Developing a Framework for a Common Healthcare Policy to Benefit our Society and All Americans

Q&A with Thomas Campanella

Today's Presenter

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Quadax helps clients gain holistic control to better manage and streamline the entire reimbursement process. Our clients spend less time fixing problems and more time pursuing the opportunities that move their organizations forward.

Can our leaders from different political perspectives come together with a common healthcare policy that benefits our society and all Americans?

Cost of Healthcare Waste

- Instead of an either/or discussion of:

  - Limiting access to care for more affordable healthcare
  - Accepting increased deficit spending to increase access to care

- We need to address the real elephant in the room, our costly healthcare system which is not value-based.

  - Estimated cost of waste in the U.S. healthcare system ranges from $760-$935 billion—about 25% of the total healthcare spend.

A Framework for Collaboration

- We need to frame the societal and political debate around the dual, compatible goals of a health system that delivers value-based care and the transition to a true "health system" for all.

- While we may have different approaches to achieve those objectives, at least we will have identified a common endpoint or destination and a foundation for collaboration.

Shared Destination

- A health system that delivers value-based care, and

- The expeditious transition from our current costly "sick-care" system to a true health system which would positively impact population health for all

Pit Stops Along The Way

- Transition to true "Value-Based Care" and a "health system" for all
  - Increase transparency of cost so consumers are better purchasers
  - Increase engagement of consumers in their own healthcare
  - Increase consumer choice in healthcare alternatives
  - Expedited transition from a fee-for-service to a risk/value-based reimbursement rewarding providers for maintaining healthy patients
  - Increased interoperability of EMRs
  - Value of primary care
  - Proactively address social determinants of health
  - Increase access to care
  - Recognition of increasing financial challenges facing Medicare/Medicaid
  - Understanding that aggressively addressing costs will increase access to services

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Re-frame ACA Discussions

- Instead of focusing on attacking or defending the ACA, redirect attention and efforts to the end goal by asking:

  - Does this positively or negatively impact the goals of value-based healthcare and overall population health?

- Understand the scarcity of resources available

  - Initiatives must be implemented cost effectively

Will ideological debates—government run system vs market-based system—be an additional barrier?

What Do We Have Today?

- We don't have a market-based system

  - Barriers imposed (regulations) and embedded (asymmetric information & moral hazard) that do not allow the market system and competition to work as attended.

- A true market-based system would:

  - Incent increased innovation
  - Positively impact costs and quality
  - Increase access to care for most Americans

Is there a downside to a market-based healthcare system?

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Downside of Market-Based System

- Negative impact on an overall healthy population because:

    - Less financial incentive to address the health needs of the poor (lack of return on investment)
    - Providers would focus on value-based care in a competitive environment to increase profits and less on the overall health of the population

- Government and other stakeholders have a role in addressing overall population health

Which legislative or programmatic initiatives need to be implemented to achieve value-based care and overall population health?

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Necessary Legislative Initiatives

- Legislation that facilitates increased competition, value and innovation
- Enhanced effectiveness of HSAs and HRAs
- Expanded Medicare Advantage Plans
- Increased price transparency
- Incorporate value-based benefit design plans into Medicare Advantage
- Budget neutrality for hospitals and independent providers in outpatient arena
- Enforce the CURES law
- Expand Medicaid in all states
- Improve cost of ACA individual market plans (enhances subsidies if needed)
- Independent clinical and actuarial experts should play a key role in evaluating the ACA key provisions on overall population health as well as the potentially negative impact on healthcare costs and related premiums.
- Embrace payment methodologies that reward providers for keeping patients healthy
- Community benefit requirements to encourage hospitals to collaborate with other community stakeholders to focus on a healthier community
- Recognize the importance of personal accountability

Closing Comments

Tom's Final Word

- Issues surrounding healthcare are too important to not seriously evaluate all potential solutions or ideas that could benefit our society.

- We cannot blindly follow an ideology (right or left) that limits our ability to have an open and honest discourse on opposing perspectives.

- Our political "leaders", even having different ideological perspectives, must recognize that by coming together on a long-term sustainable solution to build a health system that delivers value-based care as well as a healthy population for all, will benefit all Americans and make our society stronger in the process.

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- ✓ **Automation of manual processes**

- ✓ **Improved efficiency by getting it right the first time with streamlined workflow**

- ✓ **Error reduction = lower claim rejection/denial rates, lowering cost to collect**

- ✓ **Increased collections from payer and patient complete the revenue cycle**

Questions?

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Thank you!

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