Can Consumers Organize for Payment Reform?

The Massachusetts Campaign For Better Care October 2014

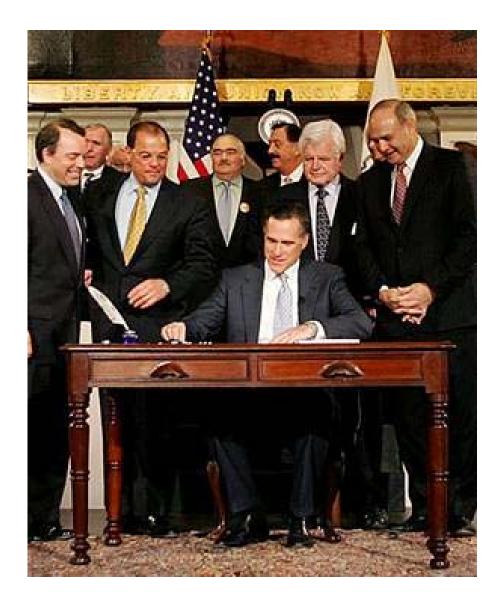
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HEALTH CARE FOR ALL

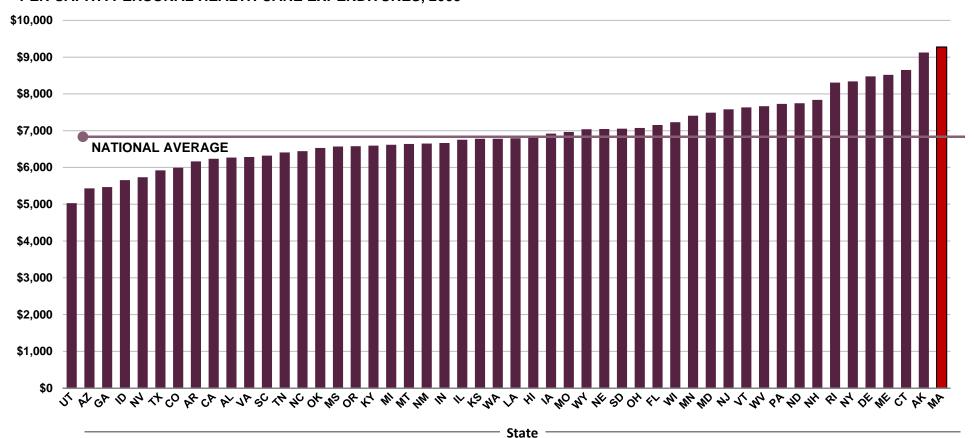
Pre-History: 2006 - RomneyCare



Our coalition played key role



Massachusetts Spends More on Health Care than Any Other State



PER CAPITA PERSONAL HEALTH CARE EXPENDITURES. 2009

2007: We Pivoted To Cost Issues

- 2007: Published "Consumer Cost Control Agenda: 17 Legislative Proposals"
 - Focus on payment reforms
 - Some proposals enacted in 2008 and 2010

2008: Cost / Quality Bill

"Special Commission on the Health Care Payment System"



Commission Recommendation:

function for the second sec adjustments to reward provision of accessible and high quality care become the predominant form of payment to providers in Massachusetts within a period of five years."







Caring. Health You Can Afford.

Better are the campaign for Massachusetts

Who are our allies?

<u>Access</u>

- Hospitals
- Physicians
- Religious groups
- Seniors
- Low income

Cost and Quality

- Insurers
- Business
- Religious groups
- Seniors
- Mental health
- Disabilities





Our 10 Principles

- 1. Patient-Centered Care
- 2. Protect Vulnerable Consumers
- 3. Consumer Voice
- 4. Patient Activation and Empowerment
- 5. Public & Community Health
- 6. Shared Savings with Payers
- 7. Patient Choice & Accessibility
- 8. Consumer Protections
- 9. Transparency
- 10. Evaluation and Monitoring

Our Dilemma:

How Do We Organize Consumers Around Payment Reform?

"the average person looking at your fact sheet would not understand a single word"

Simplify Message (?)

1. Hear Our Voice: Include Consumers in Payment Reform Decisions.

Patient and consumer representatives must have a meaningful role in guiding payment reform in Massachusetts, and in the decisions of health care delivery systems.

2. Health Care, Not Just Sick Care: Restructure Payments to Promote

Value. The current payment system does not adequately reward primary care and prevention, nor does it support coordinated care or patient education. Transparent payment systems must be created which focus on quality and value.

3. Protect Everyone's Health: Comprehensive Care For All: The payment system must assure everyone—including people who are ill or part of a vulnerable population—that their care needs will be met. This includes a choice of quality providers, a fair process to appeal denials of care, and the availability of all necessary services. Provider payments should be adjusted for health status and social and economic factors.

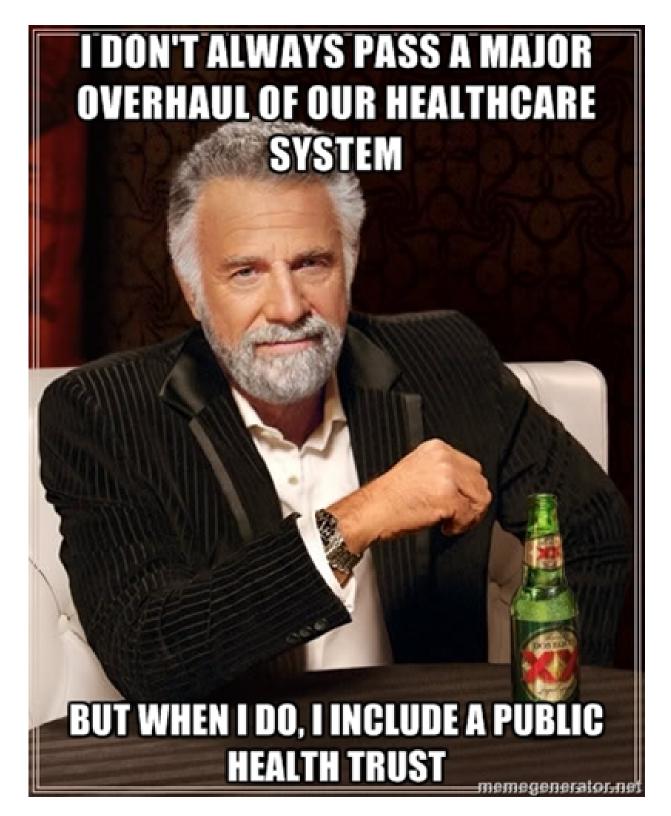
4. Public Health Pays Off: Invest in Community Prevention and Public Health. Community efforts to prevent disease and injury are an essential part of cutting the cost of medical care. Payment reform must include dedicated funding for cost-saving public health and community prevention efforts.

5. Fair Payment: Effective Public Oversight of Health Care Costs.

Unregulated, private market negotiations have failed to produce affordable, fair and equitable payment levels for health care. State government must have authority to require reasonable charges by insurers, hospitals and other medical providers.

Simplify Message (!)





CLEAR EYES FULL HEARTS

CAN'T KEEP PAYING FOR POOR HEALTH OUTCOMES

Dozens more: PaymentReformMadeMeme.tumblr.com 18

New Fact Sheets





1. Patient-Centered Care | Payment reform legislation should align incentives so that patients are at the center of our health care system. The payment system should support teams that can deliver culturally-competent, coordinated preventive and primary care that focuses on the patient's physical and behavioral health.

- 2. Protection of Vulnerable Consumers
- 3. Consumer Voice
- 4. Patient Activation & Empowerment
- 5. Promotion of Public and Community Health
- 6. Shared Savings
- 7. Patient Choice and Accessability
- 8. Consumer Protections
- 9. Transparency
- 10. Evaluation and Monitoring



- Require payment levels to be tied to patient outcomes.
- Payment should be reduced to providers with higher rates of potentially preventable events.
- Payment should reward those who deliver high quality, comprehensive care that keeps patients well.



Chapter 224





Transparency

SENATE Senate, July 31, 2012 - The committee of conference, to whom was referred the matters of difference between the two branches with reference to the House amendment to the Senate Bill improving the quality of health care and reducing costs through increased transparency, efficiency and innovation (Senate, No. 2270) (amended by the House by striking out all after the enacting clause and inserting in place thereof the text of House document numbered 4155), reports, a Bill entitled "An Act improving the quality of health care and reducing costs through increased transparency, efficiency and innovation" (Senate, No. 2400).

The Commonwealth of Massachusetts

In the Year Two Thousand Twelve

An Act improving the quality of health care and reducing costs through increased transparency, efficiency and innovation.

Now What?

- Implementation way more complex
- Organizing led to new issues:
 - Copays and Deductibles "Value Based Insurance Design" / "Barrier Free Care"
 - Limited and Tiered Networks
 - "Health Confidence" campaign

Can Consumers Organize For Payment Reform?

- Yes!
- Very challenging
- Resonated with consumers:
 - Less cost for you
 - Also: More time with doctors / less duplication of tests
- Much harder to message:
 - Quality of care / systems issues

Resources



- www.hcfama.org/coalition/

lower-cost-better-quality-care

- Factsheets
- Our principles in final law
- www.hcfama.org/tags/health-carecost-control

www.mass.gov/hpc



SUMMARY OF CHAPTER 224 OF THE ACTS OF 2012

-010

www.bluecrossfoundation.org/ areas-focus/health-care-costsand-affordability

- Summary of law
- Impact on system

YOU GET A PAYMENT REFORM BILL

AND YOU GET A

PAYMENT REFORM BILL

AND YOU GET A PAYMENT REFORM BILL

EVERYONE GETS A PAYMENT REFORM BILL