



National Health Care Reform: What is next?

Presentation to Nebraska Rural Health Association

Keith J. Mueller, Ph.D.
of Iowa College of Public Health
Rural Policy Research Institute

September 16, 2010

A New World in Rural Health Care Delivery

There will be change in

- Access
- Cost
- Quality
- Healthy communities

Lead the Way to a New World in Rural Health Care Delivery

And to make the changes happen in a favorable way:

- Must be systemic change
- That is created locally, perhaps with ideas from national policy
- And facilitated through regional collaboration
- Supported by national policy and resources

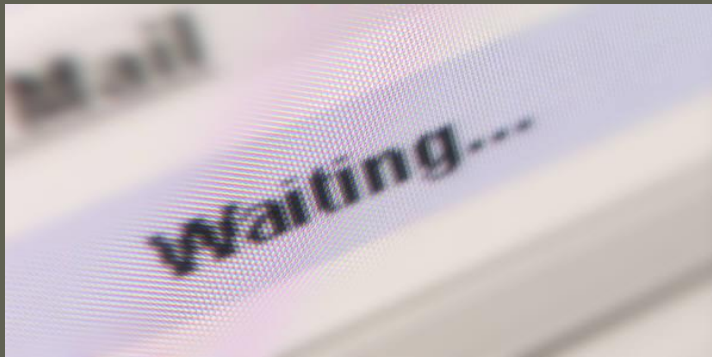
Access: Coverage

- It's wonderful, It's marvelous
- But it may not be real: the field of dreams question
- We need at least all 33 million to make the assumptions work
- Seek, find, enroll



Access: Sustaining an Infrastructure

- What infrastructure?
 - Facilities
 - Workforce
 - Community-based services
- First do no harm
- **WAIT: ADJUST OUR THINKING**



Access in a New Framework

- E-health
- Optimal use of all persons in the workforce (patient navigators, extension model)
- To all services including public health, healthy communities



Make the most of technology

- Focus first on basic needs
- Emergency room care and transfers
- 24/7 pharmacy order review
- Consultation, including radiology



Make services available locally

- E-ICU
- Mental/behavioral health
- Dermatology
- Other



Optimal use of professionals

- The Patient-Centered Medical Home model



- Non-physician primary care providers
- Extenders of care emanating elsewhere

Include public health in our thinking and planning

- Integrated with clinical care, part of PCMH
- Independent community-based providers
- Supported in title IV and V of the ACA

Cost: Bending the Curve with Payment Policy

- Unsustainable trends by definition will not be sustained
- Efforts of expanded coverage: good news, bad news, good news?
- Using policy levers that can be scored: payment to providers



Cost: Bending the Curve with System Change

- Show me the way!
- Integrated care saves money?
- Care management saves money?
- If savings are from different patterns and levels of use, can the system “right size?”



Cost: Healthier Communities

- School environment
- Worksite wellness
- Individualized wellness



Continued

- Reducing disparities
- Active living and nutritious foods
- Healthy aging benefits targeting 55-64 years of age



Cost: Consequences of Success, Consequences of Failure

- Success and what it means to providers
- Success and what it means to access
- Failure and what it means to payers
- Failure and what it means to access



Quality: How We Think of This

- A value-based approach
- A results orientation
- Individual state of well-being
- Population health – plan and community

Quality: Moving the Payment System

- Hospital value-based purchasing program, including a demonstration program for CAHs
- Physician quality reporting system
- VBP program for SNFs and home health agencies
- VBP modifier under physician fee schedule

Improving the System

- Quality measure development
 - Outcomes and function status
 - Management and coordination across episodes and care transitions
 - Patient-centeredness



System Change

- Drivers are toward integrated systems of care, including quality measures applied to patient transfers
- Broadening to include more emphasis on care in the home – Section 3024 establishes an Independence at Home Medical Practice category, serving at least 200 applicable beneficiaries and using electronic health information systems, remote monitoring, and mobile diagnostic technology
- Community health teams, patient centered-medical homes, health teams (Section 3502)
- Regionalized systems for emergency care

System Change: Big Picture

- Secretary develops a national strategy by January 1, 2011 to improve the delivery of health care services, patient health outcomes and population health
- Secretary develops quality measures assessing health outcomes and functional status, management and coordination across episodes and care transition, and experience, quality, and use of information to and used by patients

Continued..

- Center for Medicare and Medicaid Innovation in CMS
- National Health Care Workforce Commission
- Patient-centered Outcomes Research Institute and trust fund: rural-relevant comparative effectiveness research?

Using Elements of the Legislation as a Package

- Integrating systems for payment and quality improvement
- Patient focus and primary care
- Opportunity for public health overlay

ACA Opportunities: Title IV, Subtitle A

- The new National Prevention, Health Promotion and Public Health Council
- The new Advisory Group on Prevention, Health Promotion, and Integrative Public Health
- Use of a new Prevention and Public Health Fund
- CDC to convene an independent Community Preventive Services Task force

ACA Opportunities:

Title IV, Subtitle A, continued...

- Planning and implementation of a national public-private partnership for a prevention and health promotion outreach and education campaign to raise public awareness of health improvement across the life span
- Establish and implement a national science-based media campaign on health promotion and disease prevention

ACA Opportunities: Title IV, subtitle B

- School-based health centers
- Medicare coverage of personalized prevention plan services

ACA Opportunities: Title IV, Subtitle C

- CDC grants for implementation, evaluation, and dissemination of evidence-based community preventive health activities in order to reduce chronic disease rates, prevent the development of secondary conditions, address health disparities, and develop a stronger evidence base of effective prevention programming
- Grants to provide public health community interventions, screenings, and clinical referrals for persons between ages 55 and 64

ACA Opportunities: Title IV, Subtitle D

- Funding for research in the area of public health services and systems
- Employer based wellness assisted
- Epidemiology and Laboratory Capacity Grant Program
- Funds to carry out childhood obesity demonstration projects

Choice: Lead or Follow

- Change is coming and with a sense of urgency
- Could be very helpful to rural health care delivery
- **If shaped locally**
- **And regionally**

For Further Information

The RUPRI Center for Rural Health Policy
Analysis

<http://cph.uiowa.edu/rupri>

The RUPRI Health Panel

<http://www.rupri.org>



Dr. Keith J. Mueller

Department of Health Management and Policy
College of Public Health

105 River Street, N200 CPHB

Iowa City, IA 52242

319-384-3830

keith-mueller@uiowa.edu