AHIP

America’s Health Insurance Plans
National Minority Quality Forum/
CBC Spring Health Braintrust Meeting
Health Reform, Medicare, and Meaningful Use:
An Update Session
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Overview of Key Reform Provisions

– Improvements in Public Programs
– Payment and Delivery System Reform
– Coverage of Preventive Services
– Expansion of Community Health Centers
– Health Care Workforce
– Efforts to Improve Health Care Equity
Improvements in Public Programs

- Provide a 10% bonus payment to primary care physicians from 2011 through 2015
- Provide bonus to doctors who participate in Medicare’s Physician Quality Reporting Initiative (PQRI)
- Provide payments to qualifying hospitals in counties with the lowest quartile Medicare spending
- Makes Part D cost-sharing for dual eligibles receiving home and community-based care services equal to those who receive institutional care
- Expands Medicare coverage to individuals exposed to environmental health hazards (subject to an emergency declaration as of June 17, 2009) and developed certain conditions as result
Changes to Public Program Payment & Delivery Models

Payments that are linked to quality
- Includes both additional payment and payment reductions
- Affects Medicare payment to physicians, hospitals and Medicare Advantage plans

Test new delivery models
- Primarily through demos and grant programs
- Opportunities for new and established accountable care organizations (ACOs)

Creation of Center for Medicare and Medicaid Innovation (CMS)
- Tests new payment and delivery models

Center for Quality Improvement and Patient Safety (AHRQ)
- Support research on best practices and translation into practice
Changes to Medicare Payment to Reward Quality

- Payment reductions for Hospital Acquired Conditions
- Medicare’s no pay policy (health care-associated conditions) expanded to all state Medicaid programs
- Payment reductions for hospital readmissions (2012)
- Value-based purchasing (VBP) programs for hospitals (2013)
- Value-based payment modifiers to physician fee schedule (2015)
  - Risk adjusted quality measures & composite measures of cost adjusted by risk factors
- Shared savings/ACO programs (2012)
Coverage of Preventive Services

First dollar Coverage:
- Requires qualified health plans to provide first dollar coverage of services rated A or B by the USPSTF, and immunizations recommended by ACIP, as well as certain HRSA recommendations for pregnant women and children

Improving Preventive Health under Medicare:
- Provides Medicare Part B coverage, with no co-payment or deductible, for personalized prevention plan services and an annual wellness visit

Improving Preventive Health in Medicaid:
- Beginning in 2010, requires state Medicaid programs to cover tobacco cessation services for pregnant women
- Effective in fiscal year 2011, Medicaid State option to provide other diagnostic, screening, preventive, and rehabilitation services
Expansion of Community Health Centers

Improves access to care by increasing funding by $11 billion for community health centers and the National Health Service Corps over 5 years

- Establish new programs to support school-based health centers and nurse-managed health clinics

Establishes teaching health centers, defined as:
- community-based, ambulatory patient care centers
- FQHCs and
- other federally-funded health centers eligible for Medicare payments for expenses associated with operating primary care residency programs.
Healthcare Workforce

Improve workforce training and development:

- Establishes multi-stakeholder Workforce Advisory Committee to develop national workforce strategy
- Increases number of GME training positions to primary care and general surgery
- Increases workforce supply and supports training of health professionals through scholarships/loans
- Provides state grants to providers in medically underserved areas
- Trains/recruits providers to serve in rural areas
- Provides medical residents with training in preventive medicine/public health
- Promotes training of a diverse workforce and cultural competency training
Disparities: Quality Improvement & Clear Communication

- Development /Utilization Of Uniform Explanation Of Coverage Documents & Standardized Definitions:

- Addressing Health Care Disparities:
  Evaluate approaches for data collection that allow evaluation of disparities in health care services and performance on the basis of race, ethnicity, sex, primary language, and types of disability

- Office of Minority Health (OMH):
  Retains and strengthens OMH authorities for the purpose of improving minority health and the quality of health care minorities receive; eliminating racial and ethnic disparities.
  - Transfers OMH under Office of Secretary
Understanding Health Disparities

Data collection, analysis, and quality

- Federally conducted or supported activity or survey will collect and report:
  - Data on race, ethnicity, sex, primary language, disability status
  - Data on the smallest geographic level which data can be aggregated

- Secretary will use OMB Standards and develop standards

- Requires collection of access and treatment of data for people with disabilities

- Appropriations for FY2010-2014
Health Reform Alignment with Industry Disparities-Related Efforts

Leveraging Data Collection:
- Ensure uniformity of race and ethnicity data categories for collecting and measuring progress across entities

Meeting People at their Point of Need:
- Improve culturally and linguistically appropriate care and services
- Refocus our health care system on improving health, intervening early, and providing coordinated care

Workforce Diversity & Clear Communication:
- Increase the diversity of the health care workforce
- Train current workforce on cultural sensitivity and clear communication

Research & Patient-, Member-, Physician, and Community-based Interventions:
- Support additional research that measures progress, both utilized evidence-based strategies & community-based interventions
AHRQ’s National Healthcare Quality and Disparities Reports

2009 Report findings:

– Significant quality gaps remain throughout our health care system
– Lack of insurance continues to be a major contributor to disparities
  - Americans with no insurance are much less likely than those with private insurance to obtain recommended care, especially preventive services
– Quality is improving but the pace is slow
  - Measures of hospital care are improving more quickly than outpatient
  - Measures of acute treatment are improving more quickly than measures of preventive care and chronic disease management
– More efforts, partnerships, training are needed to accelerate improvement

http://www.ahrq.gov/qual/qrdr09.htm
IOM Report on Future Directions for NHQR and NHDR

Commissioned by AHRQ, IOM provides guidance on improvements in next generation of reports

Reports have made important contributions in raising awareness of state of nation’s health care and in identifying gaps in quality and equity

- Align reports with nationally recognized priority areas
- Select measures that reflect health care attributes or processes deemed to have greatest impact on population health
- Affirm that achieving equity is an essential part of QI
- Increase reach and usefulness of AHRQ’s family of report-related products
- Analyze and present data in ways that will inform policy and promote best-in-class
Thank you!