

The significance of being in America at the time of such an historic election was felt by all four UK Harkness fellows in Healthcare Policy and Practice. Whilst much has been written on the details of what the possible repeal, replace, or rename, scenarios for Obamacare may be under a Trump presidency – we wanted to reflect on how leading clinicians and academics that we are working with during our fellowships on the East Coast have responded. Personal political views aside, institutions want to remain bipartisan, with a shared, and now even enhanced, commitment to providing quality healthcare of patients and the population as a whole.

In the aftermath, there were spontaneous seminars, talks, and meetings featuring giants of the American healthcare scene, as everyone was keen to know how to move forward (professionally and emotionally) and what reassurance could be gained.

Looking at the election results breakdown, the college and post-graduate educated who live in these cities along the coast overwhelmingly voted for Hillary. Ultimately a repeal of Obamacare is felt in these academic healthcare circles as a backwards step. Worst-case scenario, without a replacement, 20 million Americans who were previously uninsured and were helped through Medicaid expansion and marketplace reforms, would lose their access to healthcare. The innovative health care delivery reforms to drive better quality care whilst reducing growth in spending, such as value-based payment models

(including Accountable Care Organisations), which are moving the system away from the fee-for-service, over-utilisation practices that previously characterised the US, would potentially be lost with the threatened disbandment of the Center for Medicare and Medicaid Innovation (CMMI) overseeing these changes.

Republican offerings as a replacement include Medicaid block grants, tax-credits or high-risk pools are felt unlikely to benefit the poorest and sickest in greatest need.

In denial, or perhaps in hope, many talked of the complexities of Obamacare, which are likely to limit the degree of repeal. Change will also take time, hopefully more than 2 years (when the mid-terms may change the balance in the Senate). A leading healthcare economist from Princeton suggested that all would become far too messy, too difficult to repeal in full, and that perhaps Republican voters would not notice if all that was changed was the name...voila "Trumpcare."

There was more confidence that some of the delivery system reforms would remain. At a world class, large not-for-profit integrated health system, in the background on Capitol Hill, an anti-Trump protest, healthcare leaders resumed business as usual. They explained that their value-based Accountable Care Organisation was the way forward for healthcare, with little worry that this would change for them as a result of the election; "value is here to stay". However, with the appointment of Tom Price as secretary of Health and Human Services, this may be under threat. Whilst he is appreciated for being both competent and experienced (which is not necessarily felt about other presidential appointments),

he is a vehement opponent of the ACA and has criticised the move away from rewarding volume of services, towards value.

So what do we do?

The response from some was to simply work harder. “Justice isn’t easy, it is a hard and constant fight and always has been. There is no difference in the fight we face today, than the fight yesterday.... The work must go on and in fact, as we may not have the support of the government unlike before, our work just became more important.” “We have always worked to hold the government to account, and now our work to critically evaluate them has just become not just more important, but easier.” Government officials are responding by redoubling efforts over the next 30 days to shore up what gains they have made and lessen the impact of a Trump presidency on all they have done.

It was also felt that healthcare researchers here need to reach out to policymakers at the state level, to payers, to local providers and non-profits so that the system can be ready to reform with minimal disruption to the patients that need its care. “We may have 4 years of darkness ahead but we cannot walk away from whatever America’s peoples’ pain is or was.” Ultimately there is a sense that what is needed is a bottom-up approach to fill the gap, be that civil society, community projects, philanthropy, state-based legislation or cities responses. There is the certainty that the dedication, insights and evidence from the vast body of healthcare policy and healthcare services research can help

smooth the transition to whatever comes next for the US healthcare system. Providing quality healthcare is a shared responsibility, between patients and providers, between players in communities and that this, beyond any political machinations, is what holds it together. As one leading Professor in healthcare quality improvement said, “personal encounters” (between colleagues, between doctors and patients, between strangers...) become even more important in uncertainty, that “each one must be approached with love and courage.”

Coping with the uncertainty ahead relies on continuing the work fighting social injustice in healthcare, holding government to account and striving to improve quality for all, as well as ensuring that efforts are re-doubled at the state and community level to not only minimise the impact of change on health, but continue to improve.