



Mini-Rotation on the Health Care System

Theme: Health Reform and Shaping the Future

Topic: The Affordable Care Act: Evaluating the Rollout and Discussing Next Steps

Faculty: Panel discussion

1. James Roosevelt, Jr., Esq., Chief Executive Officer, Tufts Health Plan
2. Jon M. Kingsdale, Ph.D., Managing Director and Co-founder, Boston office, Wakely Consulting Group
3. David F. Green, MD, FACS, Senior Vice President of Medical Affairs and Chief Medical Officer, Concord Hospital, Concord NH

Objectives:

By the end of this session, participants should be able to:

- Problems the Affordable Care Act (ACA) was designed to address
- Key components of the Affordable Care Act and how they work together to increase health insurance coverage in the U.S.
- The purpose and functions of health insurance exchanges
- The impact of the ACA on (1) insurers, employers, and (2) providers to support a high-quality and cost-effective health care system
- Impact of the ACA on consumers

Overview of the presentation (August 2015):

The Affordable Care Act (ACA): Overview

- Before and since the ACA: Insured/uninsured, coverage provisions
- Aspects of change: access, quality, delivery, cost

Uninsured in U.S.

- Statistics on uninsured and insured before and since the ACA

- Uninsured: access to care (e.g., health centers, free care)
- Barriers to care by insurance status: e.g., lack of preventive care among uninsured vs. insured

ACA features

- Summary of goals and provisions
- Insurance coverage provisions
- Medicaid changes and states' decisions
- Market reforms in individual and employer-sponsored insurance coverage
- Comparable choices via state and federal exchanges
- Tax credits

Interim results of the ACA

- Utilization of services
- Access to care
- Ability to afford services
- Decline in adults reporting medical bill problems
- Decline in adults reporting inability to get care due to cost

Changes for providers

- Population health focus
- Available data
- Embracing risk and accountability
- Value vs. volume
- Transparency
- Collaboration and alignment among payors and providers, physicians and hospitals, providers and patients
- Data on changes at speaker's health system, e.g., PMPM costs

Ongoing trends

- Meaningful Use
- ICD-10
- Medicare Access & CHIP Reauthorization Act (MACRA)
- Decline in fee-for-service
- Consumerism (price, quality)
- Patient engagement, telehealth
- Managing risk - population health
- Alignment and consolidation
- Impacts on employers
- Impacts on insurers