Impact of Reform on Your Practice

Medicare Payment Increases
- 10% incentive payments for primary care physicians
- 10% incentive payments for surgeons in health professional shortage areas
- 5% incentive payment for mental health providers
- Incentive payments for voluntary participation in Medicare’s Physician Quality Reporting Initiative

Primary Care Workforce
- Establishes the National Healthcare Workforce Commission, an independent body to advise Congress on matching needs with resources
- Increases primary care workforce through scholarships and loans
- Provides $11 billion for community health centers and the National Health Service Corps

Medical Liability Demonstration Projects
- Five-year demonstration grants awarded to states to develop, implement and evaluate medical liability reform initiatives

Small Business Tax Credits
- Provides tax credits for small employers that contribute at least 50% of the costs of coverage for their employees

Administrative
- Simplifies health insurance claims processing
Impact of Reform on Your Patients

Prevention
- Requires health plans to provide at a minimum coverage without cost-sharing for preventive services such as immunizations, preventive care for children, and screening for women.

Insurance Reform
- Provides dependent coverage for adult children up to age 26
- Prohibits insurance companies from placing lifetime limits

Quality Improvements
- Establishes Patient-Centered Outcomes Research for comparative effectiveness research
- Develops a national quality improvement strategy to improve delivery of care and patient outcomes.

Medicare
- Provides a $250 rebate to Medicare beneficiaries who fall into the Medicare Part D “doughnut hole” and gradually eliminates the coverage gap by 2020
- Eliminates cost-sharing for proven preventive services in Medicare and Medicaid by 2011

Click here to view the implementation timeline of the Patient Protection and Affordable Care Act and the Reconciliation Bill.
The study published in the journal, *Ethnicity and Disease*, sought to identify the resources that small practices need to conduct quality improvement activities that reduce health disparities. The study surveyed 22 small practices from California and New Jersey about their ability to conduct quality improvement activities for minority and limited English proficiency patients.

**FINDINGS:** Small practices cited the following challenges to reducing racial/ethnic disparities in care:

- availability of health information technology, such as electronic medical record systems;
- staffing and high staff turnover;
- language barriers, including the ability to arrange linguistically-appropriate specialty care;
- patients' adherence to treatment.
What You Can Do

• *We want to hear what you think.* How do you see NMA best positioned during the implementation period of health reform?

• What are your thoughts on the study published by Weinick, et al.? Have you implemented quality improvement techniques in your practice that have led to a reduction in disparities?

Send your feedback to healthpolicy@nmanet.org
Now that we have Health Care Reform...what do we Do?

- Commitment going forward:
  - Educate our constituents on the significance of the current health care reform
  - Educate about the health care disparities concerns still in need of further legislation/efforts (CC, Pipeline and diseases)
  - Seek to coordinate care that focuses on wellness and prevention in the health care system
  - Seek to partner with others in non-medical industry:
Non Medical Partners in Health System Reform

- Seek to partner with others in non-medical industry:
  - Law enforcement-for safer areas to exercise
  - City planners/Business to address food deserts
  - Education- on health and health literacy
  - Public transportation-improve access to care
  - Employers-improve access to care and encourage preventive services
  - Churches and community groups: Body is our temple: take care of it!
  - Implore help from the U.S. conference of Mayors to assist with this coordination
Now that we have Health Care Reform...what do we Do?

- Challenges as seen in MA was in getting enrollment
  - Disabled
  - Health literacy and Language barriers
  - Clinical Trials being accessed

- Addressing Quality issues-who and how are they established in minority communities

- Prevention and Wellness implementation
  - Inform providers on the reimbursement available
  - Help from all health care professionals
Work Yet to be Done:

- Increasing Workforce Diversity
  - Improving the Pipeline…starting young! Middle school or younger
  - Cultivate more minorities in ALL Specialties, not just primary care
- Cultural Competency among ALL health care providers; needed now more than ever!
- Focus research, clinical practices and prevention services on diseases of disparities: Diabetes, CV disease, renal failure, HIV/AIDS, Cancer and Infant mortality rates
Through Partnership We can Achieve

Thank you