



## Opportunities for Leadership: By Stakeholders in a Coalition

### Ideas for Change: Beginning the Discussion March 20, 2008

It is often said that the U.S. has the best health care in the world – and there is much of which we can be proud. But as we look out to the future in the first decade of the 21<sup>st</sup> century, we see daunting challenges facing health and health care in America. The U.S. population is aging, chronic disease is on the rise, consumers are increasingly dissatisfied with the health care system, costs are high and millions of people are without health care coverage... and the number is growing.

There is much that can and should be done to improve health and health care in America today. Improvements can and are being made in communities across the country, and more must be done by hospitals, physicians, insurers, consumers, employers and government to make care more safe, timely, effective, efficient, equitable, and patient-focused.

But some improvements will require changes in public policy – in the laws and regulations that shape how care is provided today. What follows is a set of public policy ideas outlining specific changes that can be made at the federal and state level to transform health and health care in America. Called *Ideas for Change*, they complement *Health for Life. Better Health. Better Health Care*, a framework for health care reform developed by the nation's hospitals. That roadmap points to five essential elements of reform, elements that emerged from conversations with key health care stakeholders. The national framework for change includes:

- **Health Coverage For All, Paid For By All:** Health coverage for all is a shared responsibility. Everyone – individuals, business, insurers and governments – must play a role in both expanding coverage and paying for it.
- **A Focus on Wellness:** Good health – physical, mental, and oral – is essential for a productive and vibrant America. A focus on wellness must be integrated into the lifecycle, from birth to death, and be encouraged in our homes, schools, workplaces and communities.
- **The Most Efficient Affordable Care:** Americans will not be satisfied unless and until the cost of insurance and the cost of health care are affordable.
- **The Highest Quality Care:** Motivate doctors, nurses, hospitals, nursing homes, and others to work together and team up with patients and families to make sure the right care is given at the right time and in the right setting.
- **The Best Information:** Good information is the gateway to good care.

The policy ideas that follow were developed by six expert advisory groups involving experts in these issues from nearly 100 different organizations across the country. The advisory groups included representatives of consumer advocacy organizations, business, labor, insurers, physicians, nurses, hospitals, and others. While the individuals and the organizations they represent were not asked to officially “endorse” these ideas, what follows represents a strong consensus across the groups of policy ideas that begin to move America in the right direction toward transforming health and health care.

Throughout the discussions, three fundamental issues were raised and provide the underpinning for the ideas that follow. The three key issues are:

- **Coverage for All.** The groups felt that this is a cornerstone of health care reform and that the policy ideas that follow must be connected to a policy of coverage for all. The means for achieving coverage for all is controversial. While we did not convene an expert advisory group at this time to develop policy specifics in this area, the objective was considered a critical and necessary condition for reform.
- **Changed Incentives.** Many of the groups called for realigning incentives in our health care system as another critical element for reform. Some of these ideas are captured in new payment and other policies that follow, but participants underscored the importance of driving significant change through incentives.
- **Fundamental Delivery System Change.** Many of the groups focused on the need to significantly reshape the care delivery model. The goals – whether termed coordination of care, integration of care, or “systemness” – came up time and time again. The view: new models of care delivery are needed to achieve real health care system reform.

The suggestions included in *Ideas for Change* complement the *Health for Life* national framework for change and are organized into six areas:

- Focus on Wellness
- Chronic Care Management
- Most Efficient Affordable Care
- Highest Quality Care
- Clinical Integration and
- Best Information

Following are the *Health for Life* ideas for change, developed from a broad base of expertise and views. These ideas are designed to begin the discussion and guide policy makers with concrete suggestions toward a common path for creating change in health and health care in America.

## **WELLNESS**

**Good health – physical, mental and oral – is essential for a productive and vibrant America. A focus on wellness must be integrated into the lifecycle, from birth to death, and be encouraged in our homes, schools, workplaces, and communities.**

### ***1. Invest in America's public health.***

The public health system must be appropriately funded and supported to ensure that a focus on wellness and prevention touches all individuals – regardless of their insurance or employment status.

- Ensure federal and state funding of the nation's public health to assure that state and local communities have sufficient resources to protect and improve the public's health.
- Modernize America's public health information infrastructure to improve the connectivity and sharing of population-based health information.
- Expand public health programming on the underlying causes of disease – e.g., smoking, substance abuse, lipid control, exercise.
- Make better and more efficient use of our existing public health system.
- Identify and integrate the critical interfaces between public health and the clinical community to ensure optimal efficient and effective systems of care.

### ***2. Promote healthy pregnancies and newborns.***

Given mounting evidence that the earliest years greatly matter to children's growth and development, a focus on wellness must start during gestation and the years immediately following.

- Ensure insurance coverage of and access to early prenatal care, especially as a means to identify high-risk pregnancies.
- Use prenatal care visits as a key opportunity to teach health literacy and healthy behaviors.
- Encourage employers to provide workplace support for breastfeeding moms, such as reasonable break time, private locations, and refrigerators to store breast milk.
- Promote existing guidelines on the appropriate introduction of solid foods for infants.

### ***3. Provide a national investment in school and community-based health.***

Encouraging and supporting healthy behaviors from the start will be easier than altering unhealthy habits. School age children – from preschool through high school – must be targeted for physical, mental, and oral health improvement through education, disease prevention, and early intervention.

- Increase federal funding for Early Head Start programs to support child development, nutrition counseling, and other support services for children, their parents, and families.
- Institute comprehensive school nurse programs to better educate children on wellness and prevention, supplement routine primary care and immunizations, identify at-risk children, and support behavioral and chronic care management in partnership with others.

- Increase the sale and promotion of fresh fruits and vegetables in school prepared lunches, and discourage the sale of unhealthy foods on school campuses.
- Reinstigate physical education requirements in schools. Provide federal grants to schools and communities for playgrounds, gyms, and other projects to improve child fitness levels.
- Increase federal matching funds available to states and counties for developing safe routes to school and parks around schools in at-risk communities.

**4. *Create an objective, trusted source of consumer health information and education.***

The American public needs easy-to-understand, accessible, and comprehensive information to better understand how to best maintain their health.

- Create a single, publicly funded “go-to” website for consumer-friendly information on physical, mental, and oral health, with free, basic information and fact sheets on both healthy and unhealthy behaviors related to such things as nutrition, physical activity, tobacco and substance abuse, sleep, and stress.
- Promote the availability of “health flyers” in the community, such as in grocery stores, laundromats, public libraries, and places of worship, especially those situated in the neediest communities.

**5. *Call for a national media campaign focusing on healthy lifestyles.***

The public needs to understand that everyone can become healthier – even individuals with acute or chronic medical conditions.

- Make wellness a public health priority at the national, state, and local level.
- Charge the Centers for Disease Control and Prevention, as well as state and local government entities, to help redefine public thoughts and perceptions about health.
- Develop easy-to-understand public service announcements, targeted to different age groups through different mediums, to “market the message” of remaining healthy.

**6. *Provide support and coaching needed to change unhealthy behaviors.***

High-risk individuals should receive counseling and other support to reduce risky behaviors and adopt healthy ones. This support should be a joint effort among insurers, employers, providers, and others, and could be provided at a primary care site or be community-based.

- Enhance insurance coverage of both mental and dental health screenings and treatments.
- Promote insurance coverage of wellness activities, such as weight management programs and tobacco cessation counseling.
- Expand the development of community health centers as publicly-funded places of health promotion, chronic disease management, and physical activity.
- Offer tax incentives to businesses that promote employee wellness in the workplace.
- Limit public exposure to harmful substances – such as eliminating tobacco use in public areas, toxins in the workplace, and trans fats in food preparation.

**7. *Provide incentives to encourage healthy choices and behaviors.***

Incentives should be created to encourage individuals, especially those at highest risk, to take primary ownership of their health.

- Reward individuals who work to maintain or improve their health – such as receiving recommended screenings, immunizations, and preventive services on a regular and timely basis; participating in disease, drug or self-management programs (i.e., smoking cessation, diabetes management, weight reduction); or complying with individual care plans. These rewards could include varying individual co-pays and deductibles, varying insurance premiums, or offering direct financial rewards to individuals such as tax credits or bonus payments.
- Encourage public and private health plans to offer at least one benefit package that includes rewards and incentives, including premium reductions, for engaging in healthy activities.

**8. *Invest in the provision of primary care services.***

In order to better focus on wellness, disease prevention, and chronic care management, practitioners must be encouraged to choose primary care as a profession and to provide appropriate primary care at the right time and place.

- Enhance loan options and loan repayment programs to increase the supply and retention of primary care practitioners, especially in inner city and underserved areas.
- Appropriately fund the National Health Service Corps to help increase providers in underserved areas.
- Redistribute physician payments to increase reimbursement rates for cognitive (evaluation and management) services relative to intervention services.
- Explore whether Medicare Graduate Medical Education funds could be better targeted to promote an increase in the primary care workforce.
- Encourage enhanced payment for physicians, dentists, and other practitioners who improve access to patient care by offering extended office hours or open access scheduling.
- Modify reimbursement structures to support the development of patient-centered “health care homes.”

**9. *Enhance health professions education to include a focus on wellness.***

Health professions education must help train the next generation of clinicians in keeping people healthy, diagnosing and treating chronic disease, and working together in teams to manage complex patients.

- Modify health professions education so that there is a focus on disease prevention.
- Modify health professions education and training to ensure providers understand and can offer culturally competent information and services.
- Provide graduate medical education funding for residencies or fellowships in the specialty of preventive medicine.

## **CHRONIC CARE MANAGEMENT**

**Investing in chronic care management and prevention will be critical to reducing overall health care spending and improving the quality of life for individuals.**

### ***1. Focus on chronic care management.***

The current health care system needs to be restructured to respond to the growing number of individuals with chronic conditions. The focus must shift from treating acute episodes of care to better managing complex chronic conditions.

- Have public and private insurance plans provide adequate coverage and provider payment and incentives for early intervention and preventive services to reduce the incidence of preventable chronic disease.
- Encourage public and private insurers to fund a certain number of hospital and physician-based “care managers” who, as part of the care team, will help high-risk patients manage chronic care needs, navigate the health care system, and improve self-care.
- Enhance funding for states to engage in population-based chronic care management –such as providing affordable screening, wellness and prevention services – in order to move prevention to non-traditional, community settings.
- Determine the short- and long-term costs and savings to the health care system associated with improving chronic illness.
- Develop and fund tools needed to better manage chronic care in communities including disease registries, health information technology, public reporting initiatives, and personal health record systems.
- Develop and fund educational tools for patients and families on chronic disease prevention and management.
- Enhance funding at community-based locations for affordable screening and prevention services in order to move prevention to non-traditional settings.
- Develop debt forgiveness programs for health care professionals who choose primary care or care management careers or serve in designated underserved areas.
- Encourage enhanced payment for physicians, dentists, and other practitioners who improve access to patient care by offering extended office hours or open access scheduling.
- Modify reimbursement structures to support the development of patient-centered “health care homes.”

### ***2. Provide financial incentives to providers and others to engage in care coordination services.***

Public and private insurers should make incentives available to practitioners who work with other providers in a coordinated fashion to help patient and their families navigate the health care system to ensure that care is provided at the right time and in the right setting.

- Develop common performance incentives to encourage hospitals, clinicians, and others to provide care coordination, especially for the chronically ill.

- Explore the use of “pay-for-performance” as a way to better align health care provider incentives, while remaining cognizant of unintended consequences
- Test linking a portion of Medicare Part A and B funds to performance objectives that require providers to work together to coordinate care.
- Consider differential payment updates for providers who work together to create operational and cultural interdependence or “systemness.”
- Recognize the critical role of nonphysicians by paying, either directly or indirectly, for the care coordination services they provide.

**3. *Encourage individuals to maintain their own health.***

Over half of all Americans have one or more chronic disease. Individuals need to be better informed about how to best monitor and manage their conditions and should be encouraged to take responsibility for their health.

- Improve America’s health literacy by developing and making publicly available health information and resources in various languages.
- Reward individuals who work to maintain or improve their health – such as receiving recommended screenings, immunizations, and preventive services on a regular and timely basis; participating in disease, drug, or self-management programs (i.e., smoking cessation, diabetes management, weight reduction); or complying with individual care plans. These rewards could include varying individual co-pays and deductibles, varying insurance premiums, or offering direct financial rewards to individuals such as tax credits or bonus payments.
- Issue tax credits to businesses that promote employee wellness in the workplace.
- Encourage the development of personal health records and ensure they are available to individuals as well as providers.

**4. *Enhance allied health education and training to include chronic disease prevention and management.***

Medical education must help train the next generation of clinicians in diagnosing and treating chronic disease and working together in teams to manage complex patients.

- Provide interdisciplinary training of clinicians and others in how to work together in teams with patients and families.
- Train and educate an interdisciplinary workforce in detecting and managing chronic disease.
- Educate clinicians and caregivers on ways to help motivate patients to make behavioral changes.

**5. *Invest in the provision of primary care services (see “Wellness”).***

**6. *Test payment redesign to give provider groups a single amount to manage the entire episode of a patient’s care and better coordinate care (see “Highest Quality Care”).***

**7. *Reduce health disparities and inequality in health care delivery (see “Highest Quality Care”).***

## **MOST EFFICIENT AFFORDABLE CARE**

**America will not be satisfied unless and until the cost of health coverage and health care are affordable.**

**1. *Make available to consumers meaningful information on the quality, price, use, and comparative effectiveness of health care services.***

Transparency: *Information is the oxygen of public trust.* Everyone – providers, suppliers and insurers – should report information on quality, pricing, utilization and other aspects of care to increase transparency, educate consumers, and inform patient and purchaser decision-making, and drive care improvement. Meaningful information will be different for different audiences.

- Ensure that the types of information reported is determined through a consensus process that includes stakeholders. When possible, existing efforts should be used (i.e., National Quality Forum, Hospital Quality Alliance, AQA, etc.).
- Invest in the methods and measurement tools required to create comparable information for consumers that will help to avoid unintended consequences of policies that could mistakenly disadvantage providers, suppliers, insurers, and others.
- Require all hospitals, physicians, payers, pharmaceutical companies, device companies, and others to collect and report meaningful information related to the price and quality of their services.
- Ensure that the quality, pricing, and comparative effectiveness information is presented in a way that is easily accessible and understood by the public.

**2. *Create a better alternative to today's liability system.***

We need to create a culture among doctors, nurses, hospitals, and other health care providers that encourages open communication with patients and their families when errors in care occur. At the same time, America needs a liability system that improves quality and patient safety, uses evidence-based standards, separates the serious cases from others, and produces prompt and fair compensation for injured patients.

- Require open communication among providers, patients and their families when an error occurs.
- Invest in effective quality improvement and patient safety interventions for all sites of care.
- Educate all health care professionals in the science and process of how to provide excellent care and avoid liability.
- Use administrative compensation systems and health courts to determine when an avoidable, preventable event has occurred.
- Provide prompt compensation to injured patients and families based on agreed-upon payment schedules when an error takes place.
- Adjust providers' liability insurance premiums based on occurrence of preventable errors.

3. ***Analyze the comparative effectiveness, risks, and benefits of new technologies, medicines, practices, and procedures for individual conditions.***

Everyone involved in health care decisions – patients, doctors, employers, and insurers – needs more information about what treatments are most effective. Evaluating the risks and benefits of current, new, and transformative technologies, therapies, and treatments and making this information readily available can improve treatment decisions. While not intended to curb innovation, when then combined with information about the cost of innovations, it can be used to help increase the value of every dollar spent.

- Create centers whose responsibility is to assess the relative risk, benefit, and cost of alternative technologies, therapies, drugs, and devices. Centers could be structured in a number of different manners: as private-public partnerships, foundation supported entities, or government-sponsored organizations.
- Make comparative effectiveness information available on a public website in a way easily understood by clinicians, purchasers, and patients.

4. ***Simplify the working of public and private insurance.***

Making health insurance more simple and efficient will increase public and provider trust, reduce administrative spending, and allow scarce resources to be spent on health care rather than paper work.

- Standardize and automate claims processing and other administrative processes.
- Make available standardized tools for consumers to easily compare and evaluate insurance benefit packages.
- Like Medicare supplemental coverage choices, simplify and standardize private insurance benefit packages.
- Coordinate and streamline regulations to reduce or eliminate red tape, such as unnecessary paper work, duplicative administrative steps, and compliance burdens.

5. ***Expand educational capacity and emphasize early math and science learning to meet current and future health care workforce needs.***

America needs an adequate number and mix of workers as the health care workforce itself ages and to care for the growing chronically ill population and aging baby-boomers. Workforce needs may change dramatically with greater use of information technology, and will likely require a new evaluation of health care workforce needs.

- Facilitate the recruitment and retention of health care professionals.
- Expand faculty and student training slots for practitioners in short supply today and those projected to be in short supply in the future, including nurses, primary care providers, and certain other physician specialties.
- Invest in grade school, middle school, and high school math and science to yield higher achievement.

6. ***Redefine roles for workers to meet future care needs.***

The work of today's physicians, tomorrow's physicians, and the entire health care workforce needs to be redesigned to meet our future health care needs and address the growing burden of chronic illness.

- Develop new roles, training approaches, and organizational structures to support chronic care management, prevention, enhanced consumer involvement, and the unique needs of an aging society.
  - In developing and re-deploying workers into these new roles, expand the use of nurse and nurse practitioner expertise; identify new types of caregivers, skills, and training needed; and modify licensing and credentialing as well as reimbursement.
  - Train the next generation. At an early age, increase children’s performance in secondary level math and science, especially among minority children.
7. ***Renovate the education of health care professionals and the broader health care workforce.***  
Invest in a renovation of physician, caregiver, and other health care worker training, especially medical school education, to emphasize care competencies of today and the future.
    - Develop interdisciplinary education and training approaches to build new competencies among physicians and other health care workers to support evolving health system needs, such as prevention, quality of care, chronic care management, a team-based approach, and use of health information technology.
  8. ***Focus on chronic care management (see “Chronic Care Management”).***
  9. ***Invest in America’s public health (see “Wellness”).***
  10. ***Test payment redesign to reward quality providers who follow recommended “best practices” (see “Highest Quality Care”).***
  11. ***Test payment redesign to give provider groups a single amount to manage the entire episode of a patient’s care and better coordinate care (see “Highest Quality Care”).***
  12. ***Adequately fund national performance improvement measurement (see “Highest Quality Care”).***

## **HIGHEST QUALITY CARE**

**Better coordination and integration of care among doctors, nurses, hospitals, nursing homes, and other providers is essential to improving the quality of care in America. Health care professionals and organizations must coordinate with patients and families to meet our collective objective – the right care, given at the right time, in the right setting.**

1. ***Create a national investment to research the best evidence in patient care and effective quality improvement strategies. Develop methods for speeding the adoption of these methods within the field.***

Our future success will hinge on providing the right care at the right time. Efforts should focus on investing in the science of care improvement and speeding the delivery of safe and high quality care improvement practices and methods to the patient's bedside.

- Provide federal funding to conduct the basic research needed to understand which therapies and treatments work.
- Ensure that the research conducted and tools developed have appropriate representation of our increasingly diverse population and are relevant to all populations.
- Translate new clinical evidence into protocols, practice guidelines and decision support tools.
- Develop methods to speed the awareness and adoption of protocols and guidelines by today's health care professionals.
- Develop methods to teach the adoption of protocols and guidelines by the next generation of health care professionals currently in the education pipeline.

**2. *Test payment redesign to reward quality providers who follow recommended "best practices".***

Public and private insurers should make financial incentives available to practitioners who align their practices with recommended care based on the best evidence and whose patients achieve the best outcomes. Rewards could also include incentives beyond payment such as indemnification from lawsuits.

- Test evidence-based "pay-for-performance" incentives for all providers (e.g., hospitals and physicians, skilled nursing facilities, and others) focusing first on certain high-cost, high-volume services and approaches that link hospital and physician incentives together.
- Reward a provider whose care exceeds specified thresholds or has improved by a specified amount. Programs should reward both meeting certain thresholds as well as performance improvement. The measures used to determine rewards should be crafted with appropriate representation of our increasingly diverse population and be relevant to all populations.
- Ensure that payment rates are sufficient for and not an impediment to providing safe, quality care.

**3. *Test payment redesign to give provider groups a single amount to manage the entire episode of a patient's care and better coordinate care.***

Payment approaches should be redesigned by insurers to encourage teamwork and coordination of a patient's care over the full course of treatment.

- Test linking hospital, physician, and post-acute care payments for certain high-volume, high-cost episodes of care. This could be done in a variety of ways, including through per case, episode-based or bundled payments; shared risk arrangements; capitation; or other methods.
- Develop approaches to better understand and measure changing patient acuity in order to remove an existing challenge to episodic payment.
- Modify reimbursement structures to support the development of new models of integrated patient-centered "health care homes" – where a personal physician,

nurse, clinician or other care coordinator is responsible for providing or arranging for all the health needs of a patient across all stages of life – as an approach to providing continuous, comprehensive care.

- Modernize laws and regulations to allow hospitals and health care professionals to work together as teams, so that they may use financial incentives and “shared savings” associated with decreasing cost and improving quality.

**4. *Reduce health disparities and inequity in health care delivery.***

All individuals – regardless of their gender, race or ethnicity, age, geographic location, education and income – should have the ability to achieve their greatest potential for health and receive access to appropriate, timely health care.

- Fund research on the causes of and solutions to health disparities.
- Appropriately fund the National Health Service Corps to help increase the number of providers in underserved areas.
- Increase support for federal, state, and local programs that are proven to reduce health disparities and inequity in health care delivery.

**5. *Redesign coverage and payment to guarantee parity.***

Americans with mental health conditions should receive coverage for and access to needed services.

- Require equitable coverage for mental health and physical health services.
- Expand availability of needed mental health services.
- Provide reasonable payment and other incentives to encourage the provision of mental health care.
- Provide specific provider payment for mental health assessments.

**6. *Integrate physical and mental health care delivery.***

Assessment and treatment of behavioral health needs should be linked to the standard treatment of individuals with general medical needs.

- Change medical training standards to enhance provider education of mental health needs and treatment.
- Invest in an adequate workforce of people trained in behavioral health.

**7. *Expand options for end-of-life care at home.***

Compassionate palliative care, hospice care, and other end-of-life services should be provided at the right time and in the right setting.

- Initiate a national campaign to educate the public as well as providers about end-of-life and palliative care options and to encourage people to partner with the health care system.
- Require insurance coverage of a range of end-of-life and palliative care options.
- Change provider reimbursement to encourage greater use of these alternatives so patients may comfortably spend their last days at home.

**8. *Require everyone to complete and providers to honor a summary of wishes regarding life-sustaining treatment.***

- Require individuals to complete an advance directive or other summary of wishes regarding life-sustaining treatment so that their medical wishes are known before a health care crisis occurs.
- Support efforts by physicians to facilitate the preparation of advance directives or other summary of patient wishes.
- Require health care providers to honor and follow the instructions included in an advance directive or other summary document.

**9. *Adequately fund national performance improvement measurement.***

America can't improve what we don't measure. We can benefit by focusing on performance improvement measurement in areas that are actionable.

- Fund the activities of the National Quality Forum including national priorities and goal setting for performance measurement, measure development and maintenance, and measure evaluation and endorsement.
- Fund other critical aspects of a national quality measurement system including implementation activities, measure collection and reporting, and information display.
- Develop population-based health measures and benchmarks.

**10. *Modernize laws and regulations to allow doctors, hospitals, and others to work together in teams or "networks" (see "Clinical Integration").***

**11. *Renovate the education of health care professionals and the broader health care workforce (see "Most Efficient Affordable Care").***

**12. *Make available to consumers meaningful information on the quality, price, use and comparative effectiveness of health care services (see "Most Efficient Affordable Care").***

**13. *Create a better alternative to today's liability system (see "Most Efficient Affordable Care").***

**14. *Analyze the comparative effectiveness, risks, and benefits of new technologies, medicines, practices and procedures for individual conditions (see "Most Efficient Affordable Care").***

## **CLINICAL INTEGRATION**

**Clinical integration is needed to facilitate the coordination of patient care across conditions, providers, settings, and time in order to help achieve care that is safe, timely, effective, efficient, equitable, and patient-focused. To achieve clinical integration we need to promote changes in provider culture, redesign payment methods and incentives, and modernize federal laws.**

**1. *Promote changes in clinical and hospital leadership culture that accomplish greater “systemness.”***

Cultural change is critical to encouraging team approaches to patient-focused and culturally competent care. It will be key in reshaping the roles and functions of clinicians, managers, and others so that they work together as teams with shared decision-making and shared accountability.

- Modify education programs (medical, allied health, health care management) so they include training in team approaches to care, care coordination, and cultural competence.
- Develop tools and processes to aid hospital leaders, physicians, and other caregivers in working together to achieve greater “systemness” and care coordination.
- Provide funding for demonstration projects on effective mechanisms for involving and supporting patients and their families/caregivers in the care planning and delivery process.
- Develop and share models for excellence in care coordination across sites and disciplines of care, acknowledging that different models will be needed in different situations.

**2. *Reward providers who engage in care coordination activities that result in desired outcomes.***

Performance incentives should be developed across providers to stimulate the desired outcomes in care.

- Establish quality and efficiency measures that reflect the value of care coordination, and are consistent across different providers engaged in caring for the same patient.
- Ensure that individual provider payment incentives are parallel and consistent so that providers can work to achieve together what they may not be able to achieve alone.
- Encourage all payers to adopt common performance measures and data reporting requirements.

**3. *Modernize laws and regulations to allow doctors, hospitals, and others to work together in teams or “networks”.***

Federal laws and regulations have been put in place to protect patients and taxpayers from potential abuses of the system. These include rules that prevent providers from profiting by illegal referrals or kickbacks. These laws and regulations, however, should provide corridors of innovation to allow physicians, hospitals, and others to work together as teams, able to use financial incentives to not only reduce costs but also improve care.

- Establish a simpler, consistent set of federal rules for how hospitals, physicians, and others may construct their financial and contractual relationships.
- Provide clearer guidelines under federal antitrust law to enable clinical integration and joint hospital-physician contracting with payers to ensure aligned performance incentives.

- Amend the Civil Money Penalties law to allow implementation of best practices and clinical protocols by only prohibiting incentives for physicians to withhold *medically necessary* care.
  - Provide a “safe harbor” under federal laws and regulations to encourage the development of real or virtual delivery “networks” (such as accountable care organizations).
  - Reevaluate the impact of state laws governing the corporate practice of medicine on the ability of providers to collaborate.
4. ***Provide financial incentives to providers and others to engage in care coordination services (see “Chronic Care Management”).***
  5. ***Test payment redesign to give provider groups a single amount to manage the entire episode of a patient’s care and better coordinate care (see “Highest Quality Care”).***

## **BEST INFORMATION**

**Good information is the gateway to good care. Significant effort is already underway in the public and private sector to speed the adoption and use of health information technology (IT). However, more can and should be done to accelerate IT – the critical link in transforming health and health care in America. And more can and should be done to encourage a system-centered, community approach to IT adoption and use.**

1. ***Fundamentally reform the payment model to encourage specific IT adoption by health care professionals and hospitals.***

With specific assistance in place (described below), select a date certain by which minimum IT capabilities must be in place in care delivery settings.

- Encourage basic IT capabilities for providers with key targets and milestones for adoption set by the government.
- Link provider payments to adoption of these basic IT requirements.
- Make incentive payments for use of more sophisticated, effective IT interventions such as bar coding, digital imaging, and computerized provider order entry.
- Provide funding for health care professional and other staff training in the use of health IT.

2. ***Drive the secure exchange of clinical information among and across different providers of care.***

A greater exchange of clinical information among a patient’s various providers can improve care coordination, safety, and the quality of care that patients receive. Health care information exchange is also important to help consumers make informed decisions about the providers and services they choose. Incentives and direct funding for those serving the nation’s most vulnerable populations and for those providers most in need will help launch greater IT adoption.

- Use payment incentives to reward greater sharing of information among health care professionals, hospitals, pharmacies, and others.
- Direct federal financing to helping health care professionals, hospitals, pharmacies, community health centers, and other providers acquire, implement, maintain, and upgrade health IT systems.
- Give priority to health care professionals, hospitals, pharmacies, community health centers, and others with the least financial means and who are serving the most vulnerable populations.

**3. *Speed the creation of electronic health records and personal health records by selecting and using “interoperable” health standards.***

Lack of a consistent set of “rules” for how to share health care information has slowed the sharing and use of IT in health care.

- Select information technology standards to allow “interoperability” – easy information exchange among health care providers when authorized. These standards could be selected through a voluntary approach involving key stakeholders with key targets and milestones of adoption set by the government.
- Standard selection should be prioritized to begin with those that make handoffs in care delivery safer.
- Encourage the voluntary adoption of the selected standards by all IT manufacturers with key targets and milestones for adoption set by the government.
- Government health care programs should lead and drive IT standard selection and use.
- To promote standardization and interoperability, develop a basic and uniform set of information that all medical records must contain.

**4. *Encourage private sector creation and use of unique, confidential health information identifiers to accurately and securely link patients to their health records.***

A unique patient identifier allows information about a patient’s care to be shared quickly and accurately, when authorized, among providers in a secure and appropriate way. This increases accuracy, patient safety, and continuity of care and reduces the need for repeat tests and procedures.

- Provide incentives for the private sector to create and use unique health information identifiers to accurately link every patient to his or her health record.
- Encourage the design of a system to manage the unique assignment of health information identifiers.
- Provide incentives for patients to “opt in” to the use of a unique identifier.
- Ensure that patients and their providers control what information on the health record can be seen and by whom.

**5. *Provide incentives for health care suppliers and insurers to enable the use of IT.***

Speeding up IT adoption will require action from all. At the front end of this care delivery process, health care suppliers and insurers must enable the use of IT, coordinating their efforts with doctors, hospitals, and others.

- Encourage pharmaceutical and device companies to adopt IT enablers such as unique medication and device identification at the unit dose level with key targets and milestones for adoption set by the government.
- Encourage insurers to adopt and use a single, uniform bill using similar incentives.
- Encourage technology manufacturers to meet standards for inter-technology compatibility using similar incentives.

**6. *Conduct research and development of the market requirements and business models needed to create the next generation systems and technologies.***

While making strides in IT development and adoption, the real power of IT to support clinicians' decision making and improve safety and quality of care have yet to be fully tapped.

- Fund the research and development necessary to guide the private sector development of IT to take advantage of all of its capabilities to enhance care delivery.

**7. *Allow providers and community collaboratives to share information exchange capabilities.***

In order to speed the adoption of health IT and the sharing of clinical information, certain key barriers must be removed.

- Change Stark anti-kickback laws and IRS practices to allow providers and community collaboratives to share knowledge, hardware, software, or training with others in the community.
- Develop and support regional models of community information sharing organizations that will aid data exchange and successfully demonstrate effective models and improvement.

**8. *Establish national models for data use that will facilitate community health improvement.***

Build sets of roadmaps for certain types of data that could be shared, analyzed, and acted upon in order to identify opportunities and track progress in community health.

- Prioritize data sets based on feasibility and demonstrated utility.
- Distribute information about barriers, solutions, and best practices.
- Link critical care data sets with public health and social services data as appropriate.
- Model incentives tied to community health.

**9. *Renovate the education of health care professionals (see "Most Efficient Affordable Care").***