



Consumer Perspective on Senate Finance Committee Proposals to Reform U.S. Health Care Delivery System

Our vision:

The U.S. health delivery system, particularly one that promotes better care for people with complex health care needs, should reflect the following principles:

- Places **patients and families at the center** of care planning and delivery
- Promotes **primary care, prevention, wellness and independence**
- Facilitates access to **all necessary medical and non-medical resources and services**
- **Educates and empowers patients and families**
- **Coordinates care** across health care settings
- Ensures that patients get the right care at the right time and right place, **regardless of income, race, ethnicity or primary language**
- Uses **communications systems** that simplify patient records and interactions
- **Pays health care providers fairly while ensuring accountability**
- Allows **public access** to payment, access and quality data
- Supports **racial and ethnic diversification of all health professions**
- Offers **strong beneficiary protections**
- **Improves overall value**

We believe:

The Committee's delivery system policy options document represents a positive step towards reaching this vision. Recognizing that there is not just one solution to what is wrong with the delivery system, the Committee has offered a variety of constructive and practical proposals. The document reflects a strong commitment to assuring that national health care reform incorporates measures to improve quality and coordination of care, laying the foundation for an improved system that meets the health care needs of our country's most vulnerable populations.

We support:

Quality-based Payment Reforms

- **Payment reforms that invest in primary care and community-based care** and foster interdisciplinary team approaches to care delivery, including strengthened roles for paraprofessional and non-medical providers
- **Payment incentives** for primary care providers and plans that employ **coordinated care models** that meet patient and family-centered principles
- **Payment incentives for providers that meet performance benchmarks for reducing racial and ethnic disparities** and for improving access for those whose primary language is not English
- **Conditioning disproportionate share hospital (DSH) payments on meeting strengthened reporting and consumer protections**, including eligibility criteria, public notice requirements for free care programs and the use of fair billing and collection practices

Transparency

- **Creating mandatory public reporting requirements on quality measures** for hospitals, physicians, skilled nursing facilities, nursing homes and accountable care organizations (ACOs)
- **Publicizing details about payment models – including episodes-of-care, extra payments and other incentives**
- **Including consumer advocates in the development of innovative models of care** for people with chronic conditions
- **Requiring annual reporting by drug and medical device companies of their payments and gifts to physicians**

Shared Savings Models

- **Offering federal grant funding or shared savings to states** that incorporate effective care coordination models in their public programs
- **Allowing new shared savings models to be paid on a fee-for-service, partially or fully capitated basis**

Comparative Effectiveness Research and Dissemination

- Expanding comparative effectiveness research to ensure that **health care providers and patients have the tools to choose the most clinically effective, culturally appropriate and safest health care treatments and strategies**
- **Creating academic detailing programs to help prescribers choose the most effective, safe and appropriate medications**, and to help contain escalating drug costs that undermine access to care and affordability for patients and public programs

Medicare Advantage Payment Reform

- **Revamping the risk adjustment system in order to pay Medicare Advantage plans accurately and efficiently** so that plans are neither overpaid nor underpaid

Better Care for Dually Eligible Beneficiaries and Children

- **Establishing an Office of Medicare/Medicaid Integration charged with developing pathways for programs to improve care for dually eligible beneficiaries**, including those that integrate the delivery of Medicare and Medicaid services
- **Improving the health care system for children** by increasing payment rates for pediatric providers in Medicaid who work in underserved areas, as well as piloting and funding pediatric medical homes

Submitted on behalf of:

2010 All Kids Covered Coalition (Colorado)
Advocacy Action Network (Kentucky)
Alabama Appleseed Center for Law & Justice, Inc.
Arise Citizens' Policy Project (Alabama)
Arkansas ACORN
Boston Center for Independent Living (Massachusetts)
Campaign for Better Health Care (Illinois)
The Catalyst Center: Improving Financing of Care for Children and Youth with Special Health
Care Needs at the Boston University School of Public Health (Massachusetts)
Center for Public Policy Priorities (Texas)
Child and Family Policy Center (Iowa)
Colorado Consumer Health Initiative
Colorado Council of Churches
Colorado Voices for Coverage
The Commonwealth Institute for Fiscal Analysis (Virginia)
Community Catalyst (Massachusetts)
Connecticut Voices for Children
Health Action New Mexico
Health and Disability Working Group at the Boston University School of Public Health
(Massachusetts)
Health Care for All (Massachusetts)
Kansas Health Consumer Coalition
Kentucky Equal Justice Center
Maine Center for Economic Policy
Maryland Citizens Health Initiative
Nevada Covering Kids and Families
Oregon Health Action Campaign
The Poverty Institute (Rhode Island)
South Carolina Appleseed Legal Justice Center
TakeAction Minnesota
Universal Health Care Action Network (UHCAN) Ohio
Utah Health Policy Project