Overview of Health Care Reform

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National Treatment System
To Achieve the Promise...

"To achieve the promise of community living for everyone, new service delivery patterns and incentives must ensure that every American has easy and continuous access to the most current treatments and best support services."


To Achieve the Promise...

"Health care for general, mental, and substance-use problems and illnesses must be delivered with an understanding of the inherent interactions between the mind/brain and the rest of the body."

--The Institute of Medicine, 2006
National Healthcare Reform
Four Key Strategies

U.S. health care reform is moving forward to address key issues
- Charles Ingoglia, National Council

Three Systems of Care

- Individuals & Small Employers can purchase insurance thru State Health Exchanges with subsidies up to 400% FPL.

- **Current**: Disabled & Adults w/ dependent children (CHIP)
- **HCR**: All Adult/Children up to 133% FPL (*Bridge to Reform* Medicaid waiver)

- **Illegal Immigrants ineligible** and other non-enrollees, despite insurance mandate.

(2011FPL=$10,890; Family (4)=$22,350)
Essential Health Benefits

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management, and
- Pediatric services, including oral and vision care
Mental Health Parity and Addiction Equity Act (2008)

1. MH/SUD deductibles and co-payments and treatment limitations (e.g., # visits or days) must be no more restrictive than the medical/surgical benefits.

2. Standards for MH/SUD medical necessity determinations must be disclosed.

3. Exception: May not apply to small employers <50 workers (?)

US Healthcare’s “Root” Problem

- Lack of Access
- Overuse Hi-Cost Svcs
- Underuse Prevention
- Excessive Medical Errors due to poor coordination
Service Delivery Redesign

Institute of Healthcare Improvement (IHI)* “Triple Aim”

1. Improve the health of the population
2. Enhance the patient care experience (includes quality, access, reliability)
3. Reduce per capita cost of health care

Donald Berwick, MD; IHI Founder and current CMS Administrator

Pay for Performance

Berwick’s vision for health care incorporates the Institute of Medicine’s Six Aims to make health care systems accountable.

Promote Care: Safe, effective, patient-centered, timely, efficient, and equitable.

IOM 2001, 2006
ACO = New Delivery System + New Payment

Goal: Improved Quality & Control of Total Health Cost

Patient Centered Medical Home

In 2007, the American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, and American Osteopathic Association released the Joint Principles of the Patient-Centered Medical Home.

1. Personal physician
2. Physician directed medical practice
3. Whole Person orientation
4. Coordinated/Integrated Care
5. Quality and Safety
6. Enhanced Access
7. Payment for Value-added

Joint Principles on Medical Home, 2007
Electronic Health Records

Health Innovation Program

Integrating research and practice in health care

To create a national model of excellence in health innovation that inspires and supports improvements in local and statewide health care delivery in Wisconsin

(U Invisconsin, Health Innovation Program; www.hip.wisc.edu)
National Healthcare Reform
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Patient Protection and Affordable Care Act, enacted March 21, 2010

Key Steps in HCR

1. Eligibility/Outreach
2. Essential Health Benefits
3. Mental Health Parity implementation
4. Hospital & Clinic “competency”
5. HIE & ACO Outcomes
6. Health Plan Oversight/Consumer Advocacy