

## **System Change for Dually Eligible Beneficiaries: Better Care, Better Quality**

**Most** Americans agree that there is a critical need to reform our health delivery system to ensure that Americans have access to quality care that focuses on individual needs and prioritizes primary care and prevention. These reforms are necessary, not only on principle, but also to ensure that the American health care system does not implode under its own weight.

**While** reforming the health delivery system for all Americans is essential, **the need is particularly acute among the costliest, most vulnerable members of our society: people who are dually eligible for Medicare and Medicaid.** Poorer, sicker, and frailer than most, they face a unique challenge: negotiating two separate systems of care. A number of integrated care models—such as the PACE programs and some Medicare Advantage Special Needs Plans—have attempted to address the issues dually eligible beneficiaries face, successfully reducing hospitalization and nursing home costs to both public programs. However, the legislative and regulatory frameworks governing these models have not built a structure sufficient to support them, making it difficult to bring them to scale.

***We believe that improving care for dually eligible beneficiaries should be a cornerstone element of the current effort to make quality, affordable health care available to all Americans.***

**First**, and most importantly, there is a **powerful moral imperative** for so doing: these are some of the most vulnerable members of our society, and our current system is failing them. Second, care for dually eligible beneficiaries represents a disproportionately large share of public program spending. Addressing the problems faced by dually eligible Medicare beneficiaries is **fundamental to the long-term success of any health care reform platform.**

**Acknowledging** the current health care system's impact on both dually eligible beneficiaries and on the Medicare and Medicaid programs, we set forth the following principles to **reform the delivery system so that it works effectively for dually eligible beneficiaries:**

1. **Anchor** the Care Delivery System in **Primary Care.**
2. **Adopt a Person- and Family-Centered Approach** to Addressing Health Care Needs Across the **Continuum of Care.**
3. **Implement** the Clinical and Organizational Supports Needed to **Effectively Integrate Care**
4. **Incorporate the Patient and Family Caregiver Voice** in Plan Design and Governance.
5. **Establish Appropriate Payment Mechanisms** that **Hold Health Care Providers Accountable** for Patient-Centered Quality Outcomes.
6. **Expand Protections** for Dually Eligible Beneficiaries.
7. **Strengthen Pathways to Integrated Delivery Systems** by creating an Office of Medicare and Medicaid Integration within CMS.

**The** implications of our current system beg immediate attention, particularly for people who are dually eligible for Medicare and Medicaid. Their extreme vulnerability and lack of access to care; the moral and financial implications of leaving things as they are to be dealt with at a later date; the potential to immediately impact quality of life for so many while building stability into a system under extreme strain—for these reasons, sensible reforms of the U.S. delivery system should focus on the changes needed to improve their access to quality care.

## **List of Supporting Organizations**

### **National Organizations**

Alzheimer's Association  
Community Catalyst  
Medicare Rights Center  
National Council on Aging  
National Partnership for Women & Families  
Paraprofessional Healthcare Institute (PHI)  
Service Employees International Union (SEIU)

### **State-Based Organizations**

Boston Center for Independent Living (Massachusetts)  
Coalition of Wisconsin Aging Groups  
Health Care for All (Massachusetts)  
Massachusetts Senior Action Council  
New Jersey Citizen Action  
North Carolina Justice Center  
Pennsylvania Consumer Health Coalition  
Tennessee Health Care Campaign  
United Senior Action of Indiana  
Universal Health Care Action Network (UHCAN) Ohio  
Utah Health Policy Project