At the local level, leaders are committed to the ACA’s impetus for further public/private partnership and partnership across different levels of the health care system to advance health and achieve quality health care in effective and efficient ways. Policy leaders should continue through federal and state law to support such partnerships.

Many physicians are reaching retirement ages, and the uncertainty and administrative burdens are further stressing those who enter or remain in the profession. Some level of certainty would be helpful. Essentially, policymakers, “tell us what you want” (and then stick with it for a sufficient length of time to allow compliance and evidence-gathering of what is or is not working). Certainty and clarity in the policy environment would help, as would greater administrative simplicity.

Policy leaders should continue support of comparative effectiveness research.

The community sees access to health care as part of a “social contract” and will step up to help those in need, insured or not. Thus, policymakers would help if they maintain extended coverage, to ease burdens on local providers (traditional and non-traditional, within the formal health system and beyond). The reality is “we’re not going back,” so policymakers would best serve constituents by assisting in forward, health-promoting, momentum.