



# Ten Things to Know About Health Reform: Pointing the Way to Better Care

The health care reform bill signed into law by President Obama represents a major step forward for the Campaign for Better Care, with numerous key provisions that reflect the Campaign's goal to improve the health care system for vulnerable older adults and people with chronic conditions. The new law lays a strong foundation for the Campaign's work going forward.

Following are ten key elements of health care reform that will help us deliver better care to those who need it most.

## **1. New Ways of Delivering Care**

The law promotes innovative new ways to deliver health care that will promote higher quality, better coordinated care. These new approaches will foster better communication and coordination among health care providers, patients and family caregivers, and help prevent problems like harmful drug interactions, unnecessary hospitalizations, conflicting diagnoses, and failure to connect people with community based services that can help them manage their health.

## **2. Payment for High Quality, Coordinated Care**

The new law includes policies that will help us move away from a system that values quantity over quality – and toward a system that prioritizes effective delivery of the right care, at the right time, for the right patients. For example:

- New policies will link payment to quality and provider performance, creating much-needed incentives for quality improvement by hospitals, physicians, nursing homes, home health providers and others.
- Hospitals will have their payments reduced and have to publicly report “excess” readmissions that often result from poor coordination and failure to communicate effectively with patients and caregivers.

## **3. Increased Payment for Primary Care**

Increased Medicare and Medicaid payment rates to primary care providers will help to ensure that patients have ready access to good primary care, which is particularly important for older adults struggling with multiple chronic conditions, who need a higher level of care coordination and care management.

#### **4. Making Care More Patient-Centered**

The use of patient experience measures and shared decision-making tools are important strategies for improving quality and reducing disparities in care.

**Patient Experience** – Providers need to understand how care is experienced by patients and caregivers, and then use that information to improve the way they deliver care. The new legislation calls for measures of patient and caregiver experience to be incorporated in new care models and payment strategies.

**Shared Decision-Making** – Patients and caregivers should be empowered and equipped to make fully informed decisions about their treatment with appropriate support and guidance from their health care providers. The new legislation calls for development and use of tools that will facilitate this kind of patient and caregiver empowerment.

#### **5. Quality Measurement and Improvement**

The new law requires a national strategy for quality improvement, with explicit focus on improving patient outcomes and functional status, coordination of care, equity of care and reduction of health disparities, and patient experience. The law's new quality measurement provisions will help build an effective foundation for improving care, especially for the most vulnerable patients. The right quality measurement will reorient the system toward more patient-centered care, and also give us the tools to ensure that new payment and delivery approaches are actually meeting the needs of patients.

#### **6. Medication Management**

Support for medication management services by local health providers will help to reduce dangerous medication interactions and medical errors, and help patients and families better manage chronic illness.

#### **7. Care Transitions**

Patient transitions from one care setting to another, especially discharge from a hospital stay, are among the most dangerous points in care for vulnerable patients. The new law funds hospitals and community-based groups to provide transitional care services to high-risk Medicare beneficiaries to help make these transitions smoother and safer. Transitional care is also a high priority for quality measurement efforts which will help us improve care and hold providers accountable for better coordination and communication.

#### **8. A Stronger Health Care Workforce**

The new law contains numerous provisions to help ensure that we have an adequate and appropriately trained workforce—including primary care clinicians and direct care workers—to meet the complex health needs of older patients.

#### **9. Home- and Community-Based Services**

The new law increases federal Medicaid payments for states that provide home- and community-based services to people who might otherwise need to be in nursing homes.

For vulnerable older adults and people with chronic conditions, being able to access needed services at home or in their communities is tied to a higher quality of life, more independence, and better health outcomes.

#### **10. Preventive Care**

Medicare will cover the full costs of a range of preventive services, so that people can get the services that will help them maintain their health without worrying about the expensive copayments or deductibles that now often stand in the way.