

Briefing:
Implementing the *Affordable Care Act*
in Today's Policy Environment

July 26, 2011

2:00 – 3:00 pm EDT

Overview

Bill Kramer, National Policy Director, PBGH
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Commentators

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Open Discussion and Wrap-Up

Background and Context

ACA Passed 2010

Congressional efforts to
repeal/reform/replace
ACA

Midterm elections
2010

Ongoing budget debate

***In the midst of these challenges, HHS continues to
implement ACA programs and policies***

Since ACA's passage, the Consumer-Purchaser Disclosure Project has engaged in implementation activities related to:

- Better performance measures
- Effective “use” of performance measurement
- Public and private sector collaboration and alignment in performance measurement and payment strategies
- Models that reward value and incentivize higher quality and more efficient care delivery (e.g. ACOs, medical homes, bundled payments)
- Strong consumer and purchaser voice

Ensuring Availability of Better Performance Measures

- Meaningful Use Stage 1
- Physician Quality Reporting System (PQRS)
- Medicare data release for performance reporting
- Development of core measure sets for new quality reporting programs in Medicaid and CHIP
- CPDP creates “Criteria for Meaningful and Useful Measures of Performance”

Promoting effective use of performance measurement

- National Quality Strategy
- Partnership for Patients
- Health Insurance Exchanges
- Evolution of new *Physician Compare* website
- Inpatient Quality Reporting Program (IQR) and implications for *Hospital Compare* website
- *Measure Applications Partnership* Coordinating Committee and workgroups (clinician, hospital, dual eligibles, post-acute/long-term care, and *ad hoc*)

Encouraging public and private sector collaboration and alignment in performance measurement and payment

- Center for Medicare and Medicaid Innovations (CMMI)
- Medicare data release
- Health Insurance Exchanges
- *Measure Applications Partnership* Coordinating Committee and workgroups

Advocating for payment models that reward value and incentivize higher quality and more efficient care delivery

- **ACOs**
 - Pre-rulemaking listening sessions
 - Proposed Medicare Shared Savings (ACOs) rules
 - FTC/DOJ anti-trust enforcement
 - Pioneer ACOs Initiative
- **Hospitals**
 - Medicare value-based purchasing
 - Medicare Inpatient and Outpatient Quality Reporting Programs
 - Hospital-Acquired Conditions and Preventable Readmissions Payment Reductions
- **Physicians**
 - Standards for medical homes
 - Physician fee schedule

Amplifying Consumer & Purchaser Voice

- Pre-rulemaking listening sessions, forums, and panels
- Formal comment periods (public and private sector)
- Participation in quality bodies: NQF, NPP, NCQA, HQA, QASC, PCPI, AQA, Joint Commission
- *Measure Applications Partnership* Coordinating Committee and workgroups

What Next?

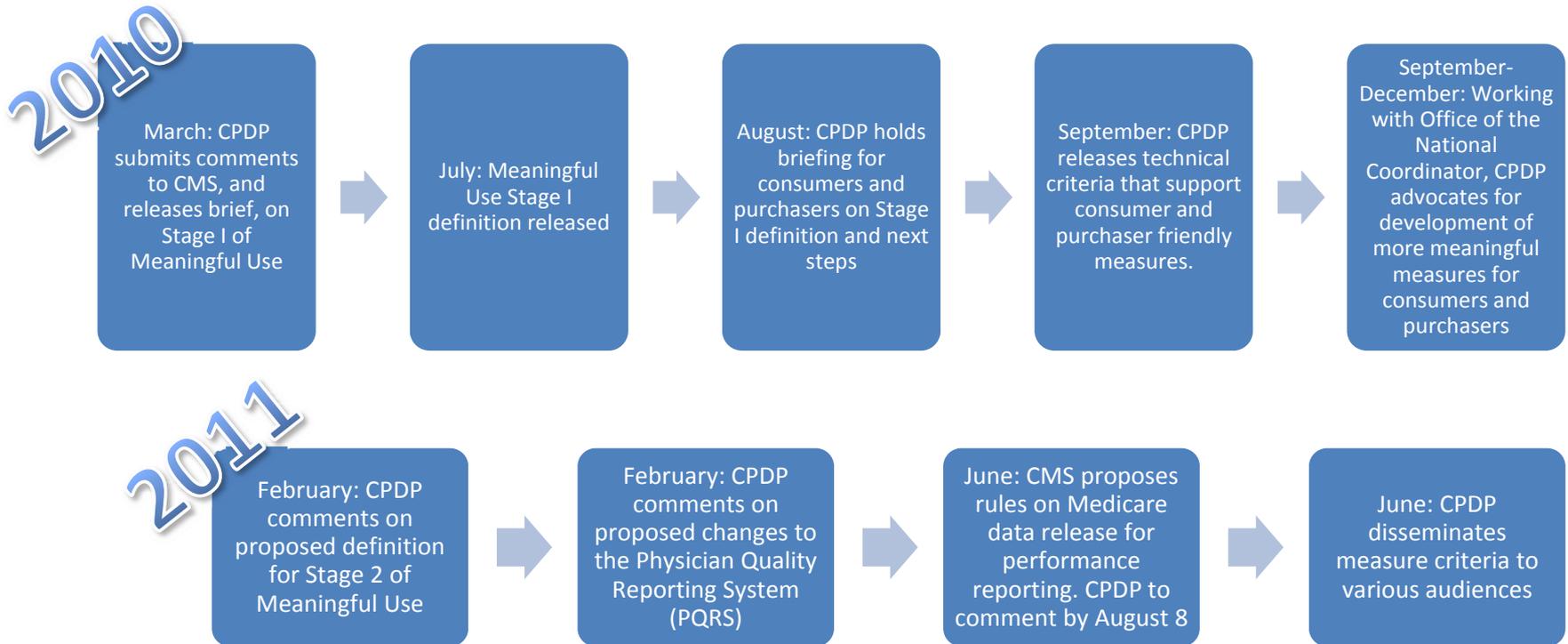
- Health insurance exchanges
- Meaningful use of health IT
- New models: ACOs, bundled payment, medical homes
- *Hospital and Physician Compare* websites
- Partnership for Patients
- Readmissions and hospital acquired conditions rules
- Value-based purchasing

CPDP's Focus Will Remain On...

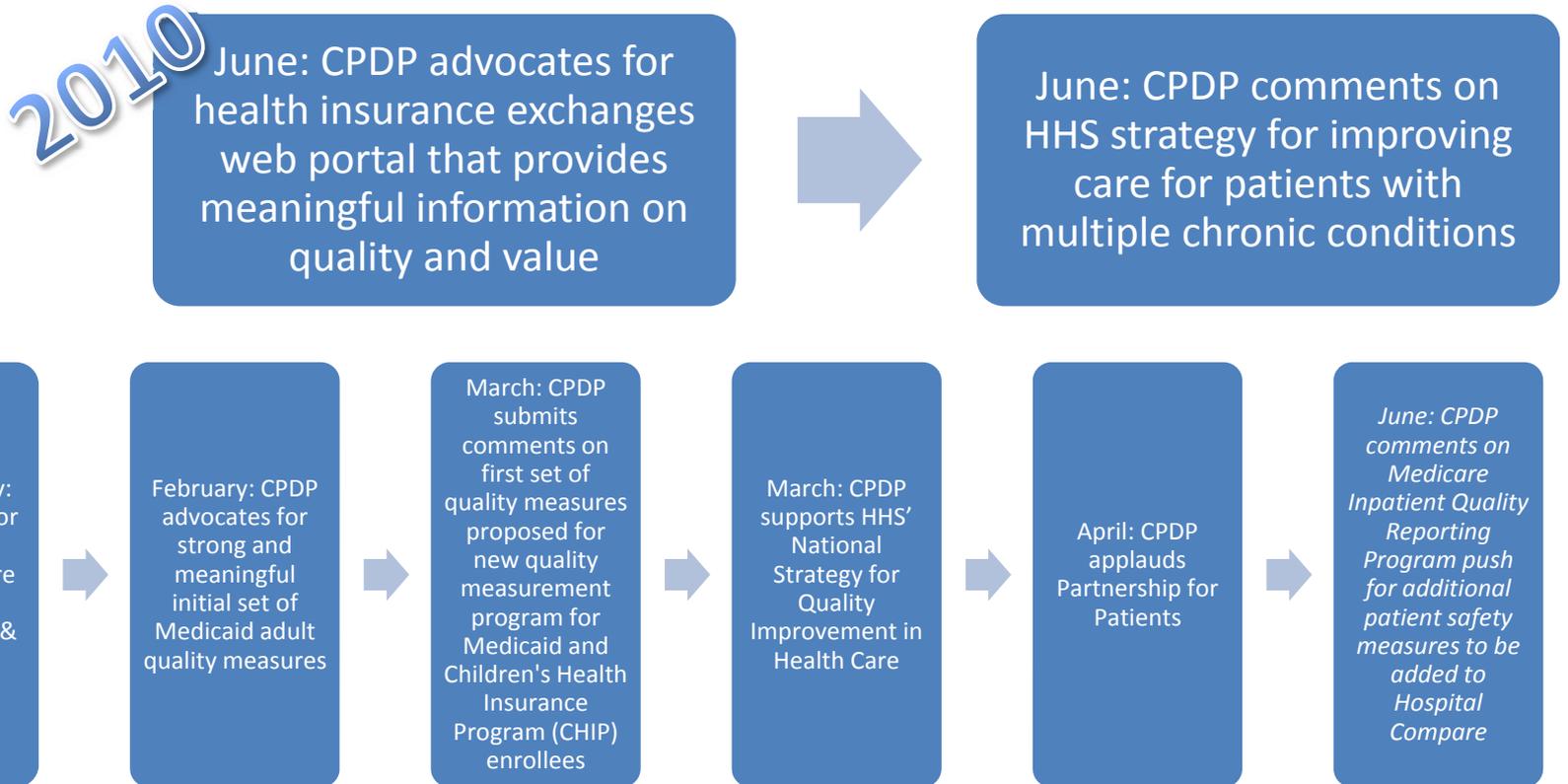
- Effective, meaningful quality measurement
 - Patient experience, patient-reported data, outcomes, functional status, care coordination
- Cost containment and payment strategies that reward value
- Public reporting, transparency and accountability
- Care coordination and care transitions

Appendix

Ensuring availability of better performance measures



Promoting effective use of performance measurement



Encouraging public and private sector collaboration and alignment in performance measurement and payment

2010

October: CPDP comments on HHS' proposed *National Health Care Quality Strategy*



November: The Center for Medicare and Medicaid Innovation (CMMI) is launched



December: Interagency Working Group on Quality is established and provides first annual report to Congress



CMS develops a strategic framework for public reporting. No deadline specified.

2011

March: National Strategy for Improving Health Care Quality submitted to Congress, emphasizing the need to address quality, population health, and cost of care



April: MAP Coordinating Committee and workgroups begin meeting, with consumers and purchasers emphasizing the need for public and private sector payers to use aligned measures for payment and public reporting



June: CPDP submits comments on proposed ACO rules



June: CMS releases proposed rule on Medicare data release for performance reporting. CPDP to comment by August 8



July: CMS releases rules for health insurance exchanges. CPDP to comment by September 28

Advocating for payment models that reward value and incentivize higher quality and more efficient care delivery

2010

ACOs

- May: CPDP holds a forum on ACOs and paying for value
- October: CPDP provides talking points for FTC panel on anti-trust issues
- November: CPDP submits comments to NQQA about criteria for ACOs
- December: CPDP responds to CMS's request for information in ACOs

Hospitals

- June: CPDP comments on CMS's proposed changes to the Medicare Hospital IPPS

Physicians

- July: CPDP submits comments on standards for medical homes
- August: CPDP submits comments about CMS' proposed changes to the Medicare Physician fee schedule for 2011

Misc.

- September: Patient Centered Outcomes Research Institute (PCORI) is established
- October: CPDP comments on the need for quality-related standards and rules for health plans to qualify for participation in health insurance exchanges
- November: The Center for Medicare and Medicaid Innovation (CMMI) is launched

2011

ACOs

- May: CMS announces ACO programming
- May: CPDP comments on FTC/DOJ proposed anti-trust enforcement for ACOs
- June: CPDP comments on proposed ACO rules

Hospitals

- March: CPDP comments on proposed hospital value-based purchasing rules
- June: CPDP comments on Medicare Inpatient Quality Reporting Program
- July: CMS releases Outpatient Prospective Payment System (OPPS) proposed rule. CPDP to comment on quality reporting program by August 30

Physicians

- July: CMS releases Physician Fee Schedule. CPDP to comment by August 30.

Amplifying Consumer & Purchaser Voice

2010

CPDP successfully worked to place 7 consumer and purchaser representatives on the *Measure Applications Partnership* Coordinating Committee



September: CPDP provides talking points for Listening Session and submits formal comments on Medicare data release



September: Lawrence Becker, Xerox executive and CPDP Leadership Team member, is selected for Board of Governors on the Patient-Centered Outcomes Research Institute



August: CPDP provides talking points to consumer and purchaser participants in HHS panel on health insurance exchanges



Throughout the year, CPDP recruits and nominates consumer and purchaser representatives to serve on measurement committees at NQF, PCPI, and other bodies

2011

CPDP recruits and supports over 20 consumer and purchaser advocates on the *Measure Applications Partnership* workgroups



CDPD's input is broadly reflected in federal regulations related to ACOs, HVBP, IPPS, and OPSS



CPDP continues to recruit and nominate consumer and purchaser representatives to serve on measurement committees at NQF, PCPI, and other bodies

About The Consumer-Purchaser Disclosure Project

The Consumer-Purchaser Disclosure Project is an initiative that is improving health care quality and affordability by advancing public reporting of provider performance information so it can be used for improvement, consumer choice, and as part of payment reform. The Project is a collaboration of leading national and local employer, consumer, and labor organizations whose shared vision is for Americans to be able to select hospitals, physicians, and treatments based on nationally standardized measures for clinical quality, consumer experience, equity, and efficiency. The Project is funded by the Robert Wood Johnson Foundation along with support from participating organizations.

For more information go to <http://healthcaredisclosure.org>

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