustified increase in the number of pain Rx.
- State medical boards: concerned about an unjustified increase in the number of pain Rx; concerned about time and cost implications of CME on pain control.
- AMA and AOA: Positions on increased educational requirements? Position on DEA and state medical board monitoring?
- American Society of Clinical Oncology: acknowledges the need for better pain control for cancer patients.
- Families USA: advocacy group for patients in support of better pain control.
- AARP favors access to effective pain medication via Medicare.
- American Pharmacists Association: In favor of increased access to pain Rx.
- PhRMA: pain meds are in the top five most lucrative products.
- Office of Florida Governor Rick Scott: concerned about number of prescription drug deaths and the role 'pill mills' play in access to opioids/narcotics. On the other hand, a large majority of his constituency are senior citizens who suffer disproportionately from pain and who benefit from access to pain meds – and they vote!
- Office of Kentucky Governor Steve Beshear: Wants to shut down the “oxy highway” – the flow of opioids coming into KY from Florida.

## Sources of Information

Use the sources on the HPF web site you started to explore before Orientation. Consider calling the bill sponsor’s office and ask to speak to the Legislative Aid for Health about the issue, the bill, and potential stakeholders. Congressional office contact info is available at <http://thomas.loc.gov/>

Title of the Bill

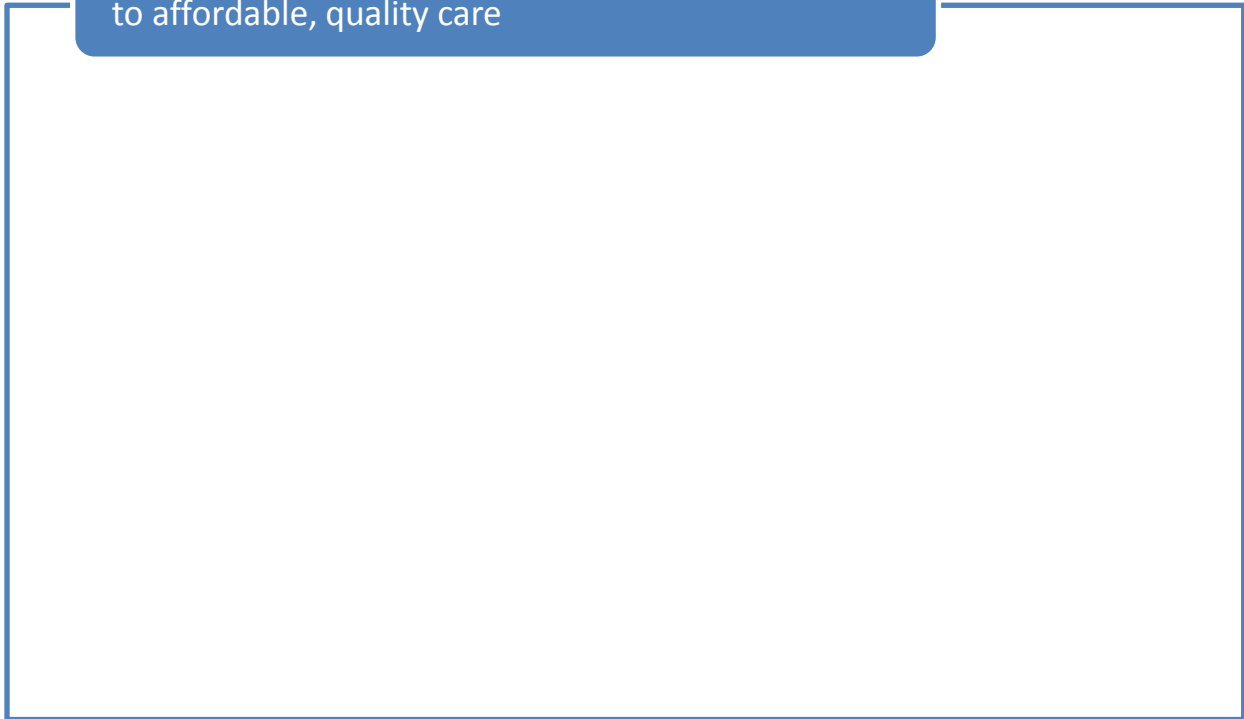
Identify your audience

- US Representative and/or Senators

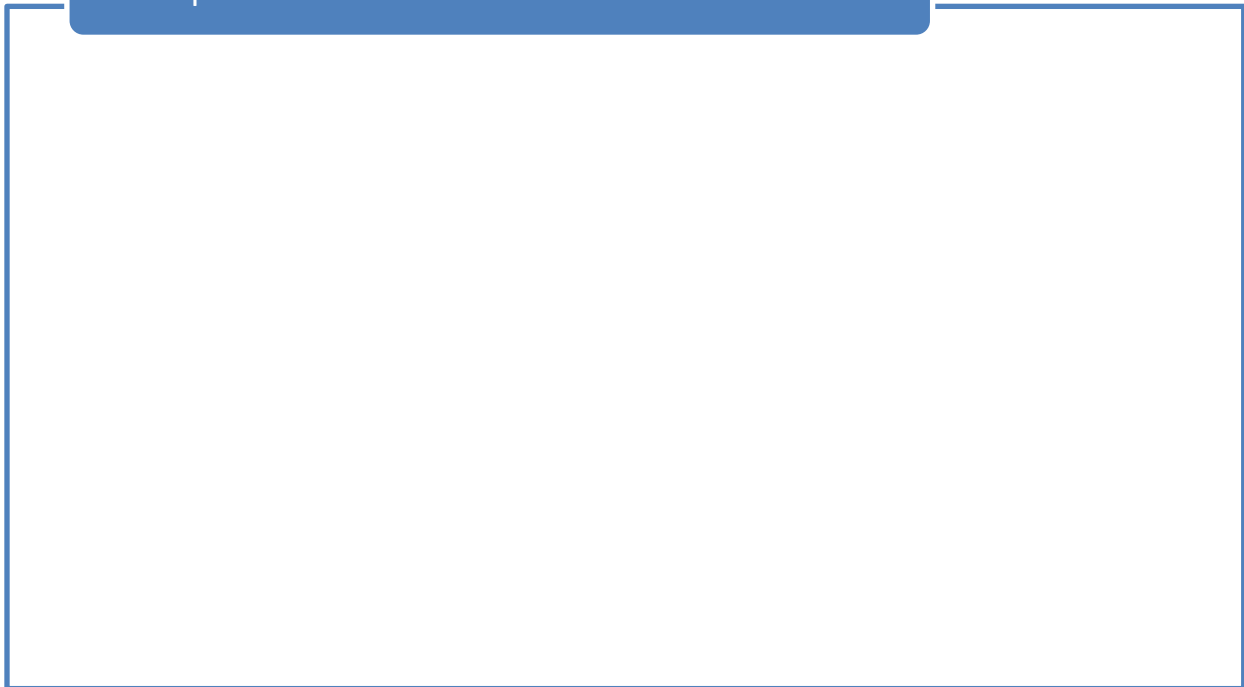
Explain what the bill intends to do



Frame the issue and summarize its impact on access to affordable, quality care



Anticipate *unintended* outcomes of the bill



## Brainstorm a list of potential stakeholders

- Potential support for the bill

- Potential opponents of the bill

Anticipate questions your congressmen will have about the issue and about the bill



## Format and Content of a Health Policy Brief

Once you have the “big picture” – you are ready to start researching and drafting the policy brief – seeking answers to the questions your audience will have about the issue.

The brief is 10 pages (1.5 spacing) and is divided into five sections, each of which will have a heading and contain specific information. Graphs, charts, and tables are a great way to get a lot of information across in a concise format.

### ➤ Introduction (October 2012)

- Define the issue/problem – what is the cost/access/quality problem? (see framing the issue)
- Why should we care about this issue? What impact is the issue having on access to affordable quality care?
- What has brought the issue into the public eye? - Current legislation, court decision, litigation, or other causes?
- What makes the issue controversial? Who are the main stakeholder groups impacted by this issue?
- What will the bill do to address the issue (if applicable)?

### ➤ History and Background (October 2012)

#### *Nature of the Problem and its Public Standing*

What is the problem? How large is the problem? Who is affected by the problem? How does it impact access to care? Quality of care? Cost (affordability) of care? Offer data that substantiates the issues impact on access, quality, and cost of care.

What insights are there from academic, professional or public documents on this particular problem? Are there landmark studies? Are there studies that provide guidance as to a possible policy response?

Potential sources of reports and studies:

- Institute of Medicine (IOM) and think tanks (see HPF Internet list)
- Medical Journals
- *Health Affairs*
- Josiah Macy Foundation
- Kaiser Family Foundation
- Robert Wood Johnson
- Congressional Budget Office (CBO)
- Government Accountability Office (GAO)

What has been done to address this problem in the (recent) past and how well did those solutions work? What can be learned from these initiatives?

HINT: The History and Background section should supply many answers to the questions in your brainstorm list.

### ➤ **Outcomes/Stakeholders/Competing Proposals (December 2012)**

Stakeholders are groups with the **power and the resources to influence policy**. Identify stakeholders by anticipating likely **outcomes** of specific solutions (or bills) – both intended and unintended. What is the bill’s purpose? Which groups stand to gain? What *unintended* consequences might result if the bill (or other solution) goes into effect? What stakeholder groups would be negatively affected by these unintended consequences? Is there potential for a coalition of stakeholders?

Identify **allies and opponents**. Recognize that your audience/decision maker probably can’t (or won’t) act alone. Which stakeholders have taken a position on this policy issue? What are their positions? Your audience will be most interested in the positions of the “800 lb. gorillas” – the groups with the most power and influence (and money).

What major alternative strategies have stakeholders proposed as solutions to this problem? How effective would these alternative policies be in increasing access to affordable quality care with a minimum of unintended consequences?  
Do the political parties have a position on this issue?

#### *Competing Proposals: Comparison of Policy Alternatives*

What major policies (from the executive **or** legislative branches) have been/are being proposed as public solutions to this problem? (including the ACA). How effective would these alternative policies be in increasing access to affordable quality care with a minimum of unintended consequences? What are the political

costs and benefits of one approach versus another? What ethical considerations are important to consider?

HINT: The Outcomes/Stakeholder section should supply many answers to the questions in your brainstorm list.

### ➤ **Recommendation (December 2012)**

How should your congressmen vote on this bill? Why? Your decision does not have to be black and white – you can recommend changes and amendments to the bill.

If your issue does not involve a current bill (as in your second brief), what policy do you recommend to address this issue legislation? Make sure you defend your choice with data.

What will determine success? How will you know whether this proposal, if implemented, is successful? What time line and benchmarks could be used to demonstrate to the public that you have solved the problem as initially identified? Are existing data systems available to mark the progress of the policy?

What are the benefits and costs of this policy? Our political culture has designated the marketplace for resolving many allocation issues. Why should scarce public resources be used to help resolve this particular access/cost/quality problem? What are the benefits and costs to the public official (if applicable)?

Remember - the key to your credibility is objectivity.

**“My business is to teach my aspirations to conform themselves to fact, not to try and make facts harmonize with my aspirations.” (T. Huxley 1860)**

### ➤ **References (December 2012)**

Use at least TEN separate current and credible sources of information cited according to AMA, APA, or MLA style guidelines.

Word has a handy Reference tool for citations and end notes. We'll go over this in October.