Introduction to Health Care Reform

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National Health Expenditures per Capita, 1960-2010

(Bar graph showing health expenditures per capita from 1960 to 2010, with values increasing over time.)

Source: Kaiser Family Foundation. Original data and detailed source information are available at http://facts.kff.org/jama_092612.
Goal of 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 former CMS Administrator

National Healthcare Reform Four Key Strategies

Patient Protection and Affordable Care Act, enacted March 21, 2010
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.

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

**Insurance Plans**

- Platinum
- Gold
- Silver
- Bronze

**Health Insurance Exchange**

**Subsidies**

- Employer
- Medicare
- Federal up to **400%**

**Essential Health Benefit**

**(Employers <50)**

**(Individuals)**
Mental Health Parity and Addiction Equity Act (2009)

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: Does not apply to small employers <50 workers(?)

Accountable “Pay for Performance”

Berwick's vision for health care adapts the Institute of Medicine's six improvement aims for the health care system.

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
Bidirectional Medically Integrated Behavioral Treatment

Attached Adult Primary Care Module to Substance Abuse Partial Day Hospital Outpatient Tx (PPC 2.0)

Linked via Electronic Health Record

[Image of a section of a report or chart with questions related to substance use and interventions.]
Key Steps in HCR

1. **Establish Health Benefits**
   - Essential Health Benefits
   - Medicaid Expansion

2. **Implement Mental Health Parity**
   - Federal Interpretation of MHPAEA
   - Regulatory oversight

3. **Assure Eligibility and Outreach**
   - Call Centers, Navigators & Assistors

1. **Build Industry Competency**
   - Insurance readiness, PCP integration, Workforce development
   - Health Information Technology/42CFR

2. **HIE & ACO Outcomes**
   - HIE: Coverage, Affordability, Comprehensive, Access
   - ACO/CMS: MH/SA specific outcomes
   - State: Global MH Outcomes (w/ MHSOAC?)

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Health Reform Meets Main St.

“Confused about how the new health reform law really works? This short, animated movie -- featuring the “YouToons” -- explains the problems with the current health care system, the changes that are happening now, and the big changes coming in 2014. Written and produced by the Kaiser Family Foundation. Narrated by Cokie Roberts, a news commentator for ABC News and NPR and a member of Kaiser’s Board of Trustees. Creative production and animation by Free Range Studios.”

http://www.youtube.com/watch?v=vmdbilWOQzs

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Reimbursement

Incentives

Regulations