

The Role of Primary Care in Improving Medicare Patient Outcomes and the Effect of Medicare Changes on Hospitals

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Panelists:

Dr. Jay Lawrence, VP of Quality Assurance and Improvement, The Ohio State University

Dr. Dave Wenndorff, President and Medical Director, Mount Carmel

TBD, Ohio Health

Moderator:

Janet Trautwein, CEO of National Association of Health Underwriters

TIMED OUTLINE

This course was developed to meet the education training requirements and provide students with 1 and ½ hours of continuing education.

Course Overview: During this course, participants will learn about major foundations that factor into the roles primary care providers integrate into their daily practices. Each of these breaks down the essential points of consideration to improve Medicare patient outcomes. Participants will also learn about major issues in how the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) has influenced the delivery of care to Medicare patients through five key points: who, what, how, and why. Each panelist represents one of each major Central Ohio hospital systems and will break down the essential points of consideration of change in healthcare and health insurance policy. The course also reviews how the local and national Association of Health Underwriters fits into the overall picture of this process, what we are advocating for, both legislatively and through the regulatory process, and how our Association of Health Underwriter members can take an active part in this process.

Learning Objectives: Upon completion of the course, the participant will know:

- The key foundations required to reshaping patient centric care;
- What the central ideas are that are being proposed for reforming Medicare patient healthcare;
- How changes can be made through wellness initiatives;
- Why medication reconciliation and prescription drug manufacturers play such a large part in patient health;
- Various compliance resources for patients moving from managing chronic diseases to condition management;
- How members can experience efficient and effective post-hospitalization care.
- Who the key actors are in reshaping MACRA healthcare and health insurance policy, their positions, and how they will play a role in the debate;
- How Value Based Payment Models are developed and executed in each institution;
- How Advanced Payment Models and Merit Payment Systems are effecting each institution;
- How Accountable Care Organization plans are effecting each institution;

- Clinical Strategies for High Risk Medicare Patients and how the Vertical Integration of Health Care Delivery is impacting each institution;
- NAHU's priorities in this process, both from a legislative and regulatory perspective.

TIMED OUTLINE

- I. Primary Care Providers Improving Medicare Patient Outcomes (2:30-2:35 PM)**
- II. Patient Outcomes (2:35-2:55 PM)**
 - a. Planning for Wellness: Annual Wellness Visits
 - i. Creating a personalized prevention plan based on current health and risk factors
 - b. Medical Reconciliation
 - i. creating the most accurate list possible of all medications patient is taking
 - ii. working with insurance companies to create
 - iii. cross-referencing list with orders
 - c. Coordinating and Quarterbacking Care
 - i. Primary Care Providers as care coordination quarterback
 - 1. Critical to quality outcomes
 - 2. Realistic practices and initiatives
 - 3. High-risk, resource-consuming patients
 - d. From Chronic Disease to Condition Management
 - i. Evaluating patterns of health
 - ii. Self-management education
 - iii. Chronic condition management programs
 - e. Post-Hospitalization Care
 - i. 20-30% of hospitalized medical patients are readmitted
 - ii. Improving outcomes
- III. Question and Answer (2:55-3:00 PM)**

BREAK (3:00-3:10)

START OF PANELIST PRESENTATION

- IV. Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) (3:10-3:20 PM)**
 - a. Status of legislation
- V. Healthcare and Health Insurance Policy (3:20-3:50 PM)**
 - a. Who
 - i. Major Central Ohio hospital systems
 - 1. The Ohio State University
 - 2. Mount Carmel
 - 3. Ohio Health
 - b. What
 - i. Value Based Payment Models
 - 1. Development
 - a. Four domains
 - i. Clinical
 - ii. Safety
 - iii. Efficiency
 - iv. Cost reduction
 - v. Patient experience
 - 2. Execution
 - a. Health care payers
 - b. Biopharmaceutical manufacturers
 - ii. Advanced Payment Models and Merit Incentive Payment Systems (MIPS)
 - 1. Execution

a. Quality payment program as part of Medicare Part B payment adjustments

c. How and Why

i. Accountable Care Organizations impacting each institution

ii. Major issues of concern

1. High risk Medicare patients

2. Vertical Integration

VI. NAHU's Federal Advocacy (3:50-4:00 PM)

a. Legislative Advocacy

i. Priorities

b. Regulatory Advocacy

VII. Question and Answer (4:00-4:10 PM)