

Tuesday Morning Session – 8:00am – 9:30am

## *The Bottom Line*

# Paying for Quality Health Care in a Changing Economy

Moderator:

*Ceci Connolly*

*National Staff Writer, Washington Post*



# *Paying for Quality Health Care*

## *Panelists*



**Bruce Bradley**, General Motors



**Denis Cortese, MD**, Mayo Clinic



**Donna Lynne**, Regional President,  
Kaiser Permanente Colorado



**Elliott Fisher**, Dartmouth  
(participating by video)

*In 1995, health care spending accounted for 13.8 percent of the Gross Domestic Product. Today that number is closer to 16 percent. Is it...*



**1. Not enough**



**2. Too much**



**3. Just right**



# *Who ultimately has the largest impact on improving health care quality?*

**1. Private Insurance**



**2. Government**



**3. Physicians**



**4. Patients**



**5. None of the above**



# *Who do you feel can provide the lowest cost health care coverage?*



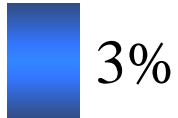
**1. Private businesses**



**2. Government**



**3. No Opinion**



# Who should determine quality measures?

1. Government



2. Private insurance

0%

3. Professional/Accreditation organizations



4. Patients



5. All of the above



# *Should the consumer be expected to pay more to improve health care quality?*



**1. Yes**



15%

**2. No**



85%

# *Should patients be rewarded by their insurer for choosing higher quality health care providers?*



**1. Yes**



**2. No**



# *If quality and cost information is readily available from health care providers, will patients use it?*



**1. Yes**



**2. No**



**3. Maybe**



# *Paying for Quality Health Care in a Changing Economy:*

2. An integrated health care system that uses voucher system to allow the consumer to choose a health care provider based in individual value
3. Reach accord on standardized quality measures for providers and teach patients how to use the data.
4. Create integrated physician-led care teams using non-physician staff where appropriate to support care of the patient.
5. Pay for accountability. Payers bring solo MDs together to deliver all the care for a given condition or problem (e.g. diabetes).
6. Individual mandate to purchase minimum coverage policies which will cover only those initiations which participate in an approved quality improvement program.
7. Reorganize Medicare DRGs to be equitable among states and place a financial priority on primary patient care
8. Amend federal laws to allow medical groups to make their IT/EMR available to rural and disconnected physicians without violation of Stark and Anti Kickback laws and regulations
9. The payment system needs to incorporate preventative care, early detection and management of chronic disease (including mental illness).
10. Incentives for integration or quasi-integration through hospital-based/medical staff collaboration for accountability. Develop clinical pathways, quality information, common systems.
11. Bundle payments by organized delivery group of hospitals, physicians and other health care professionals that provides incentives for long-term high quality and lower costs

Tuesday Morning Session – 10:00am – 11:30am

## *We Can Do Better*

# A Chronic Care Model that Works for Everyone

Moderator:

*Judy Woodruff*

*Broadcast Journalist and Former CNN Anchor*



## *Elements critical to a better way...*



### *Amy Comstock*

1. Patient as partner in care
  - Multiple chronic conditions with greater longevity
  - Focus on individual symptoms
2. Greater emphasis on “alternative” medicine – exercise, lifestyle choices, etc.
3. Greater emphasis on prevention and early diagnosis

*From your perspective, select the one element you believe is most critical to a "better way" model.*



**1. Patient as partner in care**



**2. Greater emphasis on "alternative" medicine  
ie. exercise, lifestyle choices, etc.**



**3. Greater emphasis on prevention and early diagnosis**



## *Elements critical to a better way...*



### *Robert Nesse, MD*

1. Coordinated care managed under a primary care infrastructure
2. Continuity of care with coordinated home services, support, and screening
3. Information systems that support monitoring, evidence-based case management, and decision making

*From your perspective, select the one element you believe is most critical to a "better way" model.*



**1. Coordinated care managed under a primary care infrastructure**



**2. Continuity of care with coordinated home services, support, and screening**



**3. Information systems that support monitoring, evidence-based case management, and decision making**



## *Elements critical to a better way...*



### *Colleen Conway-Welch, PhD, RN*

1. All providers able to practice within their full legal scope of practice
2. Private sector IT investment incentives to support comprehensive health data and information standards to assure interoperability and decrease variability
3. Evidence-based treatment guidelines need to be inter-disciplinary and focused, prospectively, on high-risk patients

*From your perspective, select the one element you believe is most critical to a "better way" model.*

1. All providers should be able to practice within their full legal scope of practice.



2. Private sector IT investment incentives to support comprehensive health data and information standards to assure interoperability and decrease variability.



3. Evidence-based treatment guidelines need to be inter-disciplinary and focused, prospectively, on high-risk patients.



## *Elements critical to a better way...*



### *John McDonald, MD, PhD*

1. Development of Restorative Therapies and equipment systems - home-based programs - with regional center “distance” support
2. Life-care planning for neural restoration and body physical integrity: move from acute time delimited, center based social rehabilitation to lifelong neural restoration
3. Education of doability

*From your perspective, select the one element you believe is most critical to a "better way" model.*

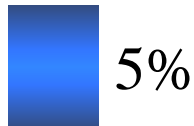
- 
- 1. Development of Restorative Therapies and equipment systems  
- home-based programs - with regional center "distance" support**



- 2. Life-care planning for neural restoration and body physical integrity: move from acute time delimited, center based social rehabilitation to lifelong neural restoration**



- 3. Education of doability**



## *Elements critical to a better way...*

### *“Better Way” Model*

1. Patient as partner in care
2. Continuity of care with coordinated home services, support, and screening
3. Evidence-based treatment guidelines need to be inter-disciplinary and focused, prospectively, on high-risk patients
4. Life-care planning for neural restoration and body physical integrity

# *Rank the solutions by most workable to least workable.*

1. **Integrated care system and team approach with financial incentive for long-term quality care**



37%

2. **The payment system needs to incorporate preventative care, early detection, & management of chronic disease (including mental disease)**

33%

3. **Individual mandate to purchase minimum coverage policies which cover only those institutions which participate in approved quality improvement programs**

30%

# *Closing Session 2 – 3pm*

# *“Putting the Pieces Together”*

## *Group 1 – Session Results* *Effectiveness*

**Leader: Robert Nesse, MD**

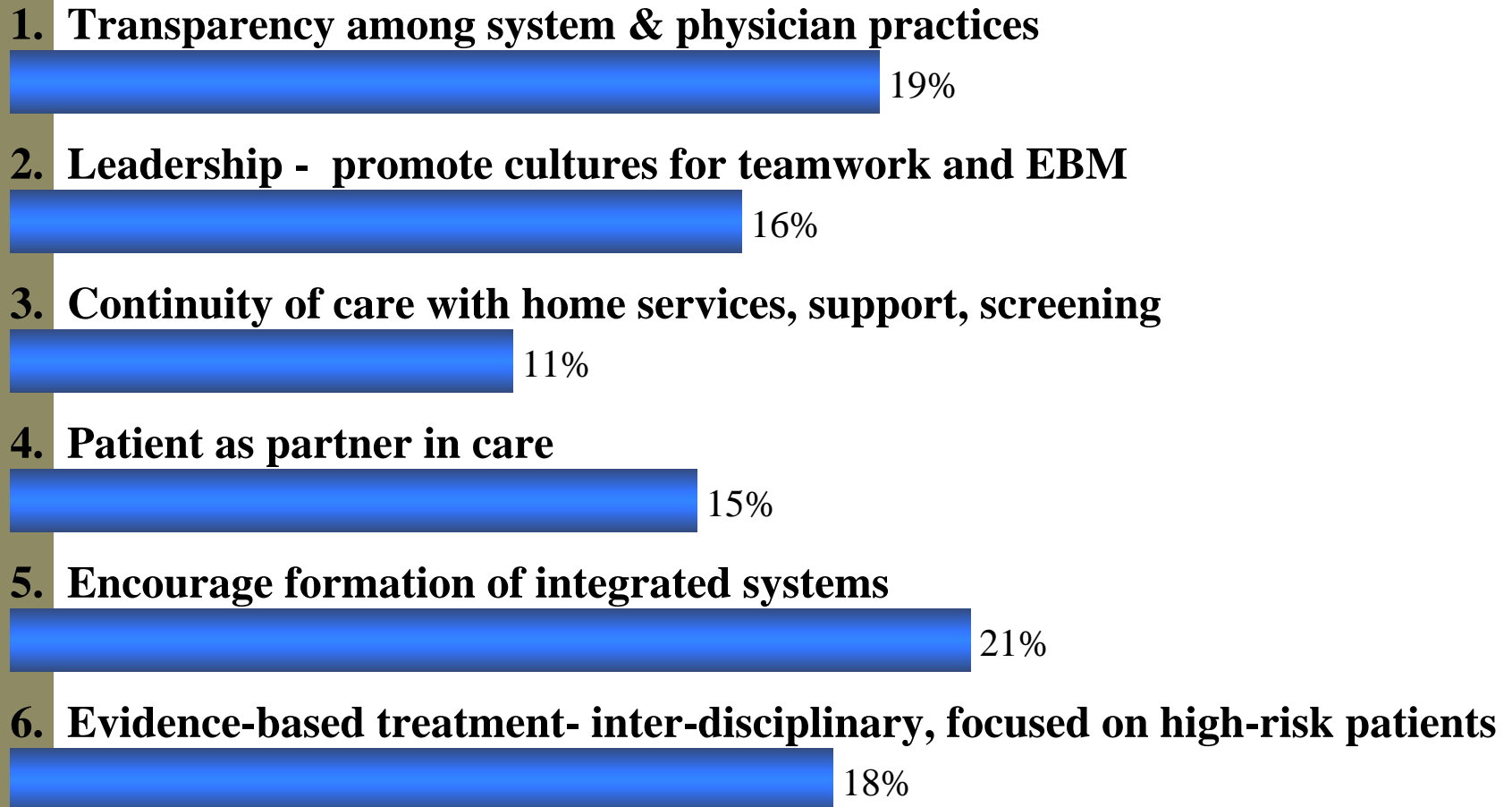
**Facilitator: Carl Rider**

- **Focus on the actionable recommendations from the sessions:**

*“Do We Know What We Know? The Universal Sharing of Scientific Knowledge”*

*“We Can Do Better – A Chronic Care Model that Works for Everyone”*

# *Rank your top 6 recommendation choices from most important to least important in effecting change? (top 6)*



## *“Putting the Pieces Together”*

### *Group 2 – Session Results* *Efficiency*

**Leader: Mary Grealy**

**Facilitator: Layne Smith**

- **Focus on the actionable recommendations from the sessions:**

*“Overspent, Overdrawn, Overwhelmed:  
Reducing Health Care Costs”*

*“The Bottom Line: Paying for Quality Health  
Care in a Changing Economy”*

*After listening to the reports from the small group discussion,  
which are the most important in effecting change?  
(Rank from most to least important)*



- 1. Results-based reimbursement, with patient component to incentive plan**  
23%
- 2. Reward consumers for choosing high quality health care plans & providers**  
20%
- 3. Individually mandated insurance with market choices**  
15%
- 4. Establish a national body to collect & report on outcomes and cost info**  
16%
- 5. Foster organized delivery system**  
18%
- 6. Prospective budgeting (e.g. - capitation)**  
8%

## *“Putting the Pieces Together”*

### *Group 3 – Session Results*

#### *Equity*

**Leader: Susan Blumenthal, MD, MPA**

**Facilitator: Bruce Kelly**

- **Focus on the actionable recommendations from the session:**

*“The Uninsured and Underinsured:  
Fixing the Holes in the Safety Net”*

*After listening to the reports from the small group discussion,  
which are the most important in effecting change?  
(Select in order of most to least important)*

**1. Define essential health care services for all Americans**



**2. Universal voucher system with mandate for health insurance**



**3. Build public and business mandate for national change**



**4. Focus on prevention**



**5. Single payor with add-on's, federal employee type plan**



**6. Eliminate preferential tax deductibility for health care**



# *Top 6 Recommendations from Breakout Sessions*

*In order of importance and urgency*

- Build public and business mandate for national change
- Transparency among systems and physician practices
- Define essential health care services for all Americans
- Results-based reimbursement, with patient component to incentive plan
- Encourage formation of integrated systems
- Reward consumers for choosing high quality health plans and providers

*On a scale from 1 to 5, how important are each of these recommendations?  
(1 - not important, 5 – very important)*



**Encourage formation of integrated systems**



**Transparency among systems and physician practices**



**Results-based reimbursement, with patient component to incentive plan**



**Reward consumers for choosing high quality health plans and providers**



**Define essential health care services for all Americans**



**Build public and business mandate for national change**



*On a scale from 1 to 5, how urgent are each of these recommendations?  
(1 - not urgent, 5 – very urgent)*



**Encourage formation of integrated systems**



**Transparency among systems and physician practices**



**Results-based reimbursement, with patient component to incentive plan**



**Reward consumers for choosing high quality health plans and providers**



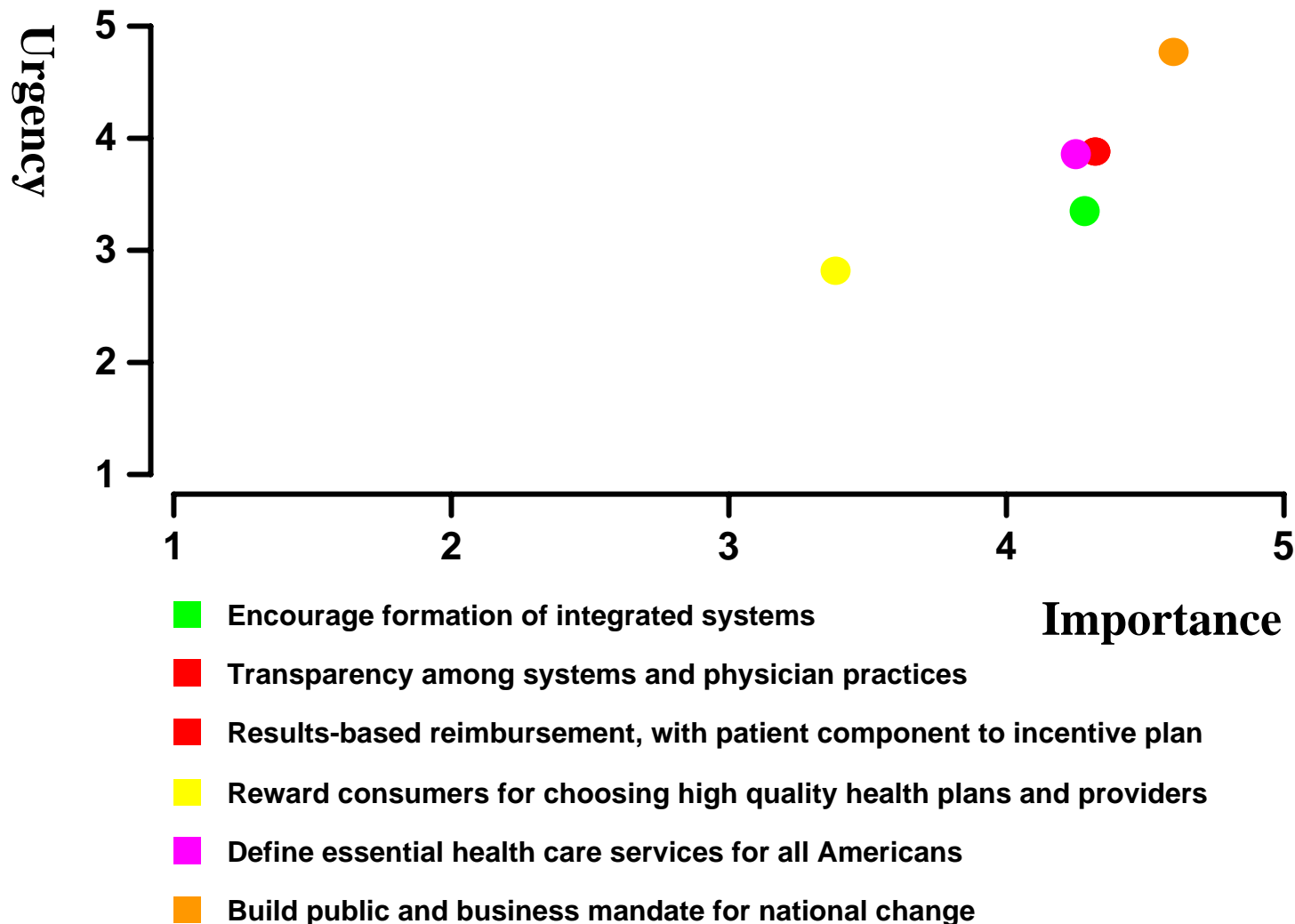
**Define essential health care services for all Americans**



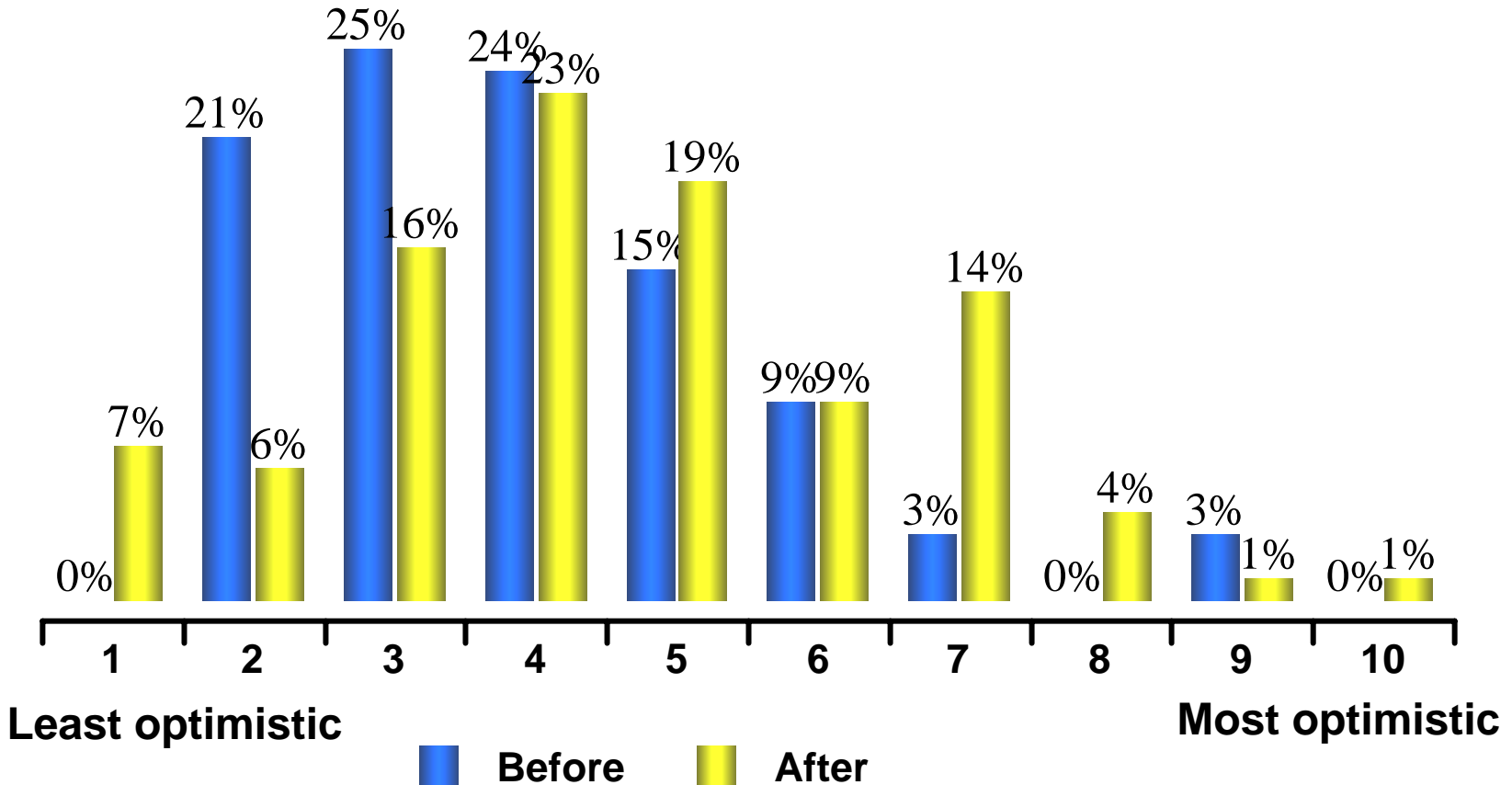
**Build public and business mandate for national change**



*Top 6 recommendations –  
Rated from least important to most important  
and least urgent to most urgent.*

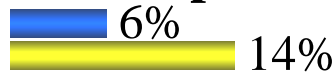


*How optimistic are you about the ability of our country, in the next 5 years, to effectively reform health care on a national level?*



# *Which of these statements best describes the U.S. health care system today?*

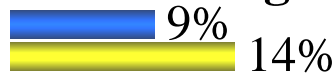
**1. Complete state of crisis**



**2. Overall - major problems**



**3. Some segments with major problems**



**4. Few segments with major problems**



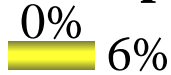
**5. No significant problems**



 Before  After

*Which of these statements best reflects the direction federal policymakers are willing to take in health care reform?*

**1. Replace current system with new system**



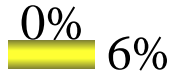
**2. Major reform to existing system**



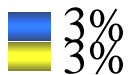
**3. Incremental changes to existing system**



**4. No changes to existing system**



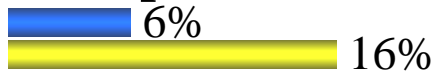
**5. Don't know**



 Before  After

# *Which of these statements best reflects the expectations of the public for health care reform?*

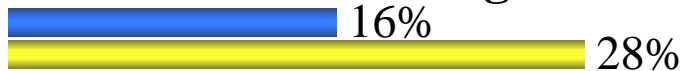
**1. Replace current system with new system**



**2. Major reform to existing system**



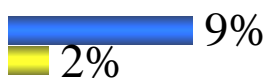
**3. Incremental changes to existing system**



**4. No changes to existing system**



**5. Don't know**



 **Before**     **After**

*I believe there is a moral imperative,  
or right, for individuals to be guaranteed  
health insurance as citizens of the United States?*

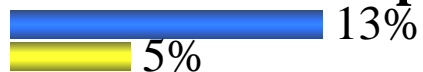
**1. Strongly agree**



**2. Agree**



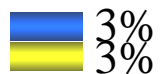
**3. Neutral / no opinion**



**4. Disagree**



**5. Strongly disagree**



■ Before ■ After

# *Rank these health insurance reform options, in order of effectiveness:*

## **1. Primarily employer-based (current)**



## **2. Single payer - government only**



## **3. Primarily consumer vouchers**



## **4. Mix of options**



■ Before    ■ After

# *Rank these entities on the degree they would influence health care reform.*

## 1. Federal government



## 2. Health care providers



## 3. Health care payers



## 4. Employers / non-health organizations



## 5. Consumers / individuals



■ Before    ■ After



# NATIONAL SYMPOSIUM ON HEALTH CARE REFORM

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