Care Delivery Requirements, Provisions and Agendas from the Affordable Care Act

Presentation to the Alliance of Community Health Plans
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The new Health Care Reform Bill (ACA) is often described as a bill that is focused exclusively on insurance issues.

-- That is inaccurate.
The bill explicitly and very directly mandates more than eighty specific care delivery, care quality and care effectiveness programs, functions, goals and measurements. The bill also sets up a number of programs designed to help caregivers improve care.

The following slides outline ACA care provisions.
Mandates National Quality Plan

The bill requires the HHS Secretary to develop a *National Strategy to Improve Health Care Quality* to improve health outcomes and efficiency, identify areas for improvement, address gaps in comparative effectiveness information and data gathering, and improve research and dissemination of best practices. The national health care quality plan and strategy must be updated annually.
Requires Quality Measurements to Track Annual Quality Strategy

The bill requires the Secretary in conjunction with AHRQ and CMS to develop quality measures conforming to the National Quality Strategy -- The Secretary must develop, and periodically update provider-level outcome measures for hospitals and physicians, including:
Acute and Chronic Care Disease Measures

Bill requires the development of 10 specific high value outcome measurements for acute care and chronic diseases by March 2012, for the country.
Primary and Preventive Care Measures

Bill requires the development of 10 outcome measurements for both primary care and preventive care by March 2013 for the country.
ACA PROVISION RELATING TO CARE

Reduces Hospital-Acquired Infections -- Penalizes Worst Hospitals

Reduces Medicare payments to hospitals for hospital-acquired conditions, hospital acquired infections, and preventable readmissions; imposes monetary penalty on hospitals with the worst rates of hospital-acquired conditions.
ACA PROVISION RELATING TO CARE

**Creates Medicaid Health Quality Measures**

Establishes Medicaid Quality Measurement Program, requiring state Medicaid plans to report on state-specific health quality measures, as determined by the HHS Secretary; requires HHS Secretary to test, validate, and develop the quality measures.
ACA PROVISION RELATING TO CARE

Creates Quality Measures for Long-Term Care, Rehab and Hospice

Creates a quality measures reporting system for long-term care hospitals, inpatient rehabilitation facilities, cancer hospitals, and hospice programs.
Coordinates Quality Work for 23 Federal Departments

Creates an Interagency Working Group on Health Care Quality to coordinate quality activities across 23 federal departments.
Pays Hospitals for Performance Levels for Multiple Conditions

Promotes value-based purchasing in Medicare by paying hospitals based on performance on quality measures for common and high-cost conditions, including acute myocardial infarction, heart failure, pneumonia, surgeries, and health-care associated infections. (On or after October 1, 2012.)
Varies Physician Payments Based on the Quality of Care

Modifies the Medicare physician fee schedule to incorporate payments that vary based on the quality of care provided. The modifier will be applicable to specific physicians and physician groups, as determined by HHS, beginning January 1, 2015, and will apply to all physicians and physician groups starting January 1, 2017.
Best Practice Dissemination and Use

Develops a collaborative of health care institutions responsible for developing, documenting and disseminating best practices; implementing best practices within institutions to demonstrate improved quality, efficiency; and providing assistance to other health care institutions on how to employ best practices and proven care methods.
New Models for Better Emergency Care

Directs the HHS Assistant Secretary for Preparedness and Response to award grants to pilot projects that design, implement, and evaluate new models for emergency care. Funds emergency medicine research, pediatric emergency medicine research to improve trauma center capacity.
Consumer Portal Website

Creates a website, HealthCare.gov, to educate consumers about the Affordable Care Act -- including insurance coverage options and information on health care quality and preventive care.
Extends Physician Quality Incentives

Extends the **Physician Quality Reporting Initiative**, a program that makes incentive payments to physicians who report quality measures data to Medicare.
ACA PROVISION RELATING TO CARE

Creates Clinical Effectiveness Institute

Establishes the Patient-Centered Outcomes Research Institute that will conduct research comparing clinical effectiveness, appropriateness, and processes used for medical treatments and procedures. The Institute’s research will assist patients, providers, purchasers, and policy makers in making informed health decisions based on continuously improving the delivery of health care, fully informed by data about the effectiveness of various approaches to care.
Uses Medicare Database For Quality Measurements

Directs the HHS Secretary to make standardized extracts of Medicare claims data available to qualified entities for analysis of provider and supplier performance on quality, efficiency, and effectiveness.
Improves Home-Based Care for Patients with Multiple Conditions

Establishes the Community-Based Care Transitions Program to improve home-based chronic care management for Medicare beneficiaries with multiple chronic conditions.
ACA PROVISION RELATING TO CARE

Creates Home Care Services for Certain Medicaid Patients

Creates the Community First Choice Option, which gives states the ability to offer home and community-based attendant services to certain Medicaid beneficiaries.
ACA PROVISION RELATING TO CARE

Creates Collaborative Care Network

Establishes the Community-Based Collaborative Care Network Program to support providers that work collaboratively to coordinate care for low-income and underinsured populations.
ACA PROVISION RELATING TO CARE

Creates Interdisciplinary Care Teams

Establishes interdisciplinary community health teams, created by grants and contracts to eligible organizations from the HHS Secretary, to facilitate collaboration between primary care providers and community-based prevention, patient education, and other resources.
Coordinates Care for “Dual Eligibles”

Creates the Federal Coordinated Health Care Office, a new office within the Centers for Medicare and Medicaid Services to improve coordination of care for dual eligibles – individuals who qualify for both Medicare and Medicaid coverage.
ACA PROVISION RELATING TO CARE

Creates National Congenital Heart Care Tracking Program

Creates a National Congenital Heart Disease Surveillance System to track epidemiological data on heart disease and identify areas for prevention and outreach.
Establishes Centers of Excellence for Depression

Establishes Centers of Excellence for Depression - a network of organizations developing and implementing evidence-based treatment and prevention standards; fostering communication with stakeholders; leveraging community resources; and promoting use of electronic health records to coordinate and manage treatment of depressive disorders.
ACA PROVISION RELATING TO CARE

Creates National Diabetes Report Card

Establishes Bundling or “Episode of Care” Payment Demonstration Projects

Establishes a national pilot program by 2013 to improve patient care and reduce Medicare costs by bundling payments for episodes of care.
Focuses on Improving Hospital Utilization for Medicare

Extends the Medicare Hospital Gainsharing Demonstration, which evaluates arrangements between hospitals and providers aimed at improving utilization of inpatient hospital resources.
Establishes Accountable Care Organizations (ACOs) for Medicare Beneficiaries

Allows for the creation of Accountable Care Organizations (ACOs), bringing together groups of Medicare providers that voluntarily meet quality thresholds and standards and allowing the ACO providers to share in collective cost savings for the patients they serve.
Establishes Pediatric Accountable Care Organizations

Establishes a demonstration project for pediatric ACOs.
ACA PROVISION RELATING TO CARE

Provides In-Home Care for High Need Medicare Patients

Creates an Independence at Home demonstration program to provide in-home primary care services for high-need Medicare patients. Allows providers to share in cost savings.
ACA PROVISION RELATING TO CARE

Creates National Prevention, Health Improvement and Public Health Councils

Establishes National Prevention, Health Promotion and Public Health Councils to coordinate federal public health activities; fund prevention and public health programs; and develop evidence-based recommendations on the use of clinical and community preventive services.
ACA PROVISION RELATING TO CARE

Creates Office of Women’s Health

Establishes an Office of Women’s Health with a mandate for helping improve health care in America for women.
ACA PROVISION RELATING TO CARE

Creates Office of Minority Health

Establishes programs to improve health and care for minority populations.
ACA PROVISION RELATING TO CARE

Creates National Emergency Care Corps

Establishes a Regular Corps and a Ready Reserve Corps of trained caregivers available and ready to serve in national emergencies.
**ACA PROVISION RELATING TO CARE**

**Creates Fund To Invest In Public Health Improvement Programs**

Establishes a Prevention and Public Health Fund (PPHF) to invest in prevention and public health programs with the goal of improving health and slowing the rate of growth in health care costs.
Eliminates Cost-Sharing for Preventive Services

Eliminates cost-sharing for a defined list of medically appropriate preventive services.
ACA PROVISION RELATING TO CARE

Provides Wellness Visits, Risk Assessments and Prevention Plans for Medicare Beneficiaries

Provides access to annual wellness visits, comprehensive risk assessments, and personalized prevention plans for Medicare beneficiaries.
ACA PROVISION RELATING TO CARE

Provides Grants for Tobacco Cessation, Weight Control, Health Participation

Awards grants to states for programs that incentivize Medicaid beneficiary participation in tobacco cessation, weight control, and other health promotion programs to help prevent or manage chronic disease.
ACA PROVISION RELATING TO CARE

Creates a Program to Stabilize Patients with Emergency Psychiatric Conditions

Creates a Medicaid demonstration program requiring states to reimburse qualified mental health care institutions for services to stabilize Medicaid beneficiaries experiencing an emergency psychiatric condition.
Requires Hospital Community Needs Assessments

Requires non-profit hospitals to conduct community needs assessments, taking into account input from the community served by the hospital, and adopt implementation strategies to meet identified needs.
Promotes Employer-Based Wellness Programs

Promotes employer-based wellness programs by providing technical assistance, implementation support, and grants to small employers.
Increases Funding for Community Health Centers, School Health Costs

Increases funding and provides direction to the National Health Service Corps, community health centers, school-based health centers, and nurse-managed clinics.
Streamlines Access to Long Term Care for Elderly with Disabilities

Supports Aging and Disability Resource Centers aimed at streamlining access to long-term care for the elderly and people with physical, mental, or developmental disabilities.
Evidence-Based Cancer Program

Creates an evidence-based national education campaign to increase awareness about breast cancer prevention and treatment.
ACRs PROVISION RELATING TO CARE

Creates Delivery Model Innovations

Creates a new Center for Medicare and Medicaid Innovation (CMMI) within CMS to test and evaluate payment and service delivery models that reduce costs and maintain or improve quality of care.
Promotes and Evaluates Medical Homes

Patient-centered medical homes will be evaluated in primary care settings with the goal of providing coordinated team care to patients with multiple health conditions.
ACA PROVISION RELATING TO CARE

Creates Direct Contracting Pilots

Creates pilot programs to test direct contracting models with providers, services and suppliers to reduce the costs of care and make the unit costs of care more affordable.
Tests Comprehensive Care Plans and Geriatric Assessment Tools

Creates pilot programs to test the effectiveness of utilizing geriatric assessments and comprehensive care plans to coordinate care for patients with multiple chronic conditions.
Salary-Based Care Giver Pilot Programs

Promoting care coordination between providers and suppliers to facilitate the transition away from pure fee-for-service reimbursement and toward salary-based payment approaches for key caregivers.
Pilot will test supporting care coordination for chronically ill patients through the use of health IT-enabled provider networks, including care coordinators, a chronic disease registry, layers of caregiver/patient connectivity and home telehealth technology.
Tests Payment Models Based on Appropriateness of Service

Adjusts payment methodologies to physicians ordering diagnostic imaging services based on the medical appropriateness of the service ordered.
Evaluates Therapy Management Approaches

Establishes programs to evaluate medication therapy management services intended to improve patient use of medication.
Assisting Primary Care Doctors with Chronic Care Management

Establishing community-based health teams that function to assist primary care providers in chronic care management for patients whose medical conditions require team care.
Facilitates Better Informed Patient Choices

Establishes pilot programs to assist patients in making informed health care choices by paying providers for using patient decision-support tools.
ACA PROVISION RELATING TO CARE

Allows State Innovation for Dual Eligible Programs

 Allows states to test and evaluate models for the integration of care for dual eligibles.
Tests All Payer Fee Approaches

ACA allowing states to test and evaluate systems of all-payer payment reform.
Promotes Evidence-Based Cancer Care Approaches

Promotes the alignment of evidence-based guidelines of cancer care with payment incentives for professional treatment planning and optimal follow-up care.
Coordinates Post-Acute Care

Establishes pilots to improve post-acute care through continuing-care hospitals, long-term care hospitals, home health, and skilled nursing care to improve patient health status after a hospital discharge.
Home Health for Chronic Care

Sets up pilots to fund home health providers of chronic care management services to help improve team care for chronic care patients.
Supports Electronic Monitoring by Specialists

Supports improvements in inpatient care through the use of modern, patient focused electronic monitoring by specialists.
Supports Direct Referrals for Outpatient Services

Pilot will test efficiency and access to outpatient services though models that do not require a provider’s referral for the service.
Tests Healthcare Innovation Zone Payment Approaches

Establishes Healthcare Innovation Zone payment pilots – teaching hospitals, groups of providers, and other clinical entities that, through their structure, deliver integrated and comprehensive health services while incorporating innovative methods for the clinical training of future healthcare professionals.
Establishes New Therapies Tax Credit

Provides an Encouraging Investment in New Therapies tax credit to encourage investments in new therapies to prevent and diagnose acute and chronic diseases.
Establishes the Cures Acceleration Network in the Office of the Director of NIH that will award grants and contracts to accelerate the development of products and therapies to cure certain high-need conditions.
Fosters Team Management of Medications

Award grants and contracts to implement collaborative medication management services, where pharmacists and other providers would formulate treatment plans, prevent adverse drug interactions, and educate patients and caregivers on the management of chronic diseases.
ACA PROVISION RELATING TO CARE

Creates Biosimilar Licensing

Establishes a formal licensing process for approving biosimilar therapeutics, with data exclusivity periods.
Encourages Malpractice Litigation Alternatives

Awards five-year demonstration grants to states to develop, evaluate, and implement alternatives to current medical malpractice litigation.
ACA PROVISION RELATING TO CARE

Creates Comparative Database for Physician Performance

Creates Physician Compare, a web-accessible database of performance, effectiveness, safety and other assessments of providers who participate in Medicare Physician Quality Reporting Initiative.
ReQUIRES FINANCIAL DISCLOSURES WITH PROVIDERS AND SUPPLIERS

Requires open disclosure of financial relationships between hospitals, providers, and manufacturers and distributors of drugs and medical devices.
ACA PROVISION RELATING TO CARE

**Creates Ownership Transparency Requirements**

Requires Medicare and Medicaid nursing facilities to disclose ownership, expenditure and certification information.
ACA PROVISION RELATING TO CARE

Creates Enhanced Database on Patient Populations

Requires enhanced collection and reporting of patient population data on race, ethnicity, sex, primary language and disability status in all federally conducted or supported health care or public health programs.
ACA PROVISION RELATING TO CARE

Creates National Office of Health Information Technology

Formally establishes the Office of the National Coordinator for Health Information Technology to oversee development and support for a national health information network.
ACRA PROVISION RELATING TO CARE

Strengthens Data Privacy

Strengthens health information privacy and security standards.
ACA PROVISION RELATING TO CARE

Provides Financial Support for Health Care IT Adoption

Authorizes grants to assist state and local governments and health care providers in adopting and using health IT.
ACA PROVISION RELATING TO CARE

Creates “Meaningful Use” Requirements for Health Care IT

Provides financial incentives under Medicare and Medicaid to encourage hospitals, physicians and health professionals to become meaningful users of health IT by using certified electronic health record technology in ways that allow the electronic exchange of information to improve health care delivery competency and quality.
ACA PROVISION RELATING TO CARE

Creates Health Care Workforce Commission

Establishes a national Health Care Workforce Commission of 15 members, appointed by the U.S. Government Accountability Office, to develop a national health care workforce strategy.
Increases the Number of Nurses

Increases the nurse workforce though training programs, loan repayment and retention grants.
Refocuses Graduate Medical Education Priorities

Redistributes unused Graduate Medical Education training positions toward primary care, general surgery, and medically underserved geographic areas.
Supports Recruitment of Providers to Rural Areas

Provides bonus payments and grants for recruitment and training of providers to serve in rural and underserved areas.
Supports Delivery Reform Initiatives

Supports development of training programs focused on prevention, public health, primary care, medical homes, team management of disease, and integration of mental and physical health services.
Stage One Guaranteed Issue

Bill Creates Immediate Access to Guaranteed Coverage for High Risk Patients in Every State

Guaranteed coverage can be a quality of care issue. Every state now has in place a PCIP (pre-existing condition insurance program) run by the state or the federal government. No one in America is uninsurable right now. High risk patients can now get coverage -- thereby improving the likelihood that high risk patients will receive better care.
Stage Two Guaranteed Issue

Stage Two for insurance access will happen in 2014 when all health plans who sell individual coverage will be open to all applicants.
Most of the provisions of the Affordable Care Act deal with the provision of care. Less than 25 percent of the provisions deal with the role and function of insurance. The two sets of provisions are related because care will not be affordable until it is improved, and people without coverage can not get access to quality care.