



## **Ideas for Change: Beginning the Discussion**

### **March 20, 2008**

#### **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”).*