

# THE AFFORDABLE CARE ACT



## *Quality Initiatives in Patient and Family Centered Care*



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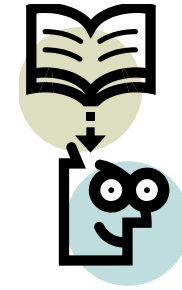
# OUR GOALS

- To educate the participants on the Affordable Care Act and Potential Quality Initiatives involving the Patient and Family.
- To provide questions participants can ask about Family and Patient Care when participating in Quality Initiatives.
- To develop an understanding of the importance of partnering with Patients and Families on Quality Initiatives.

# 30,000 Feet Overview with Selected Close up Views

How we got there and where we are going!!!





# Let's Remember

- Think about the six most important people to you....We'll get back to that later....



# IMAGINE HEARING ABOUT

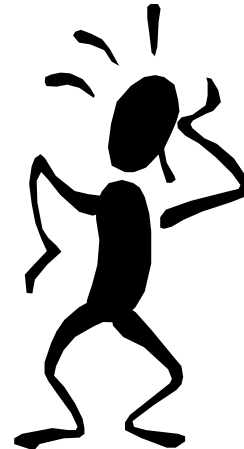
- A High Number of Mistakes



Effect

# IMAGINE HEARING ABOUT

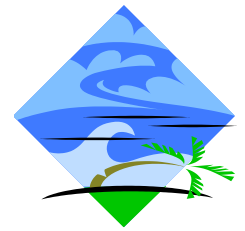
- Quality Challenges



# IMAGINE PAYING FOR



- Errors
- Acquired Infections – Hand Washing Resistance
- Unrealistic Expectations
- Consistent Poor Outcomes Without Change
- Non-collaborative Behavior at times involving Contra-indicated Care



# THE HURRICANE IN HEALTHCARE

- Washington saw inefficiencies in the system
  - Sample Debacles
    - The non collaboration of specialists debacle
    - Hospital acquired infections debacle
    - Error debacle
    - Record challenge debacle
- The opportunity--Logic says planning and self correction (preservation) is better than externally mandated correction – complex regulation costs money
  - **If you are in the eye of the storm what do you do?**



# PATIENT AND FAMILY CENTERED CARE

- Guiding Values
  - Dignity and Respect
  - Information Sharing
  - Participation
  - Collaboration



# The Birth of Policy



- Non-Payment for Re-Admits within 30 Days
- “Medical Home” & “Safety Net” Initiatives
- Partners for Patients
- Specialized Units with Specific Participation and Outcome Requirements
- Palliative Care
- Patient Satisfaction
- Value Based Reimbursement

# IS THERE A FREE LUNCH FOR HEALTHCARE?

- **Is there such a thing as a free lunch? NO!!**
- **Is there an opportunity? YES!!!**
  - **Healthcare Heroes**
    - Team Effort – It Takes a Village
    - Expectation Management
    - Process Savvy
    - Continuity of Care
    - Documentation
    - Access – Electronic Records
    - The Home Health Care of the Future – The Patient and Family



# WHO ARE THE STAKEHOLDERS?

- Patients
- Families
- Facilities
- Medical Professionals
- Manufacturers
- Pharmaceuticals
- Scientists
- Consultants
- Agencies
- Equipment Providers
- Insurance Companies
- Governments
- Etc., Etc.



# POLICY CHALLENGES



- Dilemmas of Healthcare Policy
  - Cost
  - Economy
  - Tradition
  - Practice
  - Demographics
  - Tort Law and Litigation
  - Washington Debacle

# AFFORDABLE CARE ACT FOCUS

- Universal Health Coverage
  - Healthcare Exchanges-Pre-Existing Coverage
  - Sliding Scale Penalties for not having Coverage
  - Essential Benefit Coverage
    - Does not cover extended long term care
- Quality Measures
- Electronic Records
- Collaborative Medicine
- Incentivized Reimbursement

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# Universal Coverage

One of the goals of the ACA is the provision of “Universal Healthcare Coverage” for all Americans. This goal is to be achieved through a combination of efforts between the individual, the government (both state and federal), and employers.

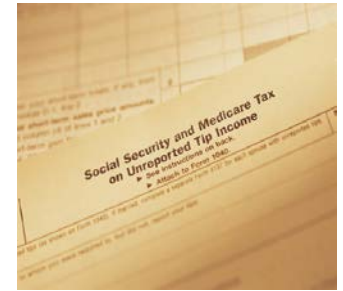
Under ACA, individuals who do not have any healthcare coverage through their employer, or do not have minimal essential coverage, under programs like Medicare or Medicaid, will be able to secure healthcare coverage through the Health Insurance Exchange. If they do not obtain coverage, they will be assessed a penalty. (“The Mandate”)\*

Patient Protection and Affordable Care Act, Pub. L. No. 111-148, §1501(a)(2)(D), 124 Stat. 119, 243 (2010).

- Will a case be promulgated and will the Supreme Court hear a case on this as a “**tax**” issue? The jury is out and the process if it happens is a long long road.



# MEDICARE PROJECTIONS



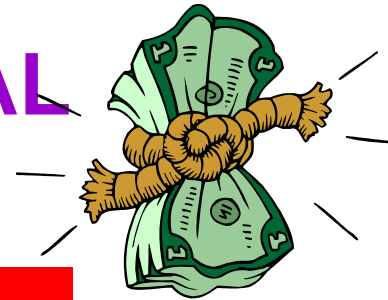
- The Trustees project that the Medicare Hospital Insurance (HI) Trust Fund will be depleted in 2028, two years earlier than projected in last year's report. At that time dedicated revenues will be sufficient to pay 87 percent of HI costs.
- The HI trust fund depletion date of 2028 is two years earlier than projected last year despite the modest changes in projected long-term finances because the revisions to projected income and cost are concentrated in early years of the projection, and also because last year's report projected only modest positive trust fund balances in 2028 and 2029.
- Medicare B is also challenged (See Report)

***Source-Status of Social Security and Medicare Programs - Annual Report of Trustees - March 2016***

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# THE REALITIES OF THE FEDERAL BUDGET



- ***Conclusion*** by Trustees

“Lawmakers have many policy options that would reduce or eliminate the long-term financing shortfalls in Social Security and Medicare. Lawmakers should address these financial challenges as soon as possible. Taking action sooner rather than later will permit consideration of a broader range of solutions and provide more time to phase in changes so that the public has adequate time to prepare.”

# THE CHALLENGES OF COST

- Advanced Technology (AT)
- Improved Ability to Address Injury and Illness  
(  $A^2 I^2$  )
- Aging Population (AP)
- Increased Longevity (IL)
- Cost (  $C$  )
  - Education
  - Operations

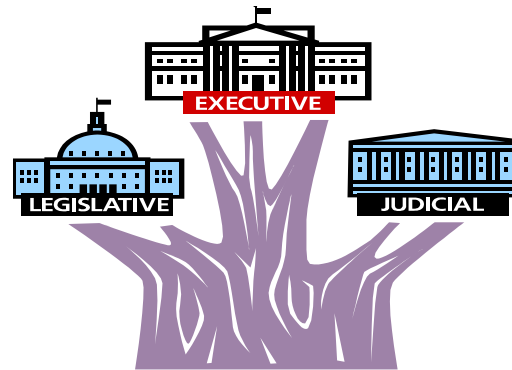
$$(AT + A^2 I^2) * AP * IL = C$$

*Rescue Efforts  
Needed*



# THE INVOLVED GOALS OF GOVERNMENT

- Quality
- Utilization
- Accountability
- Cost Control
- Knowledge
  - Partnership for Patients
  - Where Does Knowledge Come From?
    - Science, Training, Experience, Goal Orientation, Purpose

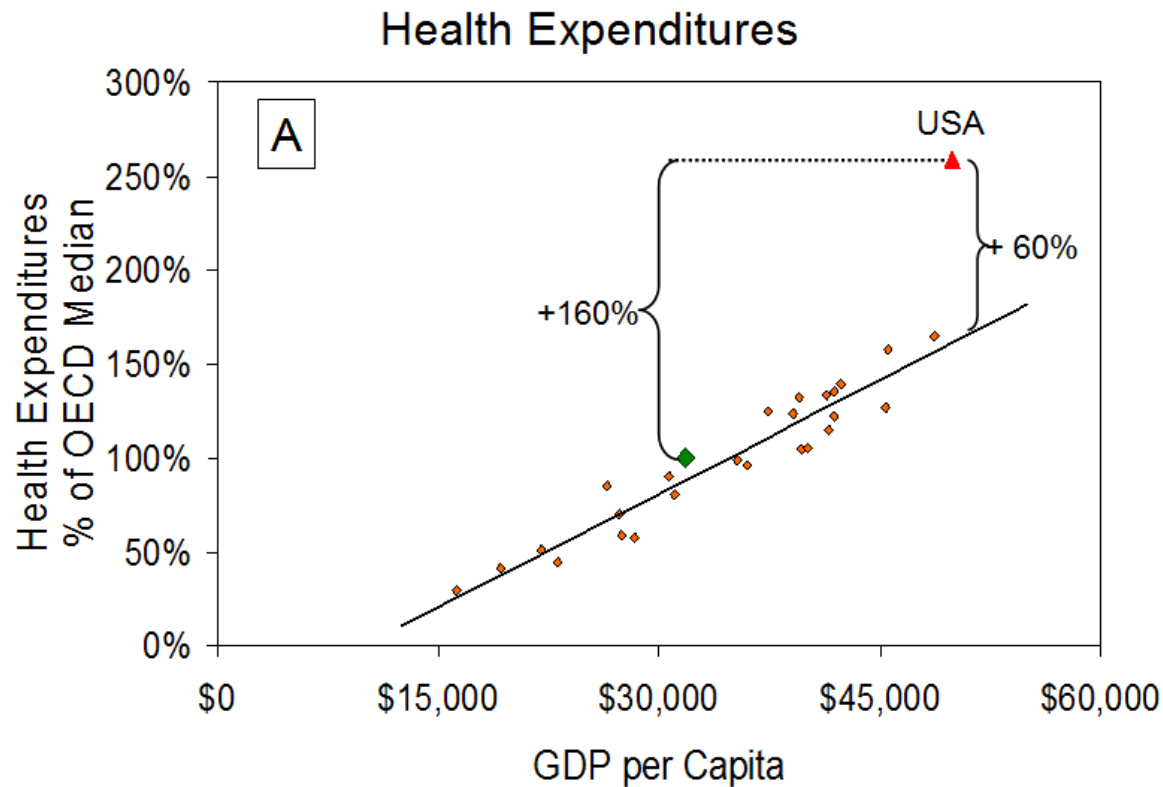


# OUR SPENDING



- It is commonly said that the US spends more than twice as much on health care as other developed countries, yet its outcomes are often worse. The inference is that too much care is provided, to no good end. It is difficult to identify the source of this spending. (Process, Errors, Poverty, Silo Behavior, Expectations?)
- Such international comparisons are drawn from the Organization of Economic Cooperation and Development (OECD), a group of 34 developed countries. Analyzing these data is a multi-step process, like peeling an onion, and the truth resides deep within its core.

# HOW DO WE COMPARE?





# PAY FOR PERFORMANCE

- Medicare and the US Government are instituting pay for performance and payment denial systems to meet certain objectives
  - ACO (Accountable Care Organization)
  - Source: HHS
  - No Pay Policies e.g.,
    - Hospital Acquired Infections
    - Readmissions within 30 Days
  - Value Adjusted Reimbursement

# QUALITY INITIATIVES A SAMPLING

- Patient and Family Rounding
  - ID Problems Early
  - Educate
  - Plan for Transition
- Re-Admission Study
  - Causes
  - Relationships with Care Facilities
- Hospital Acquired Infections
  - Source
  - Solution
- Home Health Coordination
  - Medical Home and Safety Nets
- ACO's

# WHAT IS AN ACO (Accountable Care Organization) or Medical Home ?

- An ACO is a network of doctors and hospitals that shares responsibility for providing care to patients. In the new law, an ACO would agree to manage all of the health care needs of a minimum of 5,000 Medicare beneficiaries for at least three years.
- There is a debate on how this concept will change-regulations are and were complex, but the concept of a Medical Home (Safety Net) with
  - With Wellness Concepts
  - Patient Collaboration and Accountability (i.e. My Chart)
  - Delegation of Dutiesis Alive and Well.....



# HOW IS AN ACO PAID?



- In Medicare's traditional fee-for-service payment system, doctors and hospitals generally are paid more when they give patients more tests and do more procedures. That drives up costs, experts say.
- ACOs wouldn't do away with fee-for-service but would create savings incentives by offering bonuses when providers **keep costs down and meet specific quality benchmarks, focusing on prevention and carefully managing patients with chronic diseases.** In other words, providers would get paid more for keeping their patients healthy and out of the hospital.
- If an ACO is not able to save money, it would be stuck with the costs of investments made to improve care, such as adding new nurse care managers, and also may have to pay a penalty if they don't meet performance and savings benchmarks. The law also gives regulators the ability to devise other payment methods, which would likely ask ACOs to bear more risk. For example, an ACO could be paid a flat fee for each patient it cares for.





# Patient and Family Solution

- Basic Facts

- Reimbursements will be reduced on select procedures, visits
- Quality in Volume will become critical for reimbursement (Value Adjusted Reimbursement)
- Families will have less capital and more time
- Who knows more about the patient?
- Who can help more if properly questioned and trained?



# Where is the Key to Success?

- Healthcare is a zero sum game
- Bias can be framed into any study – Objectivity is key
- Pro-activity vs. Reactivity will better improve outcomes
- Quality Measures are indeed important
- Palliative Care is critical to success

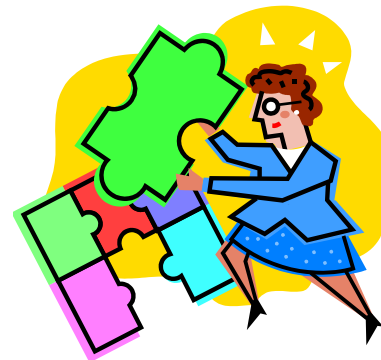
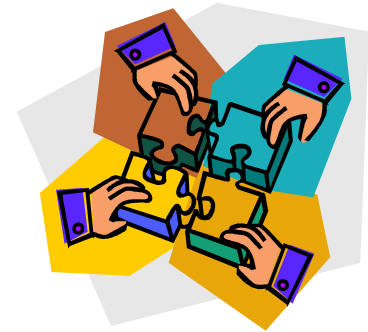


# THE PATIENT AND FAMILY AS THE GESTALT OF MEDICINE

- Gestalt (*observing the whole person*)
  - Observer
  - Historical Reference – Pre-morbidity Function
  - Change
    - Psychological
    - Physical
  - Care Impact
    - Outcome
    - Cost Containment
    - Peace of Mind

# The Patient and Family - Tools

- **I**nput Model
- **C**ommunication Model
- **U**tilization Model
- **C**onflict Resolution Model
- **A**scertain Model
- **R**espect Model
- **E**ngagement Model
- **D**elegation Model



# Respect is Key

- Care Model (Radiology is Key)
- Monitoring Model (Radiology is Key)
- Support Model (Radiology is Key)



# SAMPLE QUESTIONS TO ASK

- What about your health concerns you the most?
- What would you like us to do to address your health concerns if we can?
- Do you have anyone who can help you with things you need to do to address your concerns? If yes, who? Can we meet with them too?
- Will you be compliant with our requests?
- What do you need to learn more about concerning your health?

# THE HOME HEALTH AGENCY OF THE FUTURE



- The Patient
- The Family
  - Remember Family is often more than Blood Relatives
- The Support System



*Education is necessary for  
quality initiatives to succeed!!!*



# LISTEN, LEARN, CONTRIBUTE



- Change is Inevitable
- Village Solutions are Needed
- We Can Choose to Win or Choose to Fail
- Partnering is Possible
- Washington Will Dictate Unless We Use Our Heads and Our Voices
- Help Avoid the Politicization of Health Care
- Believe, Listen, Learn and Contribute

# QUALITY INITIATIVES



- Overcome The Risks
  - Fractionalization
  - Failure (*Failure is not an Option.*)
- Tear Down Appropriate Silos
- The Empowered Patient and Family
- Climb The Healthcare Everest Together with Washington
  - Let's not say someday... “We have met the Enemy and it is Us” !!!



# REMEMBERING WHY

- Remember those six people....this is why we do what we do...for them.... Tearing out pages is not an option....nor is failure to embrace the future.....



# THANK YOU

- The Healthcare Solution Highway™ Lives in all of us...



- Be a Healthcare Hero
  - Take Care.....

