Updates in Health Care Reform

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Disclosures

• None
Objectives

• Review a timeline of modern health care reform
• Examine the current state of reform
• Examine how this reform directly impacts Anesthesia Professionals
What we will stay away from

• Political opinion
• Sensationalism
“...and this is Ralph, your anesthesiologist.”
Everyone agrees to help reduce health care costs!

I can't afford that diagnosis. Do you have a cheaper one?
Pres. Johnson signs the Medicare bill into law

Sen Edward Kennedy proposes a national single-payer system

Pres. Nixon introduces employer mandate to provide benefits and offer federal subsidies for low-income workers

1965

1971

1986

Congress approves Emergency Medical Treatment and Labor Act

Pres Clinton launches universal coverage reform effort

1993

1996

1997

Congress approves Health Insurance Portability and Accountability Act

State Children’s Health Insurance Program signed into legislation

1997

2003

Pres. Bush signs legislation creating Medicare Part D prescription drug benefit program
Obama Sweeps to Historic Victory

Nation Elects Its First African-American President Amid Record Turnout; Turmoil in Economy Dominates Voters’ Concerns

BY JONATHAN WEISMAN
AND LAURA MECKLER

WASHINGTON—Sen. Barack Obama was elected the nation’s first African-American president, defeating Sen. John McCain decisively Tuesday as citizens surged to the polls in a presidential race that climaxed amid the worst financial crisis since the Great Depression.

The culmination of the epic two-year campaign marks a historic moment in a nation that since its founding has struggled with racial divisions. It also ushers in a period of dominance for Democrats in Washington for the first time since the early years of President Bill Clinton’s first term. With Tuesday’s elections, Sen. Obama’s party will control both houses of Congress as well as the White House, setting the stage for Democrats to push an ambitious agenda from health care to financial regulation to ending the war in Iraq.

In becoming the U.S.’s 44th president, Illinois Sen. Obama, 47 years old, defeated Arizona Sen. McCain, 72, a veteran lawmaker and Vietnam War hero. Despite a reputation for backing his own party, Sen. McCain could not overcome a Democratic tide, which spurred voters to turn to a

2009

- **June**: AMA announces it will back reform
- **July**: America’s Affordable Health Choices Act revealed by House Democratic leaders
- **December**: Both chambers approve a health care reform package
2010

- **March 21**: Votes in both House and Senate approved along party lines
- **March 23**: President Obama signs the Senate bill into law
- 13 states’ AGs challenge act in federal court
2011

- **January**: U.S. District Judge rules law unconstitutional
2011

- **April**: 11th U.S. Circuit Court of Appeals strikes down mandates for individuals, rest of law can stand

- **November**: U.S. Court of Appeals upholds the individual mandate
2012

• **June:** Supreme Court rules the insurance provision is constitutional

“The Affordable Care Act’s requirement that certain individuals pay a financial penalty for not obtaining health insurance may reasonably be characterized as a **tax,**” Chief Justice Roberts wrote in the majority opinion. “Because the Constitution permits such a tax, it is not our role to forbid it, or to pass upon its wisdom or fairness.”
PPACA Provisions

• Medicaid expansion to 133% of poverty level for age <65
• Creation of health insurance exchanges (Healthcare.gov)
• Prevents insurers from denying coverage any reason
• Most individuals must have health insurance in 2014
• Penalties to large employers who do not offer affordable health insurance

*Adopted from Kaiser Family Foundation
PPACA Provisions

Changes to Private Insurance

- Price variation only on age, geographic area, tobacco use, family size
- Age 26
- Prohibition on lifetime limits and rescinding coverage
- Premium increases subject to review
- 80% of premium must be on medical costs

*Adopted from Kaiser Family Foundation*
PPACA Provisions

• Employer Mandate
2012

- Individual Mandate (2014)
  - Exceptions
2012

• Individual Mandate (2014) – Exceptions
PRESIDENT TRUMP

POPULIST SURGE LIFTS REPUBLICAN TO UPSET

Clinton lost in key battleground states; GOP keeps Senate and House

2016: THE UPSET ELECTION

They said it couldn’t happen
Trumps Stated Change Goals

• Repeal & Replace
Repeal & Replace

- Pre-existing conditions have access
- Stable transition from exchanges
- Flexibility in plan design
- Tax-credits and expanded HSA

*From Feb 2017 State of the Union address*
Repeal & Replace

- State run Medicaid resources
- Legal reforms
- Price reduction in high-costs drugs
- Create national insurance marketplace

*From Feb 2017 State of the Union address*
What has been done so far*

- Advertising $$ cut
- Open enrollment time
- Cost-sharing subsidies

*Via executive orders, new regulations and legislation
What has been done so far*

- Individual Mandate
- States have greater control over Medicaid programs
- Small businesses and Individuals

*Via executive orders, new regulations and legislation
What has been done so far*

• Short-term health plans
• Contraception mandate
• Consumers v. Insurers

*Via executive orders, new regulations and legislation
Federal Judge Rules Affordable Care Act Is Unconstitutional Without Insurance-Coverage Penalty

The ruling injects uncertainty into the health-care coverage of millions

Federal judge in Texas strikes down Affordable Care Act

By Ariane de Vogue and Tami Luhby, CNN
Updated 5:22 PM ET, Sat December 15, 2018

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What is unlikely to change

- MACRA
- QPP
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MACRA & QPP

- Medicare Access & CHIP Reauthorization Act of 2015
- Quality Payment Program
Triple Aims

Improved Patient Experience

Reduced per capita cost of healthcare

Improved Population Health
Value in Health Care
What is MACRA?
- PQRS (Physician Quality Reporting System)
- VBM (Value-based Payment Modifier)
- Medicare EHR incentive program
MACRA

• Eligibility to participate
  – Who
MACRA

- Eligibility to participate
  - Who
  - How
MACRA

• Eligibility to participate
  – Who
  – How
  – Why
MACRA

- Qpp.cms.gov/participation-lookup
- Group Practice Reporting Option (GRPO)
Quality Payment Program

• 2019
  – Merit Based Incentive Payment System (MIPS)
    • +/- 7% in 2021
  – Advanced Alternative Payment Models (APMs)
    • 5% upside
Merit-Based Incentive Payment System

• What is MIPS?
  – Payment adjustment program
  – Composite Score (2019)
    • Quality (45%)
    • Resource use/Cost (15%)
    • Clinical practice improvement activities (15%)
    • Meaningful use of certified EHR (25%)
Merit-Based Incentive Payment System

– Hospital-based & non-patient-facing clinicians
  • Do not need to report EHR use
Advanced Alternative Payment Models

• 2 sided financial risk or Medical Home Model
• Use of certified EHR
• Quality reporting
Advanced APM

• Financial risk
  – Total risk must be at least 3% of APM spending target
  – 8% average on all Medicare (through 2020)
  – Either 25% of payments or 20% of patients
APMs

• Added incentive payments
• Specific clinical condition, care episode or a population
APM 2019

• All payer combination options (Advanced)
  – State Medicaid Agencies
  – Medicare Advantage
  – “Other” Medicare Health Plans
  – Commercial payers
  – Private payers
Qualified Clinical Data Registries

- Anesthesia QCDRs
  - Anesthesia Business Group QCDR
  - Advance QCDR
  - AQI NACOR
  - Anesthesia Quality Registry (ePreop)
  - Blue Nine QCDR
  - Mednax QCDR
  - Miramed
  - Ortho[m]atrix
  - SCG Health
Anesthesia Quality Institute

• Maintains National Anesthesia Clinical Outcomes Registry (NACOR)
  – Qualified QCDR
  – Submits performance measures for MIPS
  – ePreop
ePreop

• Partner with AQI
• Quality Concierge
  – Measure selection
  – Reporting options
  – Data extraction & merging
Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE)
ASPIRE

• Multicenter Perioperative Outcomes Group (MPOG)
• Non-profit academic consortium
• Performance Improvement
• Research
ASPIRE

About

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ASPIRE

• Anesthesia Quality Improvement arm of MPOG
• Approved QCDR
• Offers MOCA Part IV credits
In Performance Year 2019, the following models are Advanced APMs:

- **Bundled Payments for Care Improvement Advanced Model (BPCI Advanced)**
- **Comprehensive ESRD Care (CEC) - Two-Sided Risk**
- **Comprehensive Primary Care Plus (CPC+)**
- **Medicare Accountable Care Organization (ACO) Track 1+ Model**
- **Next Generation ACO Model**
- **Shared Savings Program - Track 2**
- **Shared Savings Program - Track 3**
- **Oncology Care Model (OCM) - Two-Sided Risk**
- **Comprehensive Care for Joint Replacement (CJR) Payment Model (Track 1- CEHRT)**
- **Vermont Medicare ACO Initiative (as part of the Vermont All-Payer ACO Model)**

qpp.cms.gov/apms
BPCI-Advanced

- Qualify as an Advanced APM
- Combine all payments
- Voluntary
- 90 day clinical episode
- Payment tied to performance on quality measures
BPCI-Advanced

• 29 inpatient clinical episodes
  – Spinal Fusion
  – CABG
  – Hip fx
  – Joint Replacement
  – Major Bowel Procedures
BPCI-Advanced

- 3 Outpatient Clinical Episodes
  - PCI
  - Cardiac Defib
  - Spinal Fusion
BPCI-Advanced

- 7 quality measures to report
  - All cause readmission
  - Peri-op Care: ABX selection
  - Hospital level complication rate after TKA/THA
  - Hospital 30 day mortality after CABG
Conclusions

PPACA ≠ MACRA
Conclusions

MACRA

QPP

MIPS

A-APMs
Conclusions

• Change is the only constant
• Movement to value over volume
• Knowledge is power
you're either at the table or on the menu
Questions?