Opportunities for Leadership: By Stakeholders in a Coalition

Ideas for Change: Beginning the Discussion
March 20, 2008

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").***