Health Care Reform: The Challenge

Objectives

- Define the alphabet soup of abbreviations in health care reform
- Describe the implications for nurse practitioner practice
- Discuss strategies and opportunities for nurses to be involved in health care reform efforts in our institutions.

Is There Still a Question that the US Needed Health Care System Reform?

- 2010 – 16.3% of Americans uninsured (49.9 million)
  - Statistically unchanged from 2009, but up from 14.8% in 2008.
  - The percentage of American adults getting healthcare from their employer decreased to 45.8% in 2010
- 2011 – uninsured decreased (for 1st time since 2007) to 15.7% (about 48.6 million) – reported 9/12/12
  - Attributed young people <26 years who took advantage of the new law allowing them to stay on their parents’ plans
  - Largest numerical drop since at least 1999 (Census data)
  - However, for 5th year in a row, % of people covered by government health insurance increased up to 32.2% from 31.2% in 2010.

Alphabet Soup – ACA, ACO, PCMH – What’s an NP to do?

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Health Resources and Services Administration
How much do you really know about current health care reform?

How Health Care Reform Will (and Will Not) Change Your Life and Your Practice?

GOAL - more affordable health care

What are the provisions and the words to know in order to discuss health care reform intelligently at the policy-making tables?

The ACA or the PPACA

Patient Protection and Affordable Care Act (P.L. 111-148)
Signed into Law March 23, 2010

Health Reform Quiz

1. Will the health reform law require nearly all Americans to have health insurance starting in 2014 or else pay a fine?
2. Will the health reform law establish a government panel to make decisions about end-of-life care for people on Medicare?
3. Will the health reform law give states the option of expanding their existing Medicaid program to cover more low-income, uninsured adults?
4. Will the health reform law allow undocumented immigrants to receive financial help from the government to buy health insurance?
5. Will the health reform law increase the Medicare payroll tax on earnings for upper income Americans?
Health Reform Quiz

6. Will the health reform law require employers with 50 or more employees to pay a fine if they don’t offer health insurance?
7. Will the health reform law cut benefits for people in the traditional Medicare program?
8. Will the health reform law provide financial help to low- and moderate-income Americans who don’t get insurance through their jobs to help them purchase coverage?
9. Will the health reform law create a new government-run insurance plan to be offered along with private plans?
10. Will the health reform law create health insurance exchanges or marketplaces where small businesses and people who don’t get coverage through their employers can shop for insurance and compare prices and benefits?

Individual Mandate

• Requires U.S. citizens and legal residents to have health insurance by 2014
• Those without coverage pay a tax penalty of the greater of $695 per year up to a maximum of 3 times that amount ($2,085) per family or 2.5% of household income
• Penalty phases in through 2016 ($95 in 2014; $325 in 2015; $695 in 2016).

Employer Requirements

• Applies to employers with more than 50 employees
  • Penalties
  • Vouchers
• Require employers with more than 200 employees to automatically enroll employees into health insurance plans offered by the employer
Premium and Cost Sharing Subsidies to Individuals and Employers

- **Premium Subsidies**
  - Provide premium credits to individuals and families with incomes between 133-400% FPL to purchase insurance through the Health Insurance Exchanges.

- **Cost Sharing Subsidies**
  - Provide cost sharing subsidies to individuals and families - percent subsidy is based on FPL
  - Small business tax credit if business has less than 25 employees and average annual wages of less than $50,000

Health Insurance Exchanges/Health Insurance Marketplaces

- **Insurance Market and Rating Rules**
  - Require **guaranteed issue** and renewability and allow **rating variation** based on:
    - age (limited to 3:1 ratio)
    - premium rating area
    - family composition
    - tobacco use (limited to 1.5:1 ratio)

**Health Insurance Exchanges – Now Referred to as Health Insurance Marketplaces**

- **Purpose** - Competitively priced insurance offered through state-run exchanges, starting in 2014. Small businesses can group together and get the same kind of rates as big corporations.

- Create state-based Health Benefit Exchanges and Small Business Health Options Program (SHOP) Exchanges
  - For individuals and small businesses with up to 100 employees can purchase coverage
  - Permit states to allow businesses with more than 100 employees to purchase coverage through SHOP Exchange (2017).

- Essential health benefits package
  - Create 4 benefit categories of plans plus a separate catastrophic: Bronze, Silver, Gold and Platinum
Bottom Line for Private Insurance

- New standards for administrative simplification
  - Minimum Medical Loss Ratios (80 – 85% depending on the group)
- Elimination of the underwriting process due to guaranteed issue
- Standardization of benefit packages
  - must offer to clients what is offered in the Health Insurance Marketplace
- Insurance premium increases subject to review

Expansion of Public Programs

- MEDICAID
  - Expand coverage to all individuals under age 65 with incomes up to 133% FPL
  - To pay for newly eligible adults, states will be given federal funding (100% from 2014 – 2016; 95% in 2017; 94% in 2018, and down)

Expansion of Public Programs

- CHIP
  - Requires states to maintain current income eligibility levels for children in Medicaid and the CHIP program until 2019 and extend funding for CHIP through 2015.
  - Beginning in 2015, states will receive a 23% point increase in CHIP match rate up to a cap of 100%.
Tax Changes Related to Financing Health Reform

• Impose annual fees on pharmaceutical manufacturing sector

• Impose annual fee on health insurance sector

• Impose excise tax on sale of taxable medical device

Top 5 Things ACA Has Done for Nursing

1. Increased funding for Advanced Nursing Education Scholarships
   a) Additional and targeted funding for primary care

2. Increased funding for Nurse Faculty Loan Program and Nurse Loan Repayment Program

3. Nurse Managed Clinics

4. School-based Health Clinics

5. Establish GNE demonstration

Other Aspects of Law

• Develop a National Quality Strategy

• Support Comparative Effectiveness Research

• Emphasis on primary care

• Prevention and Wellness

• Workforce Investments - to meet new access requirements; address workforce shortages
   - The supply of nurses must be sufficient in order for health insurance reform to be successful.

Top 5 (6) Things ACA Has Done for Our Patients and Nurses as Consumers

1. Young adults – approximately 1.2 million young adults will gain healthcare coverage through their parents’ health plans.

2. Eliminate lifetime caps and unreasonable annual limits on benefits

3. Prohibits rescissions - retroactive cancellations

4. Immediately prohibits pre-existing condition restrictions for children – guaranteed issue

5. Require coverage of preventive services and immunizations in new plans

6. Seniors - 44 million will receive free preventive care and those who hit the prescription drug “doughnut hole” will pay less for lifesaving prescriptions.
Top 5 Things ACA has Done for Our Organizations

1. Cap insurance company non-medical, administrative expenditures (medical-loss ratio)
   - premium dollars must go toward care delivery, not marketing or profit margins
2. CMMI grants – 30 billion dollars
3. Encourage the development of new patient care delivery models
   - ACOs
   - PCMHs
   - Chronically ill – home-based primary care teams; right care, right time, right place............
4. Establish value-based purchasing program to pay hospitals based on quality measures
5. Changing emphasis and incentives

Kaiser Health Tracking Poll:
March 2013

Few Have Heard About State Decisions on Exchanges and Medicaid Expansion

As far as you know, has your state’s governor announced that your state will expand Medicaid, announced that your state will not expand Medicaid, not announced their decision, or have you not heard enough about this to say?

SOURCE: Kaiser Family Foundation Health Tracking Poll (conducted March 5-10, 2013)

More Favor Expanding Their State’s Medicaid Program Than Oppose

As you may know, the health care law expands Medicaid to provide health insurance to more low-income uninsured adults. The federal government will initially pay the entire cost of this expansion, and after several years, states will pay 10 percent and the federal government will pay 90 percent. The Supreme Court ruled that states may choose whether or not to participate in this expansion. What do you think your state should do?

SOURCE: Kaiser Family Foundation Health Tracking Poll (conducted March 5-10, 2013)

NOTE: Other/Neither (vol.) and Don’t know/Refused answers not shown.
Over the past few years, would you say the cost of health care for the nation as a whole has: going up faster than usual, going up slower than usual, or staying about the same amount?

Percent who say the amount they and their family are paying for health care and health insurance has been: going up faster than usual, going up slower than usual, or staying about the same amount?

Three Years Later, Public Still Divided by Party

Percent who say they have a favorable opinion of the health reform law:

At Three Years, Opinion On ACA Remains Divided

Do you know, a health reform bill was signed into law in 2010. Given what you know about the health reform law, do you have a generally favorable or generally unfavorable opinion of it?

Most Report No Experience With Law So Far

So far, would you say you and your family have (personally benefited from been negatively affected by) the health reform law, or not?
Many Elements Of Health Reform Law Continue To Be Popular Across Parties
Percent who say they feel favorable about each of the following elements of the health reform law:

<table>
<thead>
<tr>
<th>Element</th>
<th>Total</th>
<th>Dem</th>
<th>Ind</th>
<th>Rep</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tax credits to small businesses to buy insurance</td>
<td>88%</td>
<td>90%</td>
<td>87%</td>
<td>83%</td>
</tr>
<tr>
<td>Close Medicare “doughnut hole”</td>
<td>81%</td>
<td>90%</td>
<td>80%</td>
<td>74%</td>
</tr>
<tr>
<td>Create health insurance exchanges</td>
<td>80%</td>
<td>87%</td>
<td>78%</td>
<td>72%</td>
</tr>
<tr>
<td>Extension of dependent coverage</td>
<td>76%</td>
<td>84%</td>
<td>79%</td>
<td>68%</td>
</tr>
<tr>
<td>Subsidy assistance to individuals</td>
<td>76%</td>
<td>91%</td>
<td>69%</td>
<td>61%</td>
</tr>
<tr>
<td>Medicaid expansion</td>
<td>73%</td>
<td>88%</td>
<td>70%</td>
<td>62%</td>
</tr>
<tr>
<td>Guaranteed issue</td>
<td>66%</td>
<td>75%</td>
<td>67%</td>
<td>56%</td>
</tr>
<tr>
<td>Medical loss ratio</td>
<td>65%</td>
<td>72%</td>
<td>60%</td>
<td>52%</td>
</tr>
<tr>
<td>Increase Medicare payroll tax on upper income</td>
<td>60%</td>
<td>80%</td>
<td>54%</td>
<td>47%</td>
</tr>
<tr>
<td>Employer mandate/penalty for large employers</td>
<td>57%</td>
<td>79%</td>
<td>56%</td>
<td>36%</td>
</tr>
<tr>
<td>Individual mandate/penalty</td>
<td>45%</td>
<td>59%</td>
<td>50%</td>
<td>35%</td>
</tr>
</tbody>
</table>

SOURCE: Kaiser Family Foundation Health Tracking Poll (conducted March 5-10, 2013)

NOTE: Items asked of half sample. Question wording abbreviated. See topline (http://www.kff.org/kaiserpolls/8425.cfm) for complete wording.

Nearly Six in Ten Say They Don’t Understand How ACA Will Impact Them
Do you feel you have enough information about the health reform law to understand how it will impact you personally, or not?

<table>
<thead>
<tr>
<th></th>
<th>Yes, have enough information</th>
<th>No, do not have enough information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>41%</td>
<td>57%</td>
</tr>
<tr>
<td>Uninsured (under age 65)</td>
<td>31%</td>
<td>67%</td>
</tr>
<tr>
<td>Household income less than $40,000</td>
<td>20%</td>
<td>68%</td>
</tr>
</tbody>
</table>

NOTE: Don’t know/Refused answers not shown.
SOURCE: Kaiser Family Foundation Health Tracking Poll (conducted March 5-10, 2013)

Majority Say They Don’t Understand How ACA Will Impact Them, Including Two-Thirds of Uninsured and Low-Income

<table>
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<th></th>
<th>Yes, have enough information</th>
<th>No, do not have enough information</th>
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<td>68%</td>
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</tbody>
</table>

Awareness of Provisions Included in the ACA
To the best of your knowledge, would you say the health reform law does or does not do each of the following?

<table>
<thead>
<tr>
<th></th>
<th>CORRECT</th>
<th>INCORRECT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual mandate/penalty</td>
<td>74%</td>
<td>17%</td>
</tr>
<tr>
<td>Employer mandate/penalty for large employers</td>
<td>71</td>
<td>17</td>
</tr>
<tr>
<td>Extension of dependent coverage</td>
<td>69</td>
<td>20</td>
</tr>
<tr>
<td>Subsidy assistance to individuals</td>
<td>62</td>
<td>29</td>
</tr>
<tr>
<td>Medicaid expansion</td>
<td>59</td>
<td>25</td>
</tr>
<tr>
<td>Health insurance exchanges</td>
<td>58</td>
<td>20</td>
</tr>
<tr>
<td>Increase the Medicare payroll tax on upper income</td>
<td>54</td>
<td>27</td>
</tr>
<tr>
<td>Guaranteed issue</td>
<td>53</td>
<td>36</td>
</tr>
<tr>
<td>Tax credits to small businesses to buy insurance</td>
<td>52</td>
<td>26</td>
</tr>
<tr>
<td>Close Medicare “doughnut hole”</td>
<td>46</td>
<td>31</td>
</tr>
<tr>
<td>Medical loss ratio</td>
<td>40</td>
<td>37</td>
</tr>
</tbody>
</table>

NOTE: Items asked of half sample. Question wording abbreviated. See topline (http://www.kff.org/kaiserpolls/8425.cfm) for complete wording.
SOURCE: Kaiser Family Foundation Health Tracking Poll (conducted March 5-10, 2013)
### Misperceptions About Provisions Not Included in the Law

To the best of your knowledge, would you say the health reform law does or does not do each of the following?

<table>
<thead>
<tr>
<th>Provision</th>
<th>Correct</th>
<th>Incorrect</th>
<th>Don’t know/Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cut benefits for people in Medicare</td>
<td>61%</td>
<td>45%</td>
<td>4%</td>
</tr>
<tr>
<td>Establish a government panel to make decisions about end-of-life care for people on Medicare</td>
<td>30%</td>
<td>40%</td>
<td>21%</td>
</tr>
<tr>
<td>Allow undocumented immigrants to receive subsidies to purchase insurance</td>
<td>33%</td>
<td>47%</td>
<td>14%</td>
</tr>
<tr>
<td>Public option</td>
<td>28%</td>
<td>57%</td>
<td>15%</td>
</tr>
</tbody>
</table>

### Declines in Awareness of Some Key Provisions

Percent who say the health reform law does each of the following:

<table>
<thead>
<tr>
<th>Provision</th>
<th>April 2010</th>
<th>March 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tax credits to small businesses to buy insurance</td>
<td>68%</td>
<td>52%</td>
</tr>
<tr>
<td>Subsidy assistance to individuals</td>
<td>75%</td>
<td>62%</td>
</tr>
<tr>
<td>Guaranteed issue</td>
<td>64%</td>
<td>53%</td>
</tr>
<tr>
<td>Medicaid expansion</td>
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<td>59%</td>
</tr>
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<td>Health insurance exchanges</td>
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<td>58%</td>
</tr>
<tr>
<td>Medical loss ratio</td>
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<td>40%</td>
</tr>
<tr>
<td>Extension of dependent coverage</td>
<td>70%</td>
<td>60%</td>
</tr>
<tr>
<td>Individual mandate/penalty</td>
<td>75%</td>
<td>74%</td>
</tr>
</tbody>
</table>

### Most Popular Provisions Among Least Widely Recognized (And Vice Versa)

Percent who say they feel favorable about each of the following and percent who say they are aware each is included in the health reform law:

<table>
<thead>
<tr>
<th>Provision</th>
<th>Favorable</th>
<th>Aware</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tax credits to small businesses to buy insurance</td>
<td>66%</td>
<td>52%</td>
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<td>62%</td>
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<td>53%</td>
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<td>40%</td>
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<tr>
<td>Extension of dependent coverage</td>
<td>70%</td>
<td>60%</td>
</tr>
<tr>
<td>Individual mandate/penalty</td>
<td>75%</td>
<td>74%</td>
</tr>
</tbody>
</table>

### Trend in Opinion on Personal Impact of ACA

Do you think you and your family will be better off or worse off under the health reform law, or don’t you think it will make much difference?

<table>
<thead>
<tr>
<th>Month</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
</tr>
</thead>
<tbody>
<tr>
<td>Better off</td>
<td>31%</td>
<td>31%</td>
<td>28%</td>
<td>20%</td>
<td>28%</td>
<td>28%</td>
<td>28%</td>
<td>28%</td>
<td>28%</td>
<td>29%</td>
<td>29%</td>
<td>30%</td>
<td>30%</td>
<td>32%</td>
<td>32%</td>
</tr>
<tr>
<td>Won't make much difference</td>
<td>28%</td>
<td>28%</td>
<td>32%</td>
<td>36%</td>
<td>33%</td>
<td>36%</td>
<td>36%</td>
<td>36%</td>
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<td>36%</td>
<td>36%</td>
<td>36%</td>
<td>36%</td>
<td>36%</td>
</tr>
<tr>
<td>Worse off</td>
<td>41%</td>
<td>32%</td>
<td>30%</td>
<td>34%</td>
<td>36%</td>
<td>36%</td>
<td>36%</td>
<td>36%</td>
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<td>36%</td>
<td>36%</td>
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</tbody>
</table>

NOTE: Don't know/Refused answers not shown.

SOURCE: Kaiser Family Foundation Health Tracking Polls.
Expectations for ACA’s Impact on Cost and Quality More Negative Than Positive

<table>
<thead>
<tr>
<th>Under the health reform law, do you think each of the following will get better, worse, or will it stay about the same?</th>
<th>Better</th>
<th>Worse</th>
<th>About the Same</th>
</tr>
</thead>
<tbody>
<tr>
<td>NATIONAL IMPACTS</td>
<td>The cost of health care for the nation as a whole</td>
<td>50%</td>
<td>28%</td>
</tr>
<tr>
<td></td>
<td>The quality of health care in the nation</td>
<td>61%</td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td>Consumer protections for the average person with private health insurance</td>
<td>26%</td>
<td>28%</td>
</tr>
<tr>
<td></td>
<td>Access to health care for the uninsured</td>
<td>28%</td>
<td>24%</td>
</tr>
<tr>
<td>PERSONAL IMPACTS</td>
<td>The cost of health care for you and your family</td>
<td>26%</td>
<td>28%</td>
</tr>
<tr>
<td></td>
<td>The quality of your own health care</td>
<td>6%</td>
<td>49%</td>
</tr>
<tr>
<td></td>
<td>Your ability to get and keep health insurance</td>
<td>26%</td>
<td>24%</td>
</tr>
</tbody>
</table>

NOTE: Items asked of half sample. Don’t know/Refused answers not shown.
SOURCE: Kaiser Family Foundation health tracking poll (conducted March 5-10, 2013)

What is an ACO?

- A group of providers and suppliers of services that will work together to coordinate care for the patients they serve who are beneficiaries with Medicare.
- The goal of an ACO is to deliver seamless, high quality, patient-centered care for Medicare beneficiaries instead of the fragmented care that has so often been part of fee-for-service health care.
- The Affordable Care Act specifies the groups of providers and suppliers that can form an ACO.
  - The list of “ACO professionals” includes physicians, nurse practitioners (NPs), clinical nurse specialists (CNSs), and physician assistants.
- Networks of individual practices of ACO professionals, partnerships, or joint venture arrangements between hospitals and ACO professionals, and hospitals employing ACO professionals can also form ACOs.

How About Delivery Reform in the ACA?

- Established Center for Medicare and Medicaid Innovation (CMMI)
  - 3 billion in innovations grants to health care organizations
- Establish Medicare pilot programs to develop and evaluate a bundled payment system for an episode of care (Medicaid also)
- CMS Primary Care Medical Home Demonstration
- Demonstration for shared savings for Accountable Care Organizations

Shared Savings and the ACO

- Under the law, an ACO operates under a Shared Savings Program
- It can share, with Medicare, cost savings that result from better coordinated, and less fragmented or duplicative care.
- However, quality of patient care is key and an ACO can only share in those savings only when quality standards are met in five key areas:
  - Patient/caregiver experience of care
  - Care coordination
  - Patient safety
  - Preventive health
  - At-risk population/frail elderly health.
ACO: Accountable Care Organizations

Responsible for defined population of patients and financial incentives that reward improving care and slowing cost growth.

7 Core Components
1. Providers
2. Payers
3. Management
4. Alignment Structure
5. Population IT/Data
6. Medical Home (PCMH)
7. Patients

Scope of Accountability

• Single Service/Episode
• Disease Specific
• Service Oriented
• Segment by Illness
• Total Population Care

• Bundled Payment
• P4P for outcome measures (HF, diabetes, etc.)
• PCMH payments
• CMS Chronic Care demo
• Accountable Care Org

ACOs

• There has been a proliferation of ACOs:
  – Private payer ACOs
  – Pioneer ACOs
  – Medicare Shared Savings Program ACOs

Accountable Care Organizations

Key Features
• Local Accountability
• Shared Savings
• Performance Measurement

Key Design Components
• Organization well defined
• Scope of providers
  – PCP essential
  – Continuum of care
• Spending and quality thresholds to ensure success
• Distribution methodology for shared savings
The Goal of the Patient Centered Medical Home Workgroup

- Design an all-payer pilot
- Use common standards and interventions for creating and sustaining patient centered medical homes in geographically and demographically diverse practices
- Identify a consistent payment methodology across payers
- Select measurement tools that can equitably measure impact across a range of practice settings

Underlying objectives of PCMH

- Improve clinical care process
  - builds on primary care concepts
- Increased access
- Enhance patient experience of care
  - Accessible (first contact care) - point of entry for each new problem
  - Continuous-ongoing care over time
  - Comprehensive - provides or arranges for services across all of patient’s healthcare needs
  - Coordinated-integration of care across a person’s conditions, providers, and settings, and with the patient’s family, caregivers, and community
- Increase clinician and staff work satisfaction
- LOWER TOTAL COSTS OF CARE

Definition: What is a medical home?

A patient-centered medical home is a model of practice in which a team of health professionals, GUIDED by a personal physician, provides continuous, comprehensive, and coordinated care in a culturally and linguistically sensitive manner throughout a patient’s lifetime. The PCMH, accessible to all Marylanders, provides for all of a patient’s health care needs or appropriately collaborates with other qualified professionals to provide patient-centered care through evidence-based medicine, expanded access and communication, care coordination and integration, and care quality and safety. This includes the provision of preventive services, treatment of acute and chronic illness, and assistance with end-of-life issues, within their practice or through the coordination with other providers.
Maryland Legislation Definitions

“PRIMARY CARE PRACTICE” MEANS A PRACTICE OR FEDERALEY QUALIFIED HEALTH CENTER ORGANIZED BY OR INCLUDING PEDIATRICIANS, GENERAL INTERNAL MEDICINE PHYSICIANS, FAMILY MEDICINE PHYSICIANS, OR NURSE PRACTITIONERS.

Profile of the Invited Practices

<table>
<thead>
<tr>
<th>Region</th>
<th>Practice Sites Invited</th>
<th>Practice Sites Expected to Participate</th>
<th>Additional Sites Invited</th>
</tr>
</thead>
<tbody>
<tr>
<td>CENTRAL MARYLAND</td>
<td>26</td>
<td>18</td>
<td>3</td>
</tr>
<tr>
<td>EASTERN SHORE</td>
<td>5</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>MONTGOMERY COUNTY and PRINCE GEORGE’S COUNTY</td>
<td>12</td>
<td>10</td>
<td>2</td>
</tr>
<tr>
<td>SOUTHERN MARYLAND (including Frederick and Carroll)</td>
<td>6</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>WESTERN MARYLAND (including Frederick and Carroll)</td>
<td>12</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>Grand Total</td>
<td>51</td>
<td>47</td>
<td>11</td>
</tr>
</tbody>
</table>

• Goal was approximately 60 practices.
• Practices included – physicians and nurse practitioner-leed pediatric, family practice, internal medicine and geriatric practices.
• Practice sites included 300 providers and serve more than 300,000 patients.
• Practices are geographically diverse and include large and small private practices, hospital-owned practices, FQHCs and clinics.
• Some “Wait-listed” practices were added. Approximately 14 practice sites were chosen and declined.

Practice Transformation three pillars: Teamwork Leadership Communication

• Practice Redesign Teams
  ➢ Practice Champion- Physician or NP
    ➢ Lead clinical and/or lead clerical staff member
      ▪ Nursing supervisor
      ▪ Lead Medical Assistant or Front office supervisor
  ➢ Lead administrative person
    – Practice manager
    – Administrator or Office manager
  ➢ Care Manager
Maryland NCQA Requirements

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Maryland + Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1+</td>
</tr>
<tr>
<td>Level 1 NCQA Recognition</td>
<td>X</td>
</tr>
<tr>
<td>Level 2 NCQA Recognition</td>
<td></td>
</tr>
<tr>
<td>Level 3 NCQA Recognition</td>
<td></td>
</tr>
<tr>
<td>24-7 Phone response</td>
<td>X</td>
</tr>
<tr>
<td>Registry</td>
<td>X</td>
</tr>
</tbody>
</table>

Maryland NCQA Requirements, con’td

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Maryland + Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1+</td>
</tr>
<tr>
<td>Same-day appointments</td>
<td>X</td>
</tr>
<tr>
<td>Summary for transitions</td>
<td>X</td>
</tr>
<tr>
<td>Care mgt. and coordination</td>
<td>X</td>
</tr>
<tr>
<td>Problem lists</td>
<td>X</td>
</tr>
<tr>
<td>Medication reconciliation</td>
<td>X</td>
</tr>
</tbody>
</table>
**Maryland NCQA Requirements, con’td**

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Maryland + Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1+</td>
</tr>
<tr>
<td>Pre-visit planning, after-visit follow-up</td>
<td>x</td>
</tr>
<tr>
<td>Use of EHR</td>
<td>x</td>
</tr>
<tr>
<td>CPOE for all orders</td>
<td>x</td>
</tr>
<tr>
<td>E-Prescribing with decision support</td>
<td>x</td>
</tr>
</tbody>
</table>

**PCMH Quality Measure Overview**

- NCQA PCMH Recognition (including Maryland-required elements)
- 21 clinical process measures
  - 6 apply to pediatric practices
  - 18 apply to adult practices
- Outcomes/utilization measures
  - Reduction of hospitalizations
  - ER use
  - Readmissions

**Measurement Timeline**

- 2011
  - NCQA recognition (level 1)
- 2012
  - Report on clinical process measures
  - NCQA recognition (level 2)
- 2013
  - Report on clinical process measures
  - Apply thresholds for outcome/utilization measures
- 2014
  - Apply thresholds for clinical process measures
  - Apply thresholds for outcome/utilization measures

**Key Metrics**

- Physicians
  - Family Medicine: 133
  - Internal Medicine: 84
  - Pediatric: 59
  - Geriatrics: 1
- Clinicians
- Nurse Practitioners: 39
- Physician Assistants: 21
- Dentist: 1
- Misc.: 1

About 200,000 patients attributed
Clinical Process Measures

<table>
<thead>
<tr>
<th>A = adult, P = pediatric</th>
</tr>
</thead>
<tbody>
<tr>
<td>• A,P Asthma assessment</td>
</tr>
<tr>
<td>• A,P Appropriate medications for asthma</td>
</tr>
<tr>
<td>• A,P Asthma pharmacologic therapy</td>
</tr>
<tr>
<td>• P Appropriate testing for pharyngitis</td>
</tr>
<tr>
<td>• A Blood pressure measurement</td>
</tr>
<tr>
<td>• A Blood pressure control</td>
</tr>
<tr>
<td>• A,P Weight screening and follow-up</td>
</tr>
<tr>
<td>• A Tobacco assessment and cessation (2 measures)</td>
</tr>
<tr>
<td>• P Childhood immunizations</td>
</tr>
</tbody>
</table>

• A Influenza immunizations
• A Pneumonia vaccinations
• A Colorectal cancer screening
• A Diabetes: HbA1c <8%, HbA1c poor control, blood pressure management (3 measures)
• A Anti-depressant med mg: acute phase and continuation phase
• A Ischemic Vascular Disease: lipid panel and LDL control
• A Heart Failure: ACE or ARB therapy
• A Coronary Artery Disease: oral antiplatelet therapy

Impact of Quality Measures on Shared Savings

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Quality Measures Reporting</th>
<th>Pediatric Practices</th>
<th>Adult Care Practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>50% Share of Savings</td>
<td>Report on 4 measures</td>
<td>Report on 24 measures</td>
<td>n/a</td>
</tr>
<tr>
<td>50% Share of Savings</td>
<td>Report on 3 measures</td>
<td>Report on 15 measures</td>
<td>n/a</td>
</tr>
<tr>
<td>50% Share of Savings</td>
<td>Report on 1 measures</td>
<td>Report on 6 measures</td>
<td>n/a</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year 2</th>
<th>Quality Measures Reporting</th>
<th>Pediatric Practices</th>
<th>Adult Care Practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>50% Share of Savings</td>
<td>Report on 2 measures</td>
<td>Report on 12 measures</td>
<td>n/a</td>
</tr>
<tr>
<td>50% Share of Savings</td>
<td>Report on 1 measures</td>
<td>Report on 6 measures</td>
<td>n/a</td>
</tr>
<tr>
<td>50% Share of Savings</td>
<td>Report on 1 measures</td>
<td>Report on 6 measures</td>
<td>n/a</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year 3</th>
<th>Quality Measures Reporting</th>
<th>Pediatric Practices</th>
<th>Adult Care Practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>50% Share of Savings</td>
<td>Report on 1 measures</td>
<td>Report on 6 measures</td>
<td>n/a</td>
</tr>
<tr>
<td>50% Share of Savings</td>
<td>Report on 1 measures</td>
<td>Report on 6 measures</td>
<td>n/a</td>
</tr>
<tr>
<td>50% Share of Savings</td>
<td>Report on 1 measures</td>
<td>Report on 6 measures</td>
<td>n/a</td>
</tr>
</tbody>
</table>

How will savings be achieved?

States Are the Drivers

• States at the center of health care reform
• States will either administer, regulate, and/or pay for virtually every element of the system
  – Insurance regulation
  – Exchanges
  – Ombudsman
So What is an NP/Nurse to Do?

1) Be educated about the law and its provisions
2) Be an objective voice for health care reform
3) Advocate for our patients
4) Be a part of the thinking and the discussion!

Health Care Reform Websites

Kaiser Family Foundation
www.kff.org
American Nurses Association
www.nursingworld.org
American Organization of Nurse Executives
www.aone.org
American Hospital Association
www.aha.org
American Association of Retired Persons
www.aarp.org
The Commonwealth Fund
www.commonwealthfund.org