

Health Care Reform Update



Mid-Atlantic Physician Recruiter Alliance

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Introduction

Health Care Reform legislation passed almost a year ago. Full implementation happens in three years.

So, where do things currently stand?

Introduction

- Several states immediately filed suit against implementation of the reform laws, claiming
 - The individual mandate to carry health insurance is unconstitutional
 - The expansion of Medicaid amounts to an unfunded coercion of the states
- The federal District Courts are divided over the constitutionality of the laws.

Introduction

- The House passed legislation to repeal and/or defund all or several provisions of the laws
- Several states have passed laws to 'opt out' or refuse implementation of the laws
- About half of people polled in the past month state that they don't want full repeal, but parts need revision or elimination
- Many of the more popular provisions of the laws have already been implemented

Introduction

- The Medicare Center for Innovation has been created to develop new and better ways to provide patient-focused, higher quality, lower cost delivery of care
- Many Constitutional law scholars have posited that the reform laws will be upheld by the Supreme Court

Introduction

But, whatever happens on Capitol Hill, health delivery reform is already underway and will continue move forward.

Introduction

True health care reform is already happening under the current regulatory and legal framework, and will continue even if the recent reform legislation is invalidated or repealed.

Patient-Centric Care Models

Bundled payments

Quality Incentives

Integrated / Coordinated Delivery Systems

Implementation of Electronic Medical Records

Introduction

- What this means for you as recruiters:
 - Greater need for all physicians, especially primary care physicians
 - Coordinated care will involve hiring or contracting with a multitude of care providers, including sub-acute care providers
 - Creative approaches to incentive packages for those physicians who are hired

Introduction

- **Topics**
 - Accountable Care Organizations
 - Advanced Primary Care Practices (Medical Homes)
 - Workforce Development Provisions in the Reform Legislation

Accountable Care Organizations - Goals

- Coordination of health care services across treatment settings
- Improvement in the efficiency of care, quality and health outcomes
- Reduction in the cost of health care services, preventable hospitalizations and emergency room visits
- Prevention of hospital readmissions
- Achievement of beneficiary and family-caregiver satisfaction while actively engaging patient in their own care

ACO Requirements

- Agree to become accountable for the overall care of their Medicare fee-for-service beneficiaries
- Agree to a minimum three-year participation
- Have a formal legal structure that would allow the organization to receive and distribute bonuses to participating providers
- Include a primary care grouping of physicians who care for at least 5,000 Medicare fee-for-service beneficiaries

ACO Requirements (Cont.)

- Provide PCP and SCP participation in the ACO
- Have in place a leadership and management structure with expertise in clinical and administrative systems
- Defined processes to promote evidence-based medicine, report on quality and cost measures and coordinate care
- Meet patient-centeredness criteria such as use of patient and caregiver assessments or the use of individualized care plans

ACO's - Key Components

- **Clinical performance**
 - Measurement Sets
 - Data Exchange
 - Clinical Programs
- **Administration Oversight**
 - Payment Mechanisms
 - Contracting
 - Governance and Leadership

ACO's - Key Components

- Patient Focus
 - Attribution of Population
 - Patient Engagement / Loyalty
 - Marketing and Communications
- Health Information Technology

But, who are the gatekeepers?

ACO's - Key Components

PRIMARY CARE PHYSICIANS

And, that's where you come in.

ACO's - Open Issues

1. Legal Impediments - Current laws may pose significant hurdles, including antitrust, Stark, Anti-Kickback Statute and Civil Monetary Penalty, because they generally stifle innovation.
2. Time and Expense - Currently, it takes a significant amount of time and expense (legal and infrastructure) to organize and operate an ACO.

Advanced Primary Care Practices (Medical Homes)

One of the Key Components in an ACO may very well include a Medical Home, or as HHS now calls it in their recent demonstration programs, Advanced Primary Care Practices, which are multi-disciplinary practices that deliver coordinated care to patients.

Advanced Primary Care Practices (Medical Homes) - Elements

- **Personal Physician** - Each patient has a personal physician who provides first-contact, contiguous and comprehensive care
- **Team Practice** - Personal physician leads a team of individuals at the practice level for ongoing care and prevention
- **Coordinated Care** - Coordination of care across medical subspecialties, hospitals, home health agencies, nursing homes, the patient's family and public and private community based services

Advanced Primary Care Practices (Medical Homes) - Elements

- Health IT and Analytical Tools - Care is facilitated by electronic health records and other information technologies. Analytical tools allow for patient tracking, clinical monitoring, specialist follow-up, population based decision making, and predictive modeling
- Effective Use of Financial Incentives - Targeted to support medical home features, including achieving cost-savings and quality improvements

Advanced Primary Care Practices (Medical Homes) - Open issues

1. What does it mean to be a patient-centered medical home? The very flexibility inherent in the model makes generalization of results difficult.
2. How will we know they work? The current CMS assessment process is too time consuming and rigid. Yet, providers will be adopting the model now - without proving its efficacy.

Advanced Primary Care Practices (Medical Homes) - Open issues

3. Are patients and physicians ready?

Transition to a medical home can bring major changes for physicians and their patients.

Not all physicians are ready for a collaborative work culture and many patients may not even know they are in a medical home.

4. Is there enough time and resources to implement the model?

Workforce Development

- **Reform legislation creates a National Health Care Workforce Commission**

The Commission is tasked with encouraging innovation to deal with population needs and constant changes in technology, and with developing evaluations of education and training activities for the purpose of determining if the demand for health care workers is being met.

Workforce Development

- Continued assessment of US health care workforce
- Programs and funding to increase the supply of the health care workforce
 - PCP training program - grants and contracts
 - Oral Health Professional training program
 - Geriatric Education and training
 - Fellowship Training in Public Health
 - Area Health Education Centers
- Primary care practitioners (PCPs, NPs, PAs) and general surgeons get a 10% bonus in reimbursement

Workforce Development

- Moving unfilled residency provisions to primary care training in states with low physician ratios
 - Preservation of resident cap from closed hospitals
- Improve indirect medical education reimbursement
- Grants to programs for the medically underserved

Conclusion

Health care reform, with or without the Affordable Care Act, is real and is currently happening. Physician recruiters are on the front lines of providing one of the key essential ingredients for success:

Physicians

Conclusion

Thank you!

Questions?

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