

Drivers of Change 2018

*Strategic Implications for the
Colorado Medical Society*



Health Care: Top 10 Drivers of Change for 2018

1. Public insurance is continuing to grow.
2. Payment reform is advancing.
3. Consumers are demanding increased technology.
4. New models of care are emerging.
5. Physician well-being is crucial.

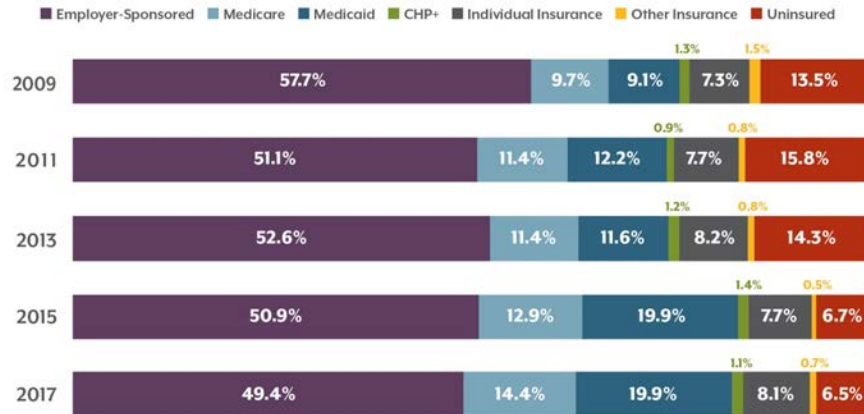
Health Care: Top 10 Drivers of Change for 2018

6. Integration of behavioral and physical health is progressing.
7. Population health and public health are converging.
8. Consumers are facing higher spending.
9. Consumers are demanding new (and expensive) drugs.
10. Physicians can bring a strong voice to D.C. and Denver



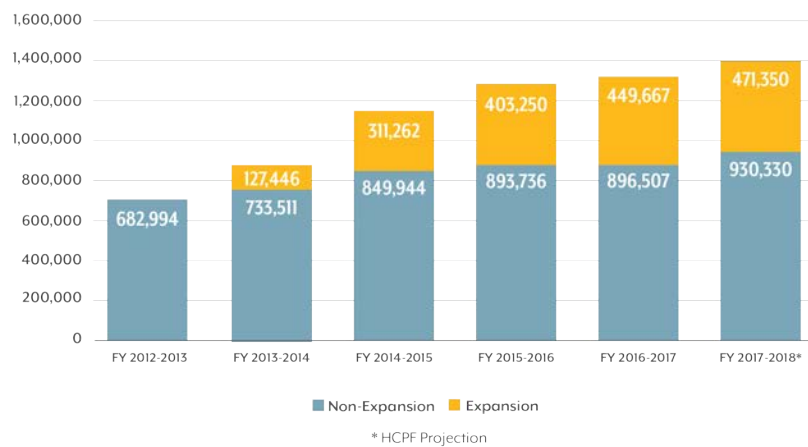
Newest Data on Health Coverage in Colorado

HEALTH INSURANCE COVERAGE, ALL AGES, 2009-2017



Expanded Eligibility Pushing Medicaid Growth

Medicaid Expansion Enrollment

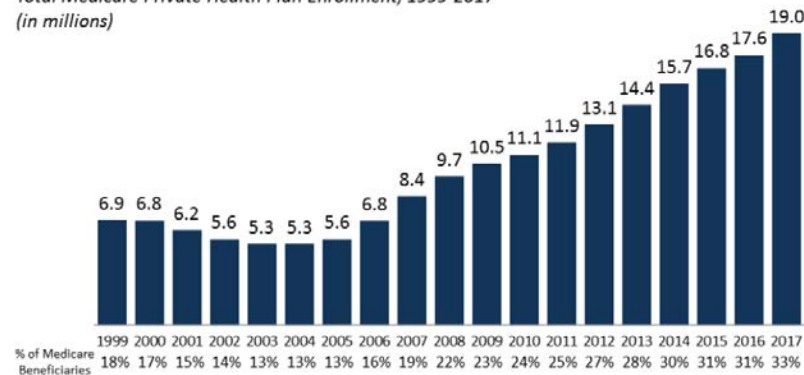




Growth of Medicare Advantage Plans

Enrollment in Medicare Advantage plans has steadily increased since 2004

*Total Medicare Private Health Plan Enrollment, 1999-2017
(in millions)*



Questions for the Colorado Medical Society

1. How do these changes impact administrative burden?
2. Is Colorado accelerating toward capitation?
3. How can practices anticipate and leverage bonuses, clinical measures and other financial incentives or financial penalties?



Public Insurance Leading the Way

- Payment reform has bipartisan support at the federal level.
- Medicare and CHIP Reauthorization Act (MACRA) will impact most physician reimbursement for Medicare starting in 2019.
- Colorado Medicaid will begin paying primary care physicians based on their performance in 2018.

Payment Reform Advances



Quality Incentives in ACC Phase Two

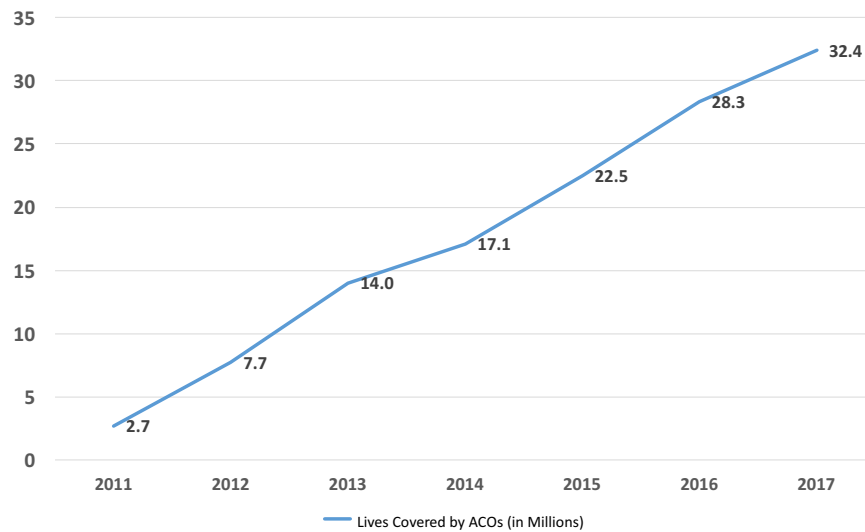
- RAEs will be paid \$15.50 PMPM.
- RAEs will contract with primary care providers; must offer to pay them at least \$2 PMPM.
- HCPF withholds \$4 PMPM for RAE to earn back if performance goals are met.

Quality Incentives in ACC Phase Two

Additional Phase Two incentive opportunities:

- Providers share in financial risk.
- Higher behavioral health capitation rate if RAEs hit performance goals.
- Pay-for-performance pool to encourage higher standards.

Increasing Number of Lives Covered by ACOs

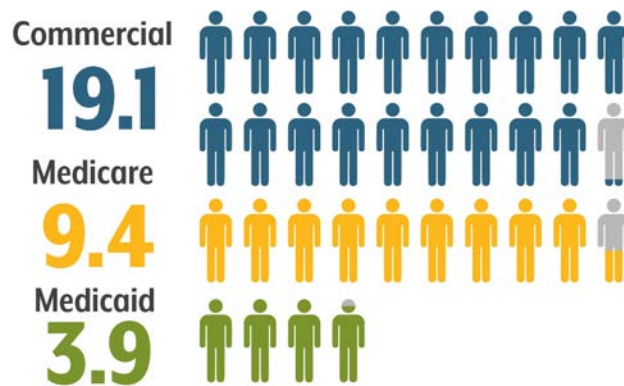


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Source: Health Affairs

Public Versus Commercial ACO Contracts

ACO Lives Per Payer (in Millions)



Total 32.4 Million

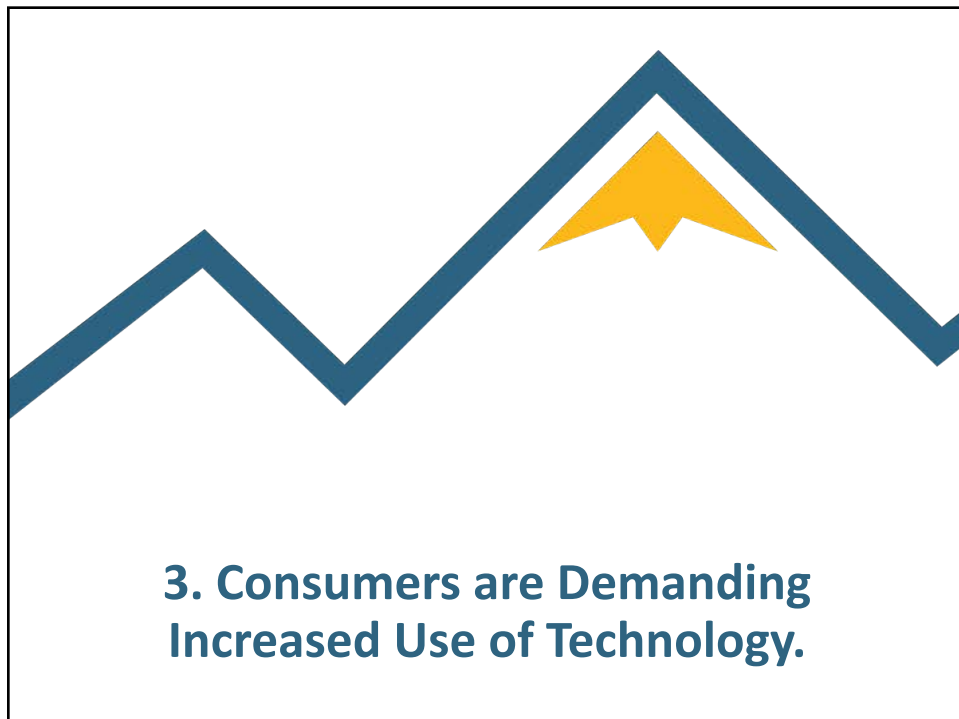


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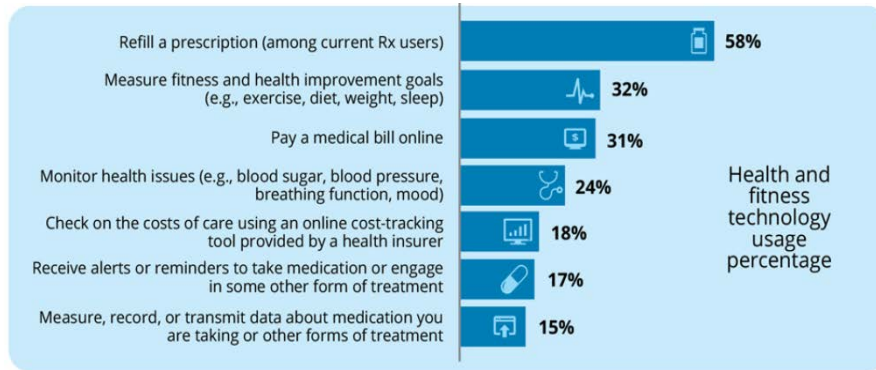
Source: Authors' analysis of Leavitt Partners ACO Database

Questions for the Colorado Medical Society

1. How do members prepare for downside risk?
2. What are the sticks? What are the carrots?
3. How can members keep up with requirements for metrics?
4. What support can CMS provide?
5. How can you train members to prepare for changes?



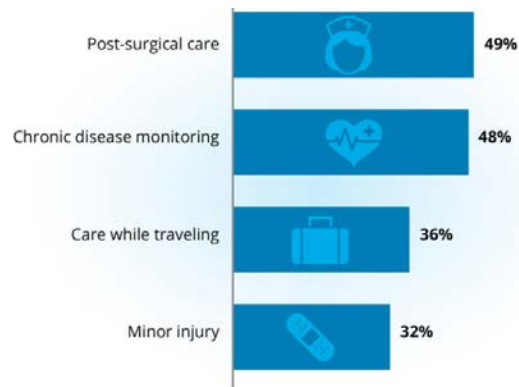
Technology Is Already Part of The Consumer Experience



Source: Deloitte 2016 Survey of US Health Care Consumers.
 Chart shows percentage of respondents who used technology or went online to perform the activity in the last year.

Consumers Want More

2016 Consumer Likelihood to Use Telemedicine



Source: Deloitte 2016 Survey of US Health Care Consumers.
 Note: Chart shows respondents who are likely to use the technology, where "likely" is defined as answering "4" or "5" on a five-point scale in which "1" is "not at all likely" and 5 is "extremely likely."

An Apple a Day . . .

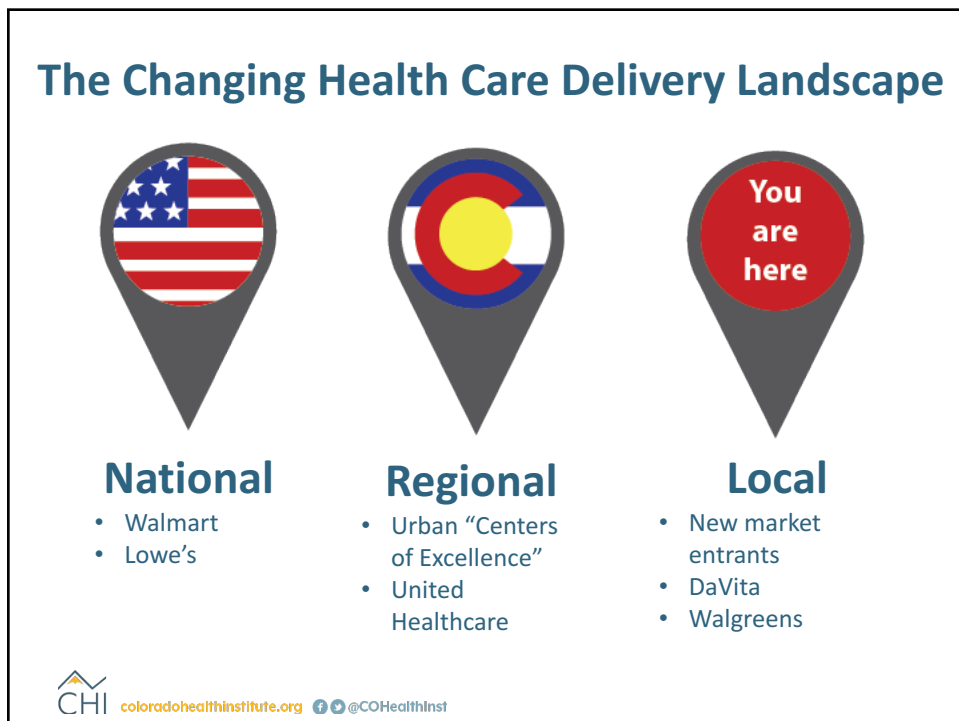


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Questions for the Colorado Medical Society

1. Will adopting new technologies lead to higher patient trust?
2. How will members ensure patient safety and confidentiality?
3. How can members incorporate new technologies into a larger patient engagement strategy?

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A Retail Clinic on Every Corner



Convenient Care Association



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Search Results for: 200 e colfax ave denver co

Healthcare Clinic at select Walgreens (2.6 mi)

2975 Federal Blvd Denver CO 80211

1-866-Take-Care

Category: CCA Locations

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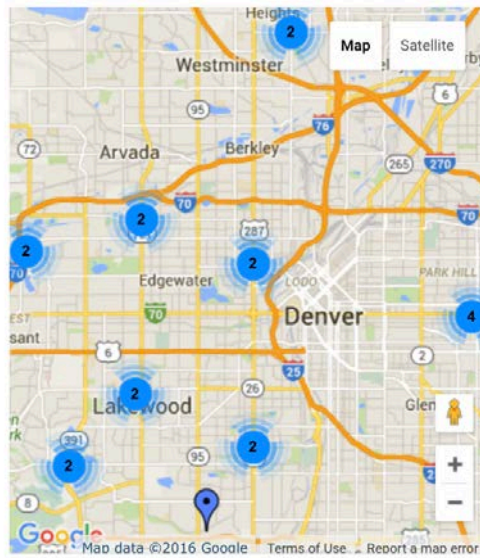
Healthcare Clinic at select Walgreens (2.6 mi)

2975 Federal Blvd Denver CO 15236-3905

1-866-Take-Care

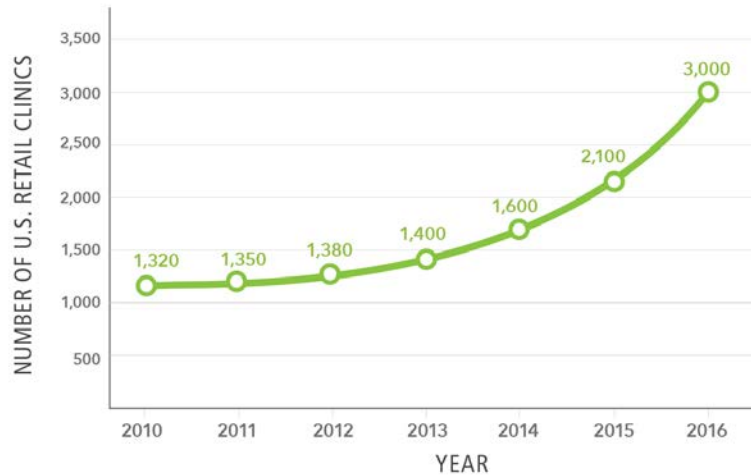
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The Growth of Retail Clinics



The Shifting Health Care Workforce

“Nurse practitioners are more in demand than most physicians as states allow direct access to patients for these increasingly popular health professionals.”

Forbes June 2017

Questions for the Colorado Medical Society

1. How might practices align or partner with new care settings?
2. What are the implications of new care settings for traditional offices? Hours? Convenience?
3. With workforce patterns shifting, what steps can practices take to ensure quality and effectiveness?



5. Physician Well-being is Crucial.

Leadership Survey: Why Physician Burnout Is Epidemic and How to Prevent It

News > Conference News

Over Half of Pediatricians Report Burnout in 5-Year Study

Insights Report • December 15, 2016

Rabiya S. Tuma, PhD
May 15, 2017

Research Article

The inevitability of physician burnout: Implications for interventions

Anthony Montgomery 

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<https://doi.org/10.1016/j.burn.2014.04.002>

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News

One in Four Physicians Rethinking Clinical Practice

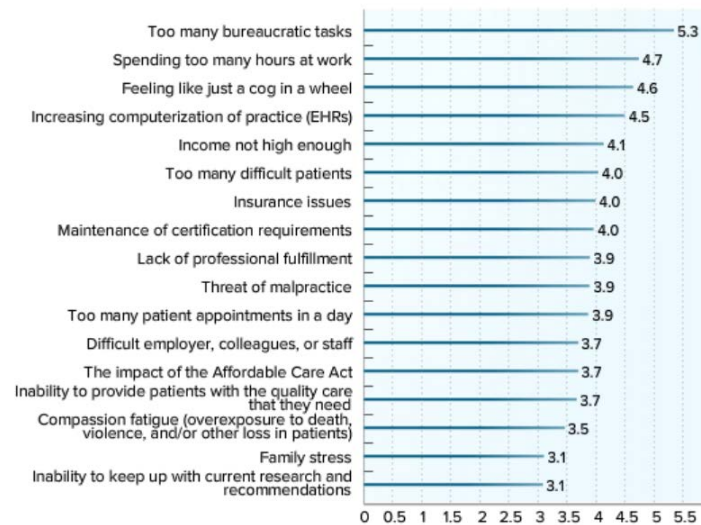
Diana Phillips
November 02, 2017

28 Comments       [Added to Email Alerts](#)



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Leading Causes of Physician Burnout



The Reciprocal Domains of Physician Well-Being



Three Suggestions from Marti Schulte

- 1. Improving Physician Leadership:** A physician's wellness is directly correlated to who their superior is.
- 2. Cultivating Community:** Sponsoring lunchtime meetings with just physicians so they can learn and share challenges.
- 3. Surveying Members:** Understand the extent of burnout in Colorado and its reasons.

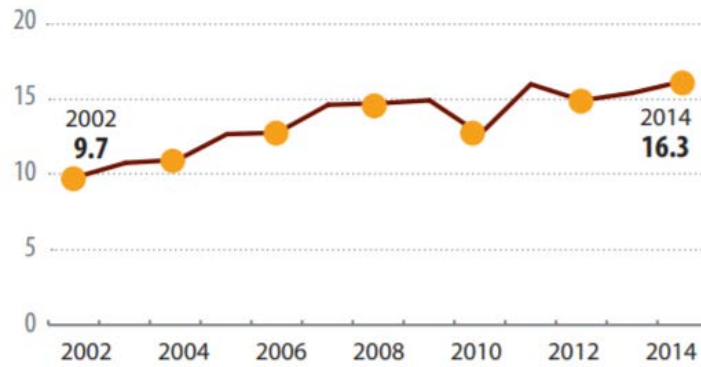
Question for the Colorado Medical Society

1. What approaches would make the biggest impact for members?
2. Are there specific programs or services that would prevent physician burn out?
3. How might CMS “cultivate community?”

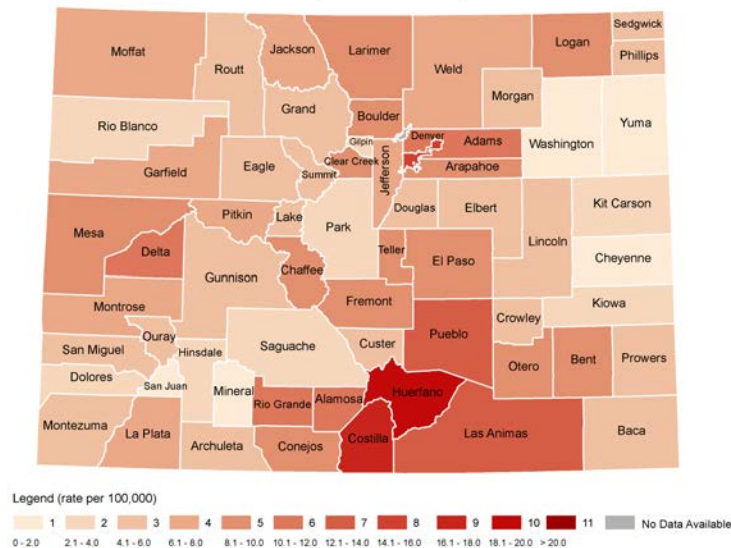


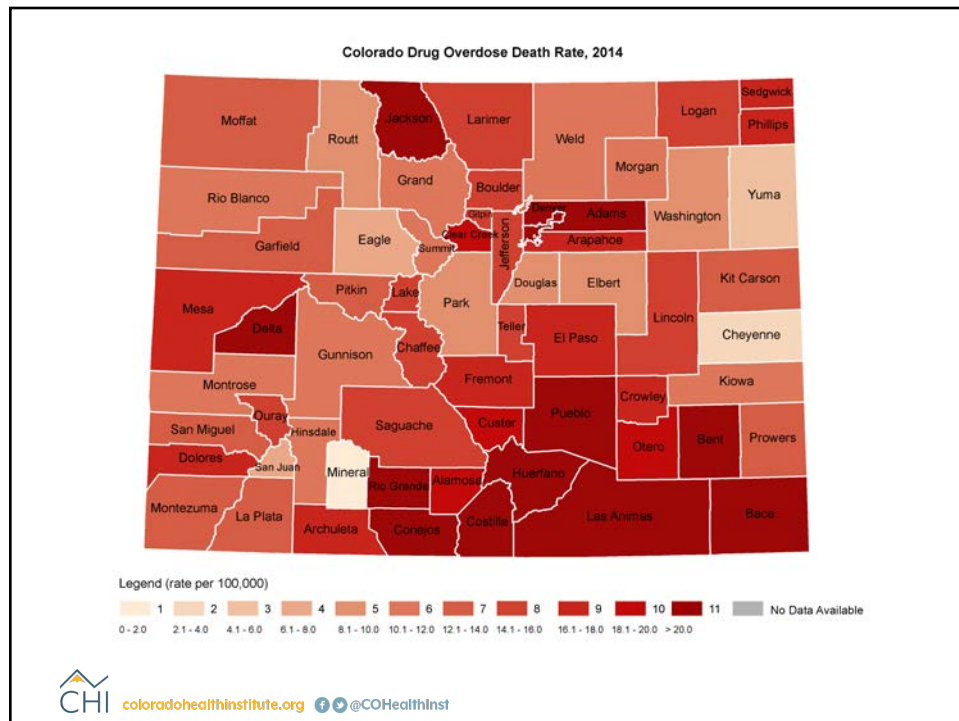
Drug Overdose Death Rates at All-Time High

Age-Adjusted Drug Overdose Death Rate per 100,000, Colorado, 2002-2014

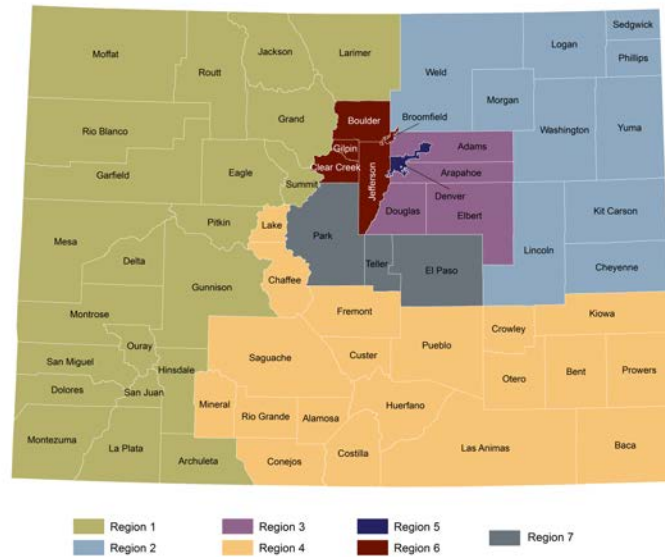


Colorado Drug Overdose Death Rate, 2002





Map 3. Regional Accountable Entity (RAE) Regions in ACC Phase Two



Colorado Practices Involved in Integration

- SIM Cohort One: 100
- SIM Cohort Two: 150
- SIM Cohort Three: 150
- Comprehensive Primary Care Initiative: 71
- CPC+: 203
- Colorado Health Foundation Primary Care Practices: 20
- RAEs: 550

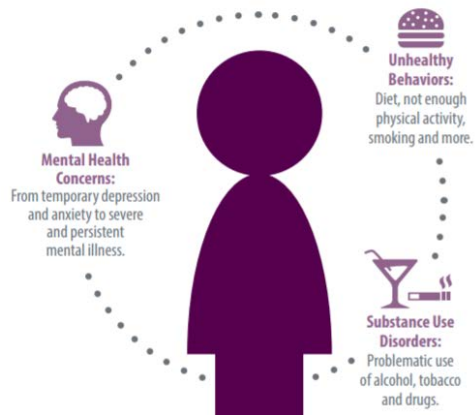
Six Levels of Integrated Care

Coordinated		Co-Located		Integrated	
Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Beginning Collaboration	Basic Collaboration at a Distance	Basic Collaboration On-Site	Close Collaboration On-Site, Some Systems Integration	Close Collaboration, Approaching Integrated Practice	Full Collaboration, Transformed/ Merged/ Integrated Practice
Key Element: Communication		Key Element: Proximity		Key Element: Practice Transformation	

Based on the SAMHSA-HRSA Standard Framework for Integrated Healthcare

1. Good behavioral health is key to good overall health.

Behavioral Health Includes:



Smoking, high blood pressure, obesity and inadequate physical activity are all leading risk factors of chronic disease and premature death that can be improved through behavior change.¹

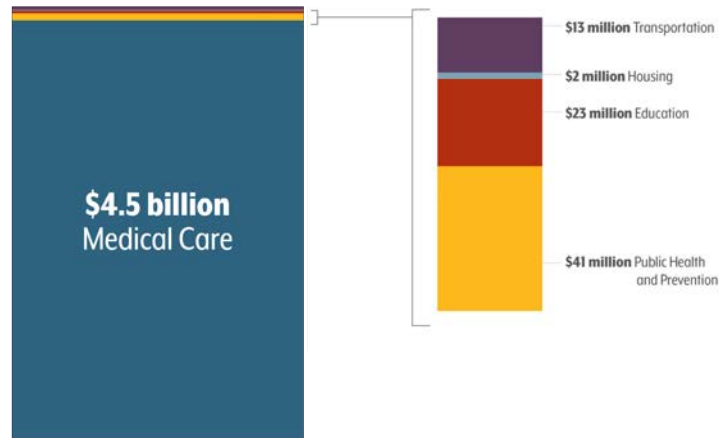
Questions for the Colorado Medical Society

1. What kind of training and education would be valued for integration?
2. How can you better equip physicians to integrate practices?
3. What kind of programs would be valuable?

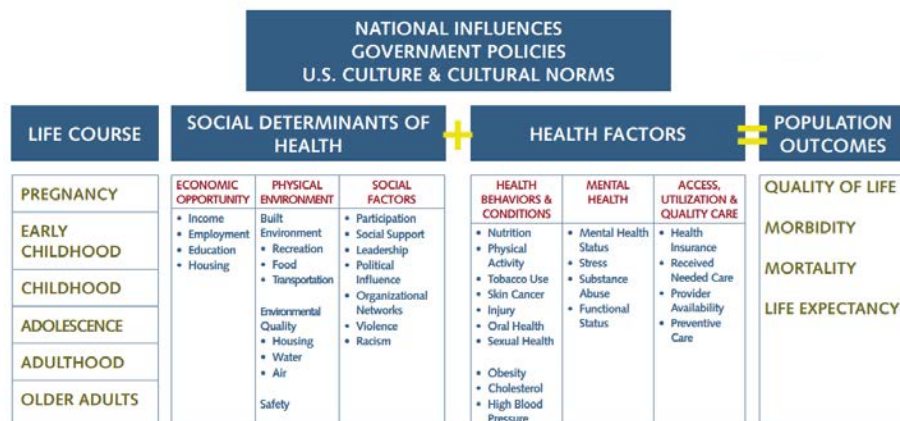


Health Spending dwarfs Social Spending in Denver

Health-Related Spending, City and County of Denver



Social and Economic Factors Affect Health



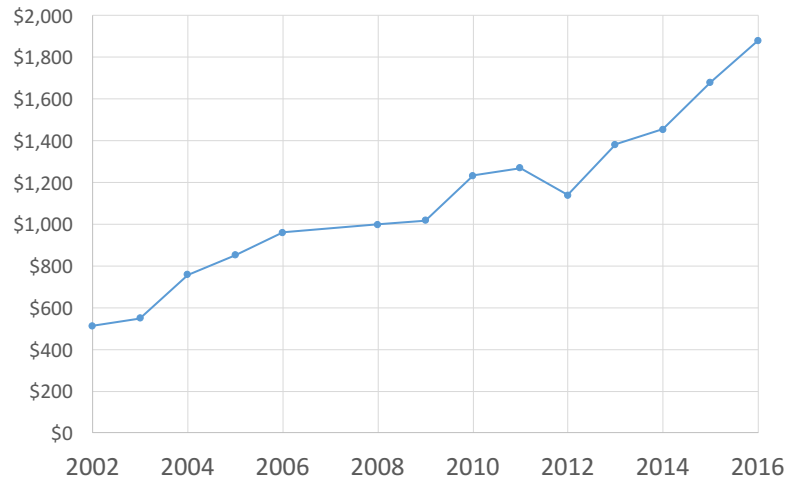
Questions for the Colorado Medical Society

1. How should CMS position physicians to participate in this issue?
2. Should CMS advocate for “non-health” issues in population health?
3. Where is the opportunity for physicians, especially thinking about this in combination with payment reform?



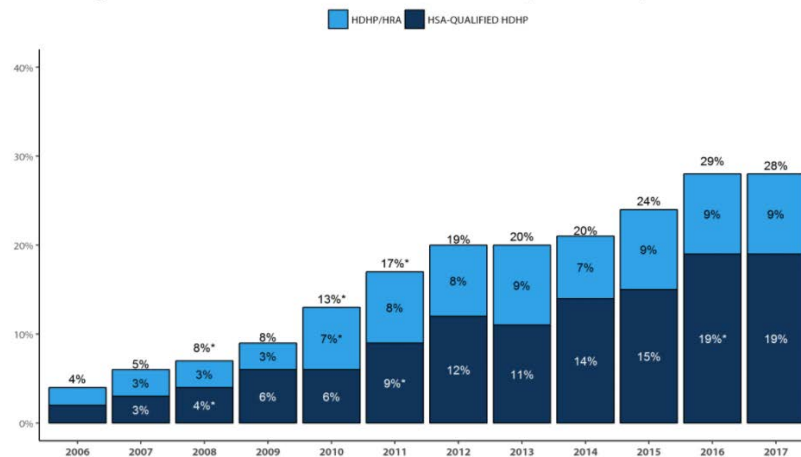
Deductibles Head Higher

Average Individual Deductible

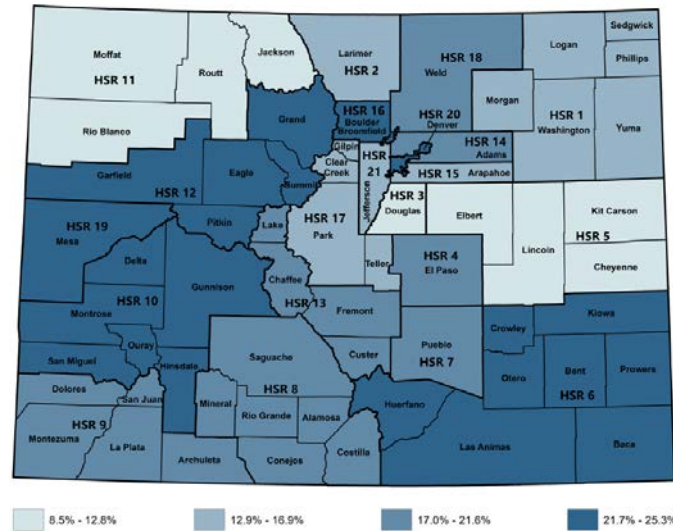


More Workers Covered by High Deductible Plans

Percentage of Covered Workers Enrolled in an HDHP/HRA or HSA-Qualified HDHP, 2006-2017

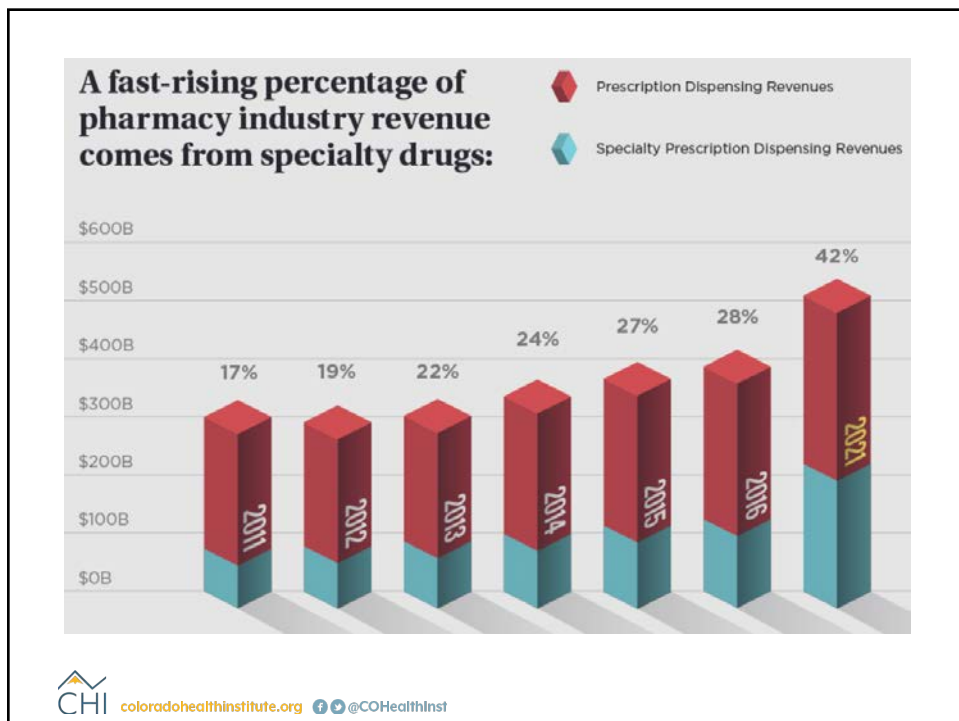


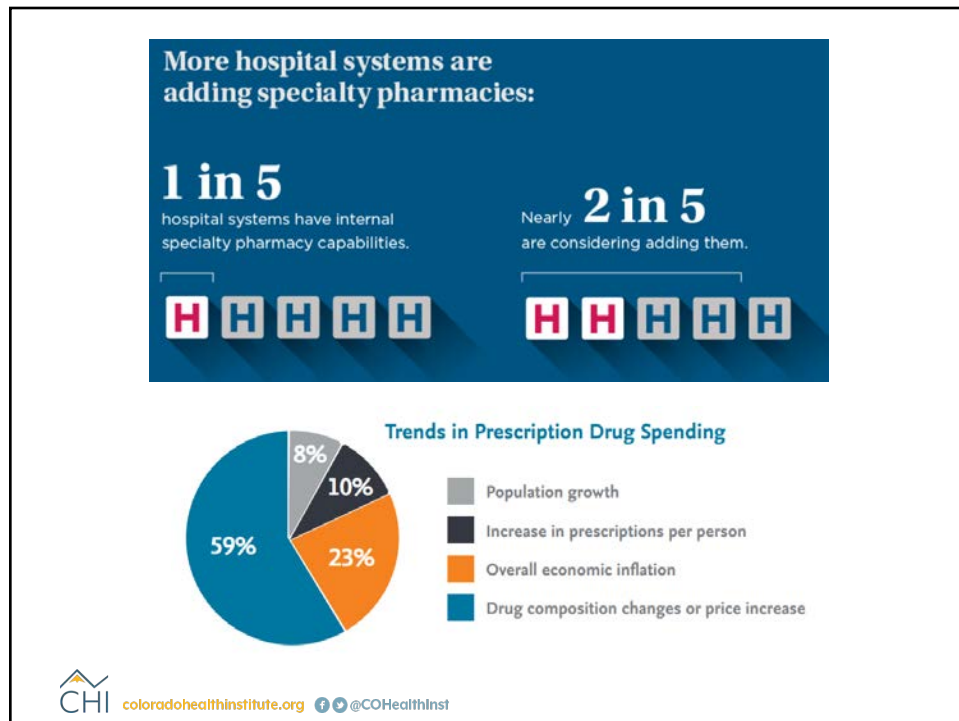
Coloradans Skip Care Because it Costs Too Much



Questions for the Colorado Medical Society

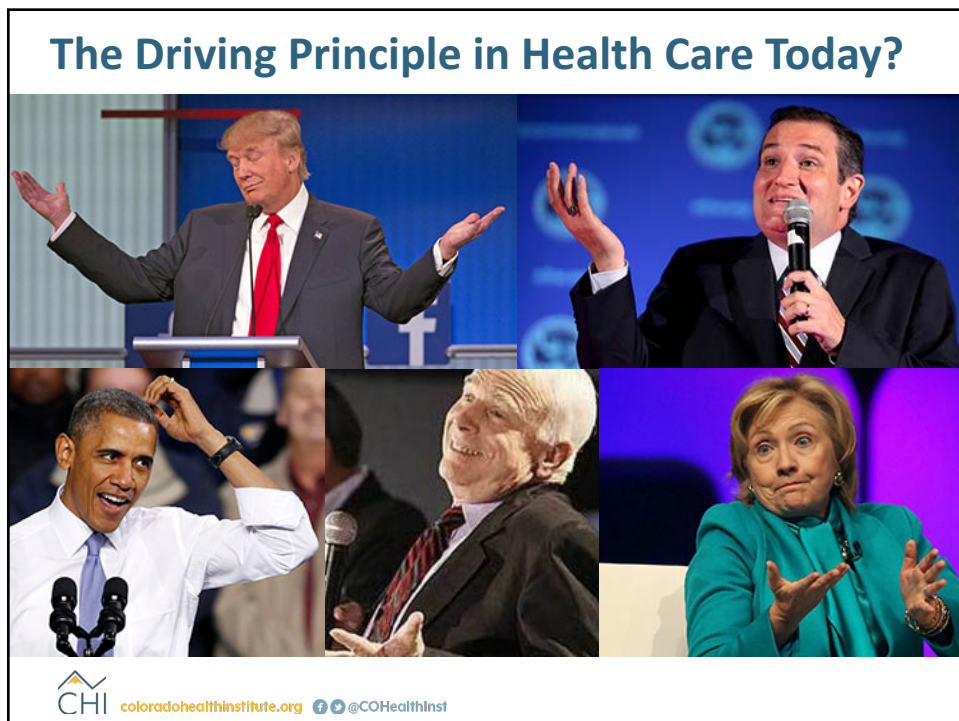
1. If consumers are more involved in paying for care, how will physician practices adapt?
2. Is there specialized training or programs that could benefit practices?
3. What are potential roles for CMS around pricing transparency?





Question for the Colorado Medical Society

1. What role do physicians have in offering alternatives or counter arguments to consumer demand?
2. How can you help prepare practices for the complex reimbursement associated with specialty pharmaceuticals?
3. How do practices get involved?



THE WALL STREET JOURNAL.

OPINION | COMMENTARY

Medicare and Medicaid Need Innovation

Trump's HHS seeks to encourage health-care competition.

By Seema Verma

Sept. 19, 2017 7:00 p.m. ET

More than 130 million Americans are enrolled in Medicare and Medicaid. America's elderly and most vulnerable citizens depend on these programs. But both face fiscal crises. Medicare's main trust fund is projected to run out in just 11 years, and Medicaid is the second largest budget item (after education) in most states and is growing rapidly.

The Centers for Medicare and Medicaid Services has a powerful tool for improving quality and reducing costs: the Center for Medicare and Medicaid Innovation. Congress created the...



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“While Congress tussles over Obamacare, the Trump administration is quietly pressing ahead with plans to gut major Obama-era rules and relax federal oversight of swaths of the health care industry.”

POLITICO

“How the Trump administration is reshaping health care — without Congress.”

September 13, 2017



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Questions for the Colorado Medical Society

1. Where should CMS show up in these discussions?
2. Is this a priority area for your membership?
3. How can you best relay the specific interests of your membership to policymakers?



Michele Lueck
@MicheleLueck
lueckm@coloradohealthinstitute.org (720)-382-7073

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