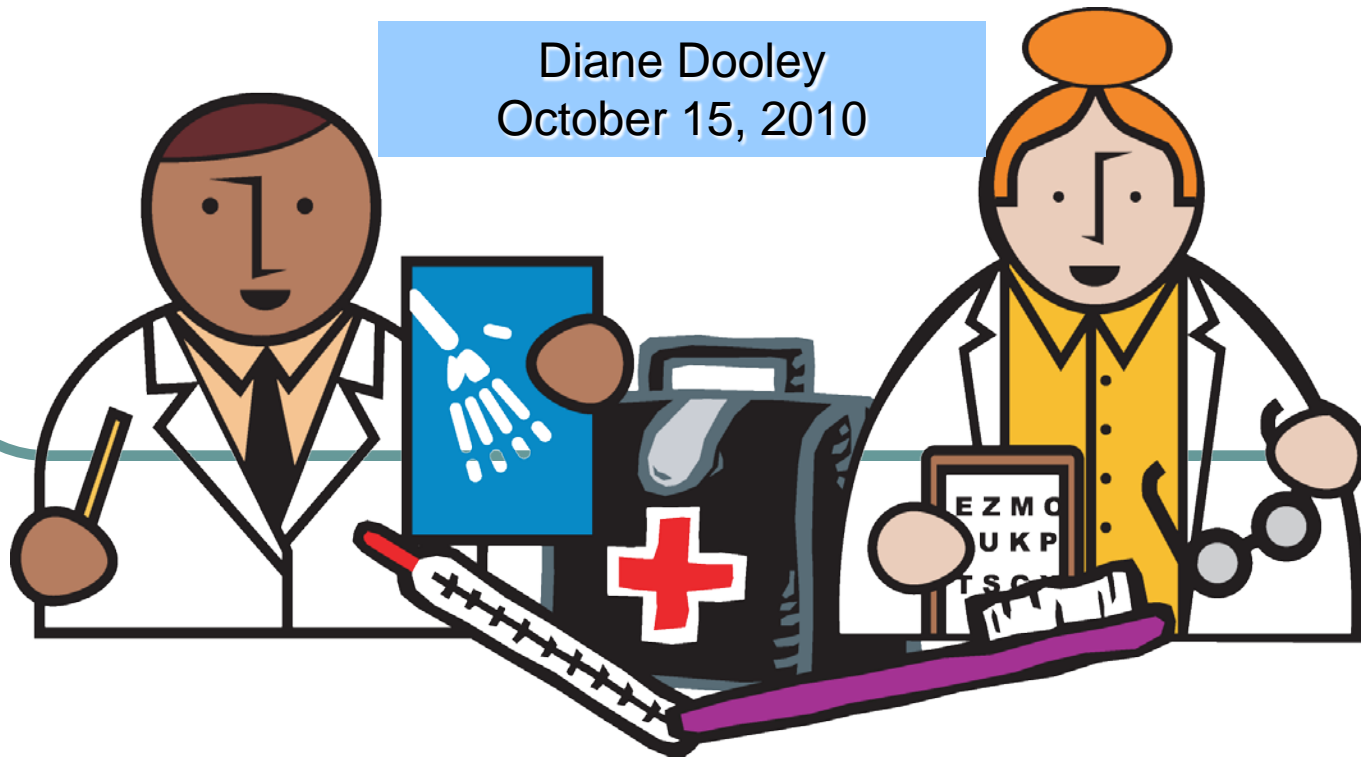


Health Care Reform

A Primer

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Affordable Care Act

- Health Reform Law passed 3/2010
- Law intent is to provide:
 - Consumer protections
 - Improved quality of care
 - Expanded coverage
 - Lower cost
 - Increased access to affordable care

Oasis?



Affordable Care Act

- 21 States have filed suit - Unconstitutional
 - Challenges individual mandate
 - Coercive re:
 - Taxes
 - States' rights as employers
 - States' rights as insurers



"Unless this trillion-dollar assault on our freedoms is repealed, it will force Americans to purchase Washington-approved health plans or face stiff penalties. It will fund abortions, raise taxes and insurance premiums, while reducing health care choices and quality." - Sen. Jim DeMint (R-S.C.)

What is this Act about?

Health Care Reform is Starting!

Measures taking effect already:

- ◆ Eligible young adults will remain on their parents' health insurance up to age 26
- ◆ Eliminates co-pays for preventive services
- ◆ Insurers may not deny care to children with pre-existing conditions
- ◆ Prohibits rescinding coverage, lifetime limits on coverage
- ◆ Provides access to insurance for adults with pre-existing conditions



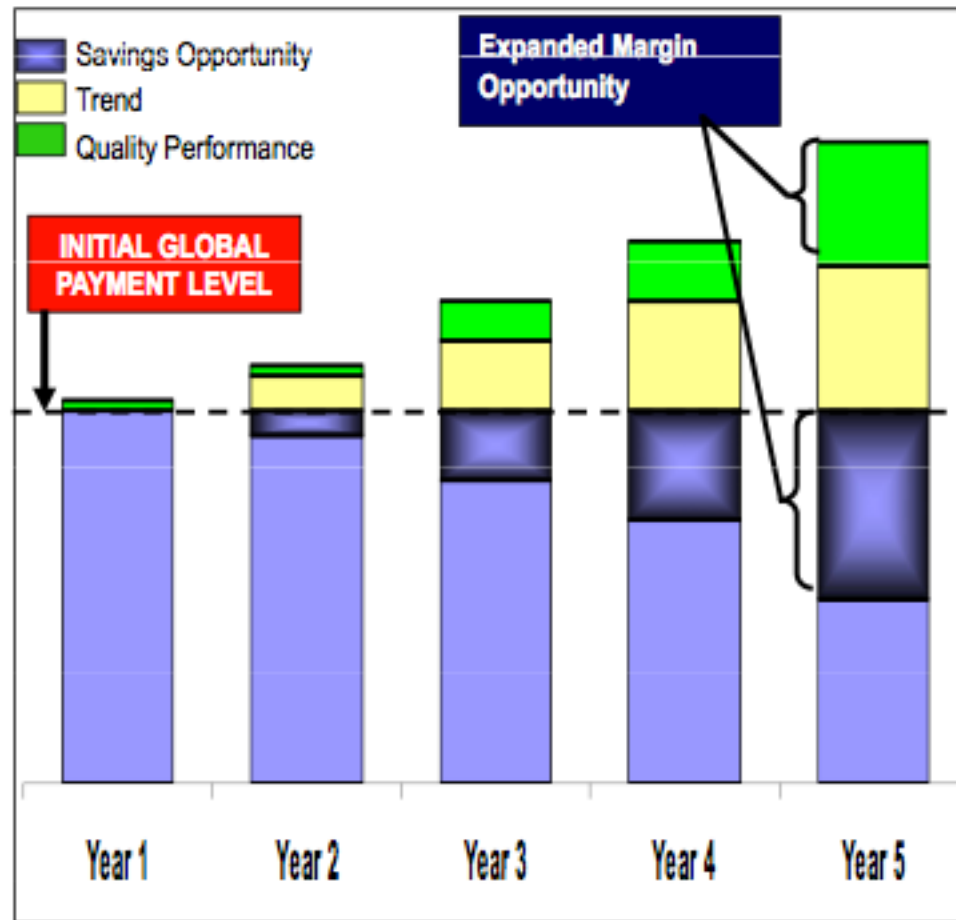
Focus on Quality, Consumer Protections

- Offers incentives to hospital systems meeting performance standards for quality – Accountable Care Organizations
- Dimensions of quality reporting:
 - Quality of Care – outcomes, processes
 - Patient experience
 - Efficiency of care

Achieving the Triple Aim - Improve the Health of the Population- Improve the individual experience of care e.g. Quality, access, reliability - Control per capita cost of care

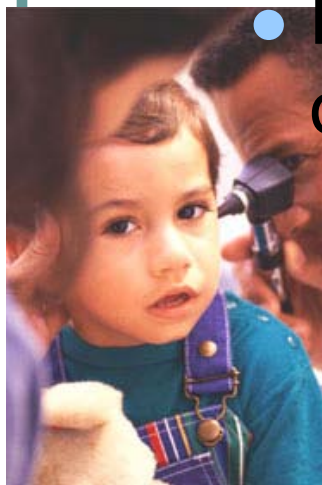


Quality Incentive Program



Focus on Expanded coverage

- Expansion of Medicaid eligibility - 2014
 - Non-elderly adults with incomes up to 133% of FPL
 - Children aged 6-18 years with family income between 100-133% of FPL
 - Does not cover undocumented immigrants or those legal for less than five years



*Up to 14 million presently
uninsured adults and children
would be covered*

Focus on Expanded coverage

- Establishes individual mandate for health insurance
- Provides tax credits to employers
- Establishes insurance exchanges to purchase insurance with subsidies if needed
- Provides “donut hole” rebates for medication costs on Medicare



Enrollment and Provider Participation

- Requires coordinated enrollment between programs – Medicaid, CHIP, state-based insurance exchanges
- Will require outreach as well as simplification
- Raises primary care payment rates in Medicaid to equal Medicare



Focus on Chronic Care, Prevention

- Chronic illness accounts for an estimated 84% of US health cost
- Creates financial penalties for readmissions, incentives for care coordination



Establishes \$15
billion prevention
and public health
fund

Preparing for Health Reform

Health IT

- Health Information Technology for Economic and Clinical Health (HITECH) Act
- Requires HHS to develop standards by 2010 that allow for the nationwide electronic exchange and use of health information



Invests \$20 billion in health information technology infrastructure and incentives to encourage doctors and hospitals to use HIT

Meaningful Use

- Starting in 2011, physicians who show that they are "meaningfully" using health IT eligible for \$40,000 to \$65,000, and hospitals would be eligible for several million dollars.



***“EHRs will improve
caregivers’ decisions and
patients’ outcomes” - NEJM***

Meaningful Use

Summary Overview of Meaningful Use Objectives.*

Objective	Measure
Core set†	
Record patient demographics (sex, race, ethnicity, date of birth, preferred language, and in the case of hospitals, date and preliminary cause of death in the event of mortality)	More than 50% of patients' demographic data recorded as structured data
Record vital signs and chart changes (height, weight, blood pressure, body-mass index, growth charts for children)	More than 50% of patients 2 years of age or older have height, weight, and blood pressure recorded as structured data
Maintain up-to-date problem list of current and active diagnoses	More than 80% of patients have at least one entry recorded as structured data
Maintain active medication list	More than 80% of patients have at least one entry recorded as structured data
Maintain active medication allergy list	More than 80% of patients have at least one entry recorded as structured data
Record smoking status for patients 13 years of age or older	More than 50% of patients 13 years of age or older have smoking status recorded as structured data
For individual professionals, provide patients with clinical summaries for each office visit; for hospitals, provide an electronic copy of hospital discharge instructions on request	Clinical summaries provided to patients for more than 50% of all office visits within 3 business days; more than 50% of all patients who are discharged from the inpatient department or emergency department of an eligible hospital or critical access hospital and who request an electronic copy of their discharge instructions are provided with it
On request, provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies, and for hospitals, discharge summary and procedures)	More than 50% of requesting patients receive electronic copy within 3 business days
Generate and transmit permissible prescriptions electronically (does not apply to hospitals)	More than 40% are transmitted electronically using certified EHR technology
Computer provider order entry (CPOE) for medication orders	More than 30% of patients with at least one medication in their medication list have at least one medication ordered through CPOE

Preparing for Health Reform MediCal Waiver

- California proposing to immediately begin phasing in coverage for “newly eligible” adults aged 19-64
- Improve quality by piloting payment reforms within public hospitals that align payment and care delivery incentives

*Photos by Tim Wagner for
Partnership for the Public's
Health OR Photos by Tim
Wagner for
PartnershipPH.org*



Bryan Kelsen/AAFP

Will we be ready?

- EHR for CCRMC - ?EPIC
- Facilities expansion
 - Antioch
 - Martinez
 - Concord
 - Richmond
- Organizational Realignment

