



BIPARTISAN POLICY CENTER

# Policy Enablers for Transforming Care for Underserved Communities

*Presentation for  
17<sup>th</sup> Annual Health Care Symposium  
Community Clinic Association of Los Angeles County*

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# About the Bipartisan Policy Center



**Founded in 2007 by Former Senate Majority Leaders**

**George Mitchell, Howard Baker, Tom Daschle, and Bob Dole**



**A non-profit organization that drives principled solutions through rigorous analysis, reasoned negotiation and respectful dialogue. With projects in multiple issue areas, BPC combines politically-balanced policymaking with strong, proactive advocacy and outreach.**

**With guidance from former Senate Majority Leader Bill Frist and former Rep. Bart Gordon, BPC's Health Innovation Initiative focuses on improving health and health care through innovative strategies, accelerating the availability of safe and effective cures and treatments for patients, and effectively using data and technology to improve the lives of individuals**

# The Importance of Community Health Centers

- Community health centers serve as the primary medical home *for more than 27 million people* in the U.S. – *4 million* in California
- Community health centers provide *much-needed services* for the most vulnerable populations:
  - Primary care
  - Behavioral health
  - Gynecology and obstetrics
  - Dental care
  - Linkages to key community resources and social services

# The Importance of Community Health Centers

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- Community health centers deliver *more cost-effective care*, saving on average of 24% (or \$2,471) in total spending per Medicaid patient when compared to other providers
  - 27% fewer hospital visits
  - 33% lower spending on specialty care
  - 25% fewer hospital admissions
  - 27% lower spending on inpatient care



- **You are improving the health outcomes of southern California's most vulnerable populations:**
  - **Implementing delivery system reforms: team-based care, new delivery models, using actionable data**
  - **Improving population health: proactively reaching out to and managing patients with unmet preventive or chronic care needs**
  - **Advancing value-based payment programs**
  - **Integrating behavioral health**

# Our Ultimate Goal: The Triple Aim



1. Improving the patient experience of care
2. Improving the health of populations
3. Reducing the per capita cost of health care

*Some might add:*

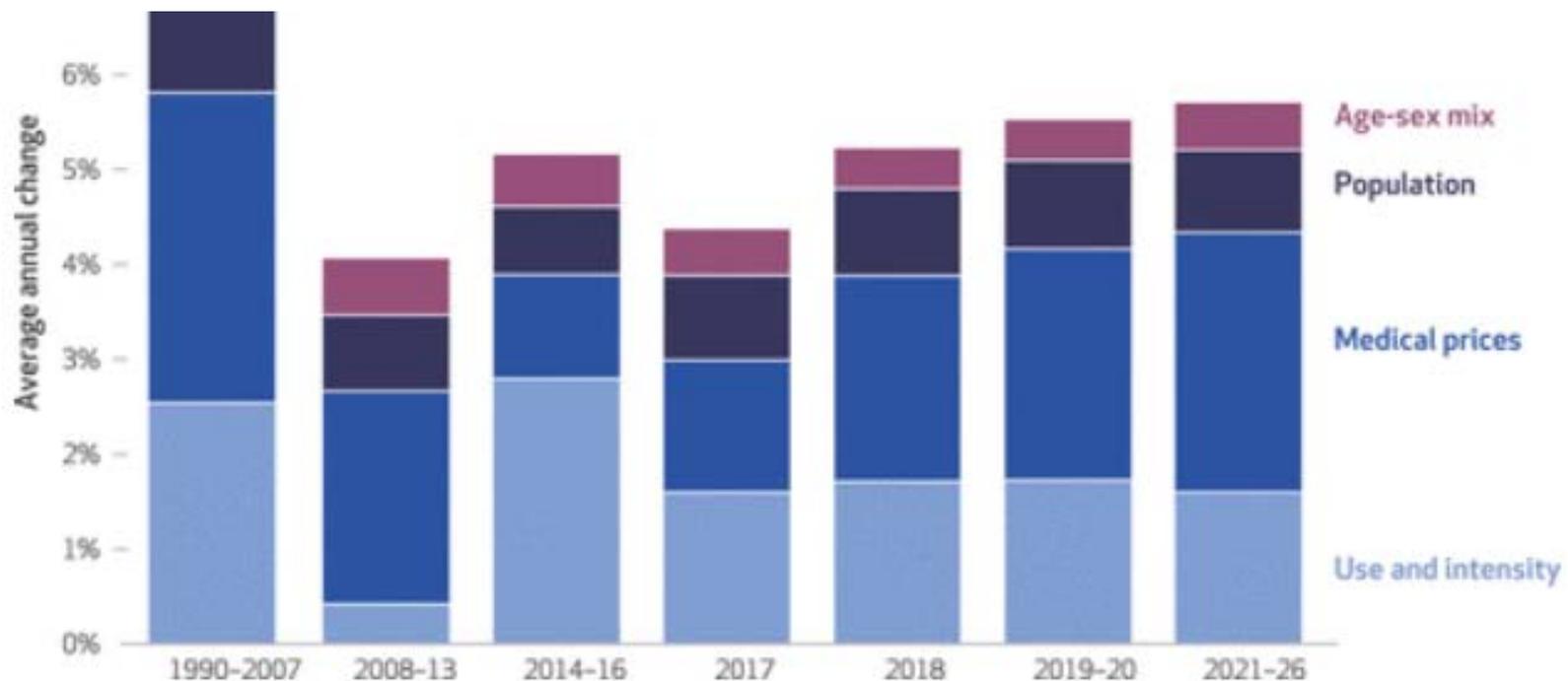
4. Improving the work life of providers
5. Reducing health disparities

# Rising Health Care Costs



## National Health Spending Expected to Grow 5.5% per Year Reaching 19.7% or \$5.7 Trillion in 2026

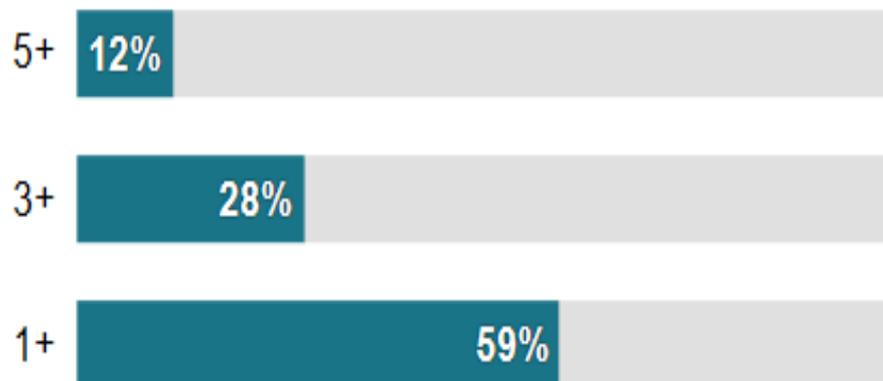
### *Factors Accounting for Growth in Personal Health Care Expenditures*



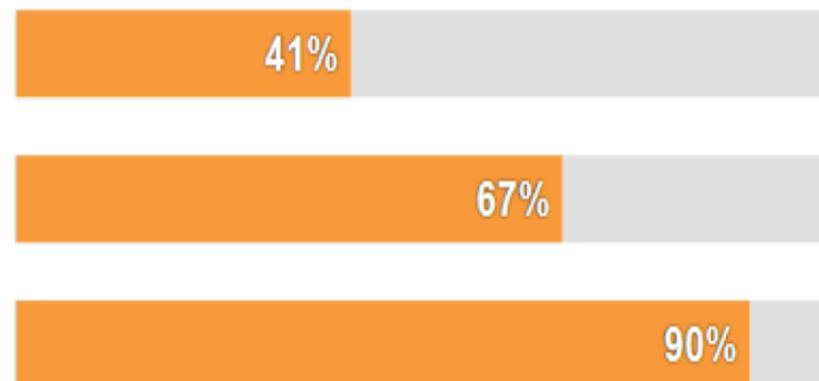
# Chronic Conditions are Driving Health Care Costs



Percentage of U.S. Adults, by Number of Chronic Conditions



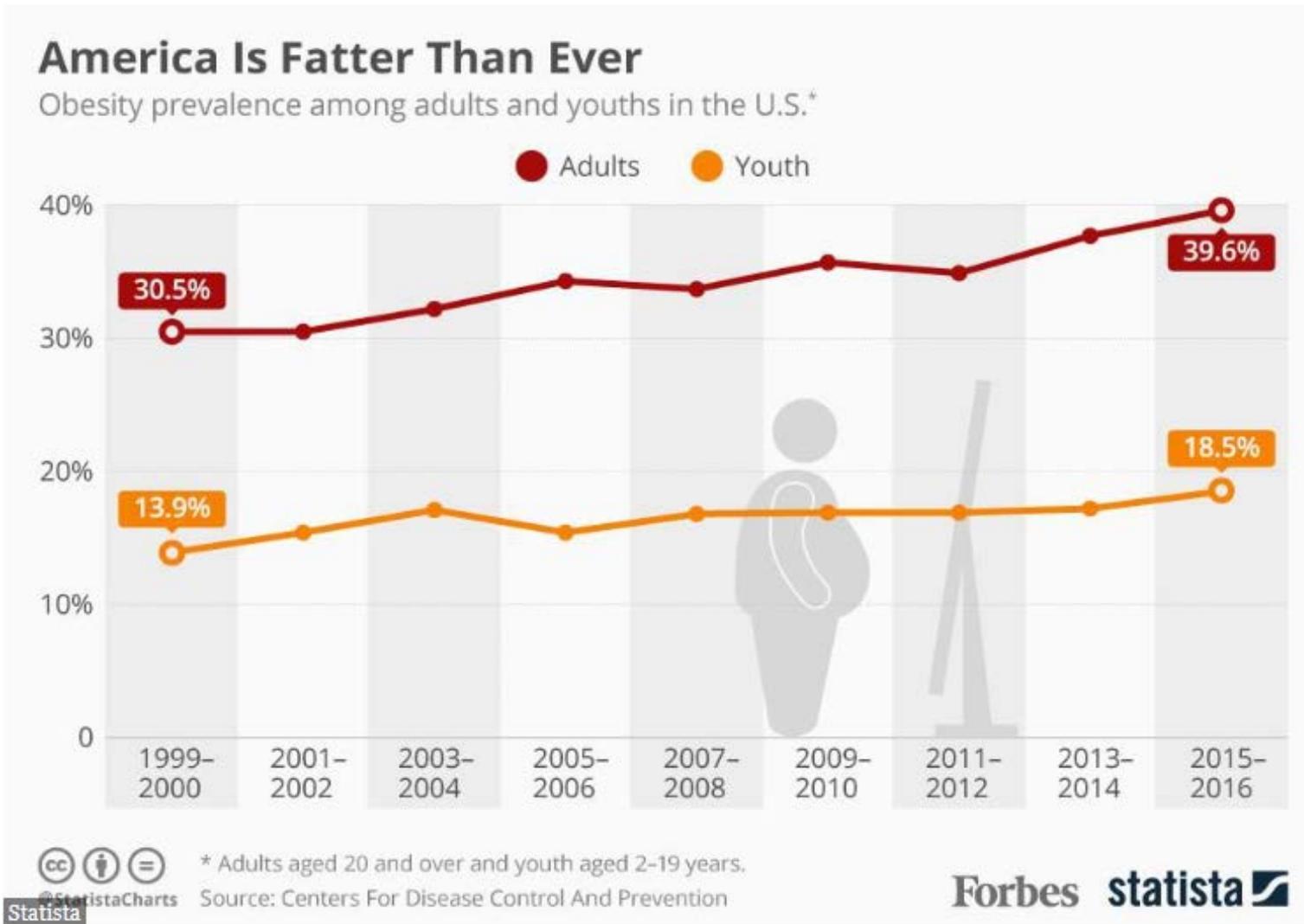
Percentage of Health Care Spending



**150M Americans have one or more chronic conditions**

Buttorff, Christine, Teague Ruder, and Melissa Bauman. Multiple Chronic Conditions in the United States. Santa Monica, CA: RAND Corporation, 2017. <https://www.rand.org/pubs/tools/TL221.html>.

# Obesity Rates in the United States

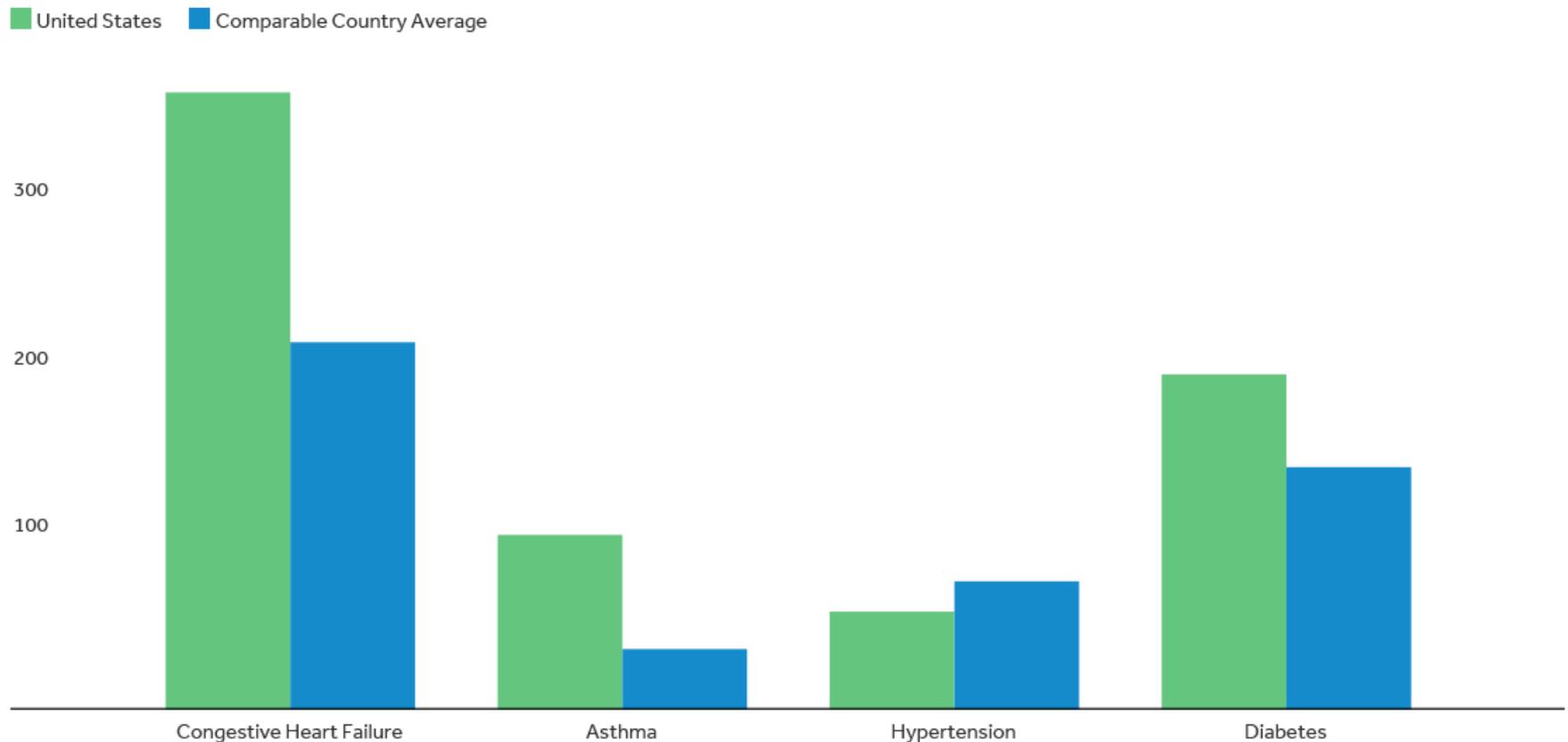


# Quality of Care in the United States



## Hospital admissions for preventable diseases are more frequent in the U.S. than in comparable countries

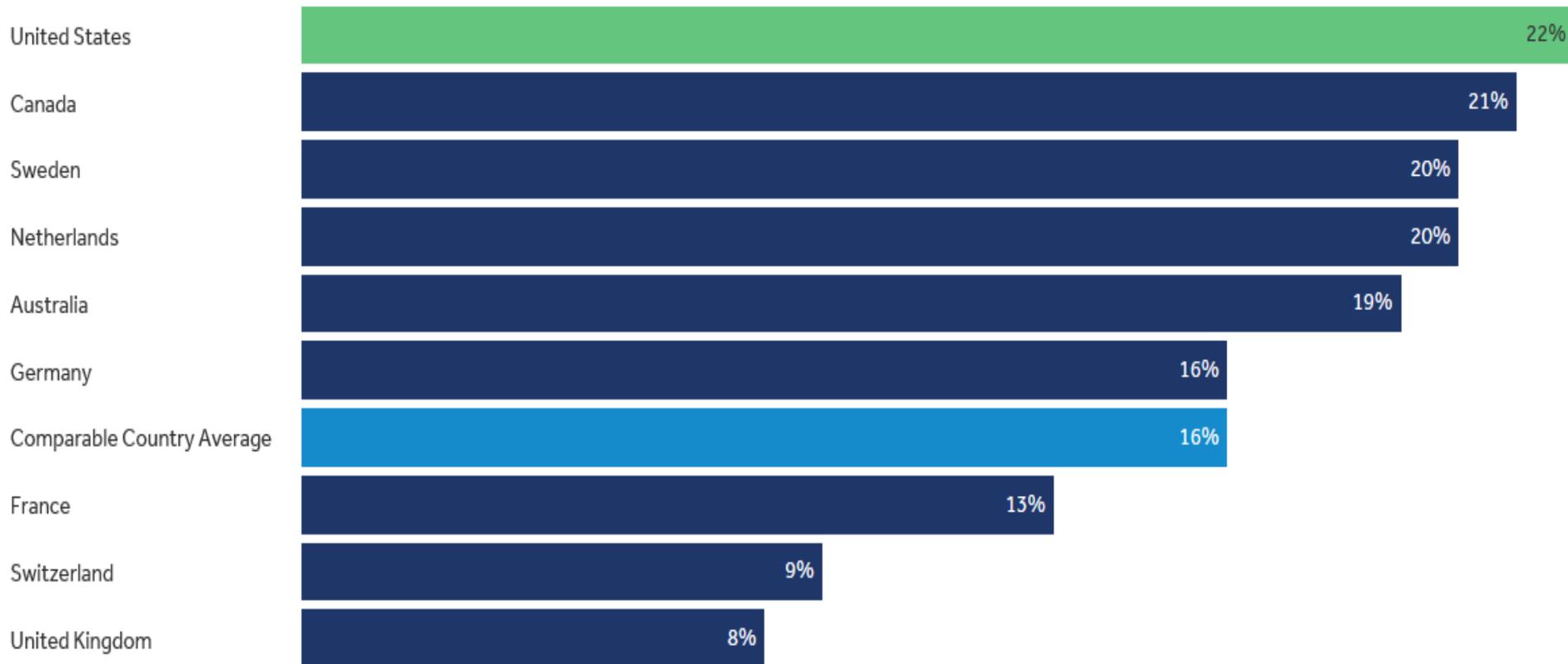
Age standardized hospital admission rate per 100,000 population for asthma, congestive heart failure, hypertension, and diabetes, ages 15 and over, 2012



# Quality of Care in the United States



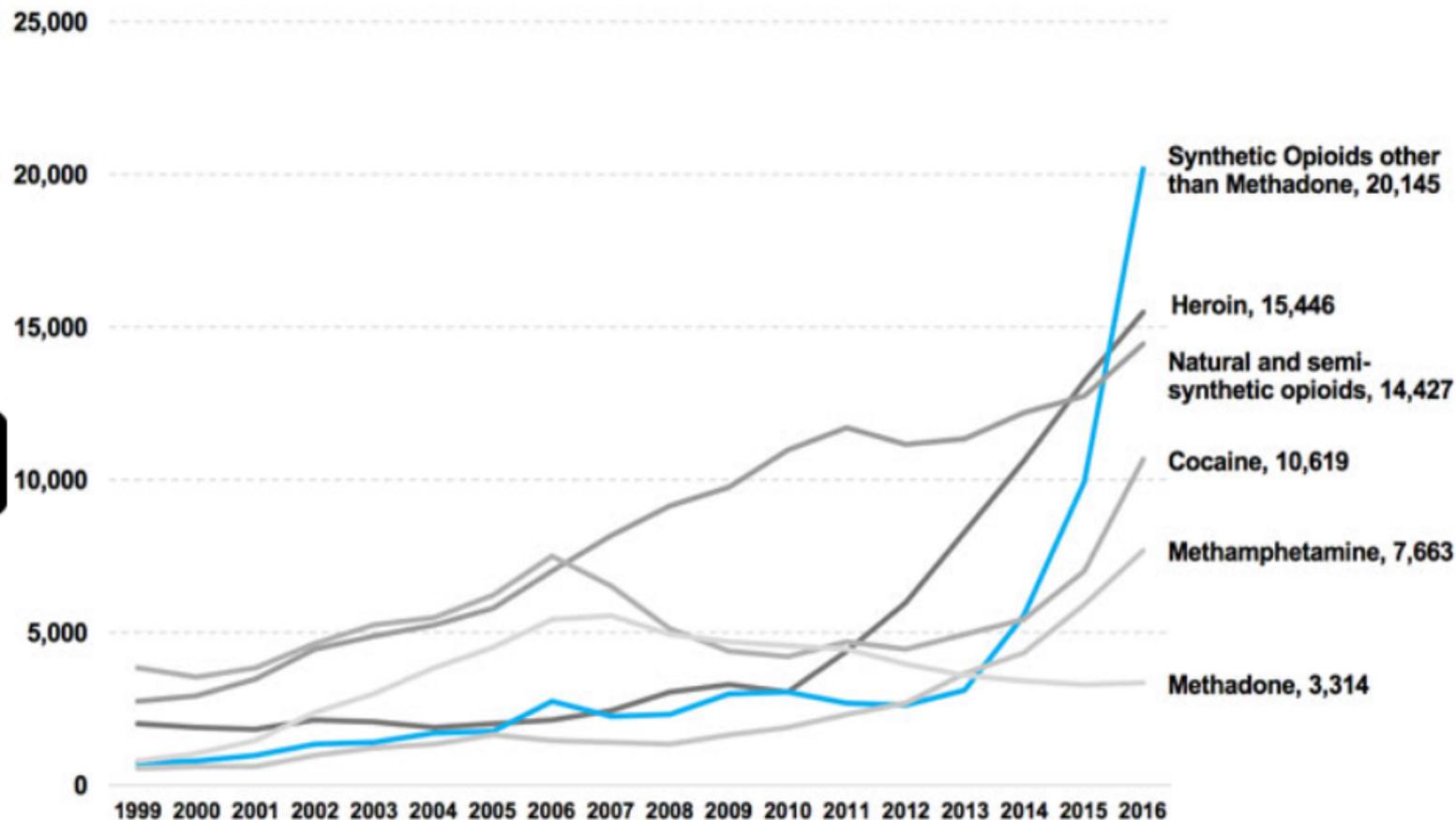
## Percent of sicker adults who have experienced medical, medication, or lab errors or delays in past two years



Experienced medical mistake, given wrong medication or dose, lab test error, or delay receiving abnormal test results.

# 64,000 Drug Overdose Deaths Projected 2016

## Drugs Involved in U.S. Overdose Deaths, 2000 to 2016



**Drugs Involved in U.S. Overdose Deaths\*** - Among the more than 64,000 drug overdose deaths estimated in 2016, the sharpest increase occurred among deaths related to fentanyl and fentanyl analogs (synthetic opioids) with over 20,000 overdose deaths. Source: CDC WONDER

# Issues with U.S. Health Care and Community Health Center Response



## Key Health Issues in the United States

- **Rising Health Care Costs, Driven by:**
  - Adults with chronic conditions
  - Aging population
  - Higher rates of obesity
  - Price of services and medical products
- Variations in Quality
- Alarming Increase in Deaths Due to Opioid Overdoses

## What You are Doing to Address These Issues

- Advancing Delivery System Reforms: Team-Based Care, PCMH
- Advancing Value-Based Payment Programs
- Integrating Behavioral Health
- Engaging Patients in New and Effective Ways
- Advancing the Use of Data and IT to Support New Delivery and Payment Models, Improvements in Population Health

# Recent Policy Changes That Can Serve as Enablers for Your Work

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- **The CHRONIC Care Act**
- **The 21<sup>st</sup> Century Cures Act**
- **Other Actions Anticipated**

# **CHRONIC Care Act Provisions,** *Although Most of Focus on Medicare*



- **Permanently extends the Medicare Advantage Special Needs Plans (SNPs), to support millions of vulnerable Americans, including those who are eligible for both Medicare and Medicaid and those living with chronic conditions**
- **Allows Medicare Advantage plans greater flexibility to help patients and their families by offering coverage of nonmedical services such as grab bars and ramps**
- **Provides Medicare beneficiaries with incentives to participate in high-value health care while preserving patients' choices of health care providers**

# **CHRONIC Care Act Provisions,** *Although Most of Focus on Medicare*



- **Unifies the Medicare and Medicaid grievance and appeals process for SNPs to create a single process for Medicare-Medicaid beneficiaries to file complaints or appeal decisions, ensuring that patients continue to receive services during the appeals process**
- **Requires SNPs to better integrate care for Medicare-Medicaid beneficiaries by covering all services in a single managed care plan, eliminating confusion for patients who are enrolled in one plan for health services, another for long-term care and a third for behavioral health**
- **Expands access to telehealth services under Medicare Advantage, in certain accountable care organizations and for dialysis and stroke patients**

# Key 21<sup>st</sup> Century Cures Act Provisions

## HEALTH IT AND INFORMATION SHARING



### REDUCING REGULATORY BURDENS

#### WHAT'S IN THE LAW

HHS – within one year – shall:

- Establish a goal with respect to reduction of regulatory or administrative burdens relating to the use of EHRs
- Develop a strategy and recommendations, prioritizing:
  - CMS Medicare and Medicaid EHR Incentive Programs
  - MIPS
  - Alternative Payment Models
  - Hospital Value-Based Purchasing Program
  - Health IT Certification

#### WHY IT'S IMPORTANT

- Practicing physicians spend about half of their workdays on EHRs and desk work, including 37% of their time in the examination room with patients, and one to two hours each night<sup>1</sup>
- Emergency physicians spend about 44% of their time on data entry, versus 28% on direct patient care<sup>2</sup>
- Submitting quality data can also be time-consuming and burdensome, taking on average 11 hours and costing \$723.50 per eligible clinician<sup>3</sup>
- As a result, EHR and payment-related requirements can lead to lower productivity, higher costs, and physician burnout<sup>4</sup>

<sup>1</sup> Available at: <http://www.annfammed.org/content/15/5/419.full>.

<sup>2</sup> Available at: <https://www.sciencedirect.com/science/article/pii/S0735675713004051>

<sup>3</sup> Available at [http://www.physiciansfoundation.org/uploads/default/US\\_Physician\\_Practices\\_Spend\\_More\\_Than\\_15.4\\_Billion\\_Annually\\_To\\_Report\\_Quality\\_Measures.pdf](http://www.physiciansfoundation.org/uploads/default/US_Physician_Practices_Spend_More_Than_15.4_Billion_Annually_To_Report_Quality_Measures.pdf)

<sup>4</sup> Available at: <http://www.americanehr.com/research/reports/Physicians-Use-of-EHR-Systems-2014.aspx>

# Key 21<sup>st</sup> Century Cures Act Provisions

## HEALTH IT AND INFORMATION SHARING



### REDUCING REGULATORY BURDENS

### PROGRESS MADE

- To reduce regulatory and administrative burdens, with CMS, ONC has established four working groups which address:
  - EHR reporting
  - Documentation, administrative, and reimbursement models
  - Health IT and user-centered design
  - Non-federal payers and other government requirements
- A public meeting on this topic was held Feb 22, 2018
- ONC now allows health IT developers to self-attest to certain functionality-oriented certification criteria
- BPC released a report on this topic this week

# Key 21<sup>st</sup> Century Cures Act Provisions

## HEALTH IT AND INFORMATION SHARING

### NEW REQUIREMENTS FOR EHR DEVELOPERS

#### WHAT'S IN THE LAW

HHS shall require within one year, as a condition of certification, that health IT developers:

- Not take any actions that constitute information blocking
- Not take any action to inhibit the exchange, access, and use of electronic health information
- Not prohibit or restrict communication regarding usability, interoperability, security, business practices, etc.
- Publish application programming interfaces (APIs) and allow information to be accessed, exchanged, and used without special effort
- Successfully test real world use of technology for interoperability

#### WHY IT'S IMPORTANT

- Information sharing plays a critical role in supporting delivery system and payment reforms, advances in research and medical innovation, and the ability of individuals to effectively navigate their own health and healthcare
- Being able to communicate challenges associated with usability, security, etc. of health IT facilitates improvement of such systems
- APIs can play a key role in promoting information sharing across disparate health IT systems

#### PROGRESS MADE:

ONC has stated that it is working to implement these conditions; API provisions are included in the 2015 Edition Health IT Certification

# Key 21<sup>st</sup> Century Cures Act Provisions

## HEALTH IT AND INFORMATION SHARING



### NEW EHR REPORTING PROGRAM

#### WHAT'S IN THE LAW

HHS shall:

- Convene stakeholders to develop reporting criteria, including measures that reflect security, usability, interoperability, conformance to certification testing, and performance related to accessing and exchanging information
- Award grants, contracts, or agreements to independent entities that will collect the information required to be reported and report such information to HHS
- Require that health IT developers submit responses to the reporting criteria to the independent entity

#### WHY IT'S IMPORTANT

- A study conducted by AmericanEHR and the American Medical Association showed that:<sup>1</sup>
  - 43% of physicians have yet to overcome the productivity challenges related to their EHR systems
  - 42% thought that their EHR system's ability to improve efficiency was difficult or very difficult
  - 54% found that that their EHR system increased their total operating costs
  - 72% thought their EHR system's ability to decrease workload was difficult or very difficult

#### PROGRESS MADE:

ONC has stated that it is unable to move forward on these provisions due to competing priorities

<sup>1</sup> Available at: <http://www.americanehr.com/research/reports/Physicians-Use-of-EHR-Systems-2014.aspx>

# Key 21<sup>st</sup> Century Cures Act Provisions

## HEALTH IT AND INFORMATION SHARING



### ACCELERATING INTEROPERABILITY

#### WHAT'S IN THE LAW

HHS shall:

- Convene stakeholders, establish and publish a trusted exchange framework and a common agreement (TEFCA) for exchange between health information exchange networks
- Provide technical assistance on implementation; provide for pilot testing
- Publish health information networks that have adopted the common agreement and are capable of trusted exchange
- Establish a provider digital contact information index for health professionals and health facilities
- Establish a Health IT Advisory Committee

#### WHY IT'S IMPORTANT

- Interoperability and information sharing play a critical role in improving health and health care
- Barriers include:
  - Lack of a business case for exchange
  - Costs associated with interfaces and exchange
  - Growing number of data sources
  - Lack of agreement on and adoption of common standards
  - Some concerns about privacy and confidentiality
  - Exchange partner's lack of capability to receive data
  - Difficulty finding provider addresses
  - Difficulty in matching or identifying patients

# Key 21<sup>st</sup> Century Cures Act Provisions

## HEALTH IT AND INFORMATION SHARING



### ACCELERATING INTEROPERABILITY PROGRESS MADE

- ONC has initiated efforts to implement TEFCA, holding two public listening sessions with stakeholders and one round of public comment to gain insights from stakeholders on the policies and practices TEFCA should address
- ONC published a draft TEFCA in January 2018 and is accepting public comments through February 2018
- ONC stood up a new Health IT Advisory Committee, which held its first meeting in January 2018

# Key 21<sup>st</sup> Century Cures Act Provisions

## HEALTH IT AND INFORMATION SHARING



### INFORMATION BLOCKING

#### WHAT'S IN THE LAW

- Through rulemaking, and in consultation with the FCC, HHS shall define information blocking
- HHS Office of Inspector General is authorized to:
  - Investigate claims as well as impose penalties on developers, networks, and exchanges that commit information blocking.
  - Refer to other agencies, providers that commit information blocking so that appropriate disincentives can be applied

#### WHY IT'S IMPORTANT

- Information blocking is the act of providers and HER vendors knowingly and unreasonably engaging in business practices that interfere with electronic health information exchange
- Studies and experience have confirmed that information blocking persists and is a serious impediment to interoperability<sup>1</sup>

**PROGRESS MADE:**  
ONC has not yet published rules that define information blocking; OIG is awaiting ONC's definition

# Key 21<sup>st</sup> Century Cures Act Provisions

## HEALTH IT AND INFORMATION SHARING



### PATIENT ACCESS TO HEALTH INFORMATION

#### WHAT'S IN THE LAW

- HHS shall encourage partnerships with the goal of offering patients access to their health information
- HHS and OCR shall educate providers on ways to provide patients with access to their health information
- HHS shall promote policies to assure that a patient's electronic information is accessible
- GAO shall conduct a study to review patient access

#### WHY IT'S IMPORTANT

- Patients and their families or care givers should have access to relevant, usable clinical information directly, via apps and similar technology.
- Such information facilitates patient decision-making and self-care and can also be made available to providers and other patient-designated information recipients.
- Patient access to such information is grounded in a fundamental HIPAA-designated patient right of access to their health information

However, barriers to patient access to their health information, remain

#### PROGRESS MADE:

In the past, ONC has published educational information re patient access to information and is currently working with OCR on additional related activities

# What the Act Means for Community Health Centers

## HEALTH IT AND INFORMATION SHARING

- **Electronic information sharing and interoperability of systems among those who deliver, support, and receive care plays a critical role in improving the cost, quality, and patient experience of health care.**
- **Much of the information about a patient's health and health care resides in the many settings in which care and services are delivered. This information must be delivered to the clinician and the care team, in a usable format, to deliver high-quality, cost-effective, coordinated, patient-centered care.**
- **Case managers will benefit considerably from the interoperability, information sharing, and information blocking provisions in the Act as they will support their efforts in effectively coordinating and managing their patients' health and health care**

# **21<sup>st</sup> Century Cures Act Provisions**

## **MENTAL HEALTH, OPIOID PROVISIONS**



- 1. Strengthens Leadership and Accountability at the Substance Abuse and Mental Health Services Administration (SAMHSA)**
- 2. Ensures Mental and Substance Use Disorder Prevention, Treatment, and Recovery Programs Keep Pace with Science and Technology**
- 3. Improves Mental Health Care for Women, Children, and Adolescents**
- 4. Directs HHS Secretary to Clarify Permitted Uses and Disclosures of Health Information Under HIPAA to Support Coordinated Care**
- 5. Strengthens the Mental Health Workforce**
- 6. Provides \$1 billion over 2 years for grants to states to supplement opioid abuse prevention, treatment, and other support**

# Other Actions Anticipated



1. **Significant funding and new legislation to address the opioid crisis**
2. **Additional actions on telehealth**
3. **Other actions uncertain**

# Promising Developments in the Private Sector



- Continued focus on the value of delivery system and payment reforms
- Greater focus on improving the health of communities: recognition that it helps improve the bottom line
- Greater focus on social determinants of health
  - Housing
  - Social supports
- Greater focus on integration of behavioral health
- Coverage of telemedicine is almost universal

# In Closing...



- You are a model of what's possible in a transformed health care system
- Your focus on patient-centered, high quality, cost-effective care are an inspiration to us all
- Keep doing what you are doing
- Share your story
- Help other communities across the country achieve what you have achieved

# Thank You!



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