

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.



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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

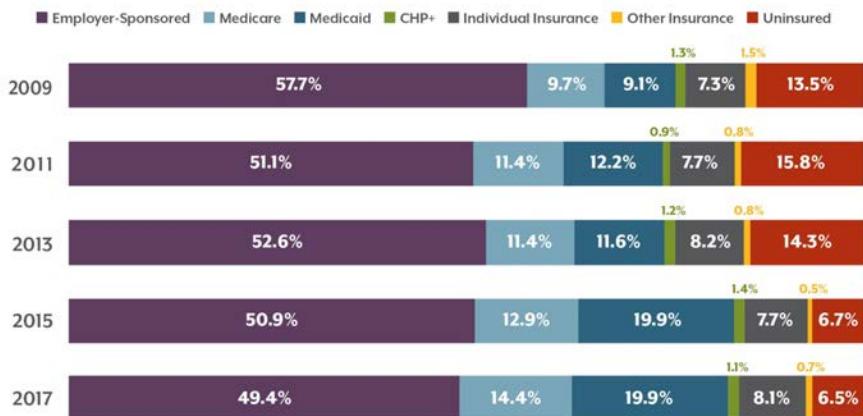


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Newest Data on Health Coverage in Colorado

HEALTH INSURANCE COVERAGE, ALL AGES, 2009-2017



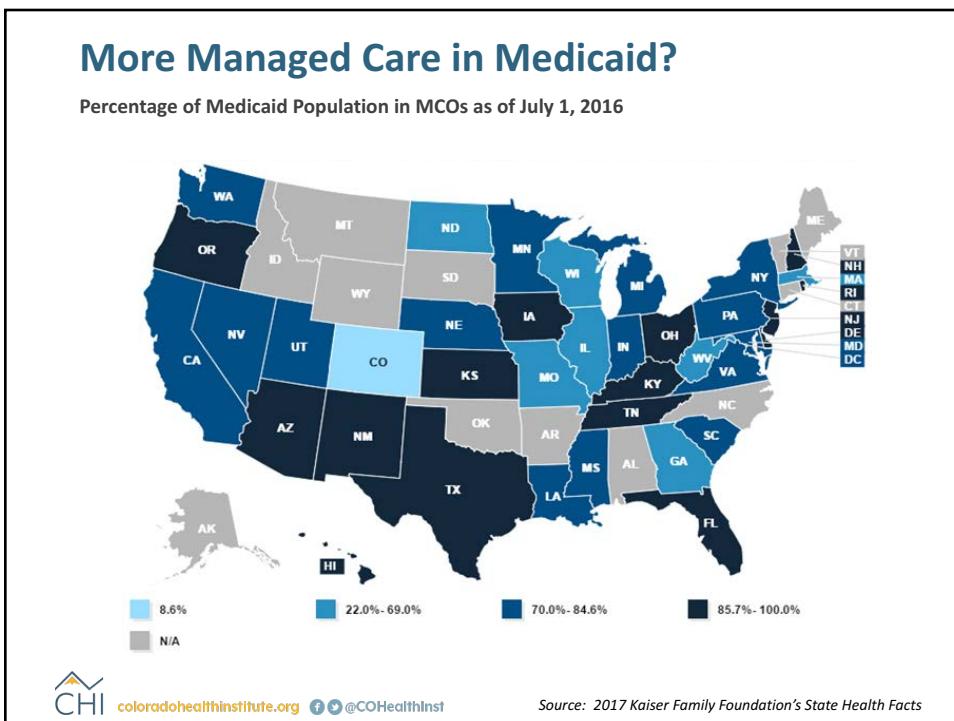
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Expanded Eligibility Pushing Medicaid Growth

Medicaid Expansion Enrollment



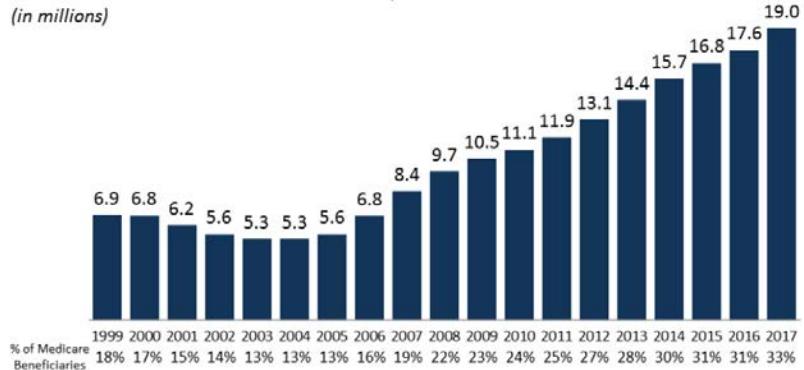
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Growth of Medicare Advantage Plans

Enrollment in Medicare Advantage plans has steadily increased since 2004

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



Source: 2017 Kaiser Family Foundation



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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?



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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.



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Payment Reform Advances



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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.



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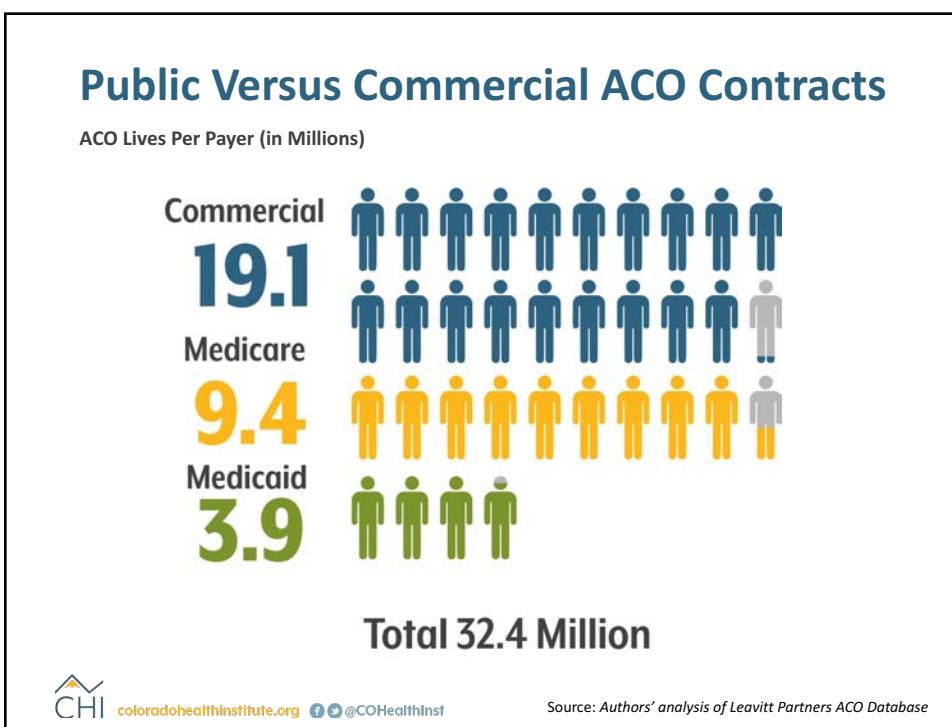
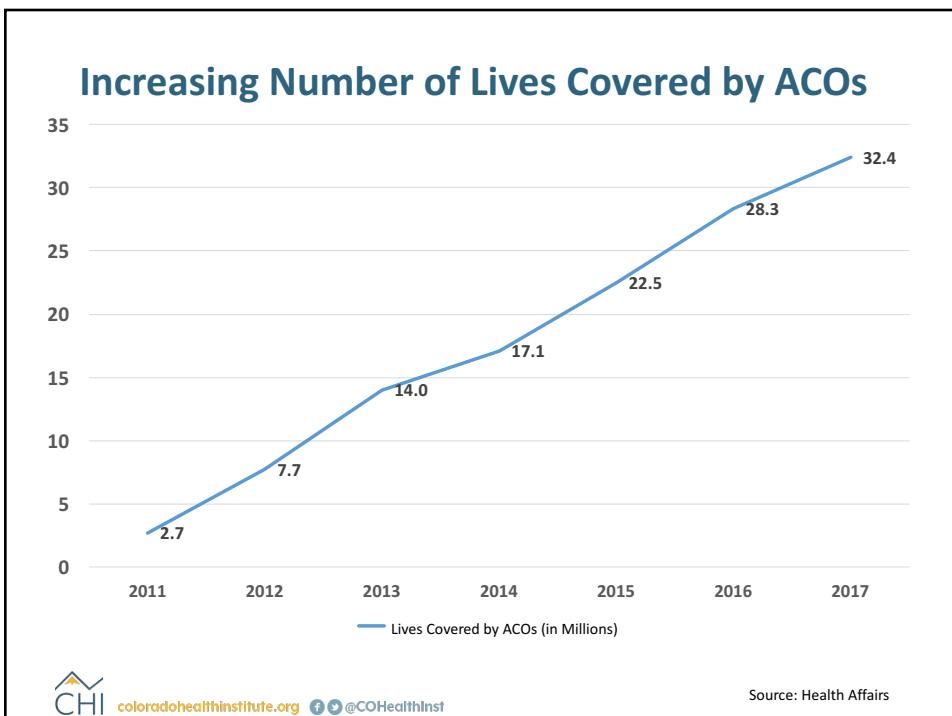
Quality Incentives in ACC Phase Two

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.



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Questions for the Colorado Medical Society

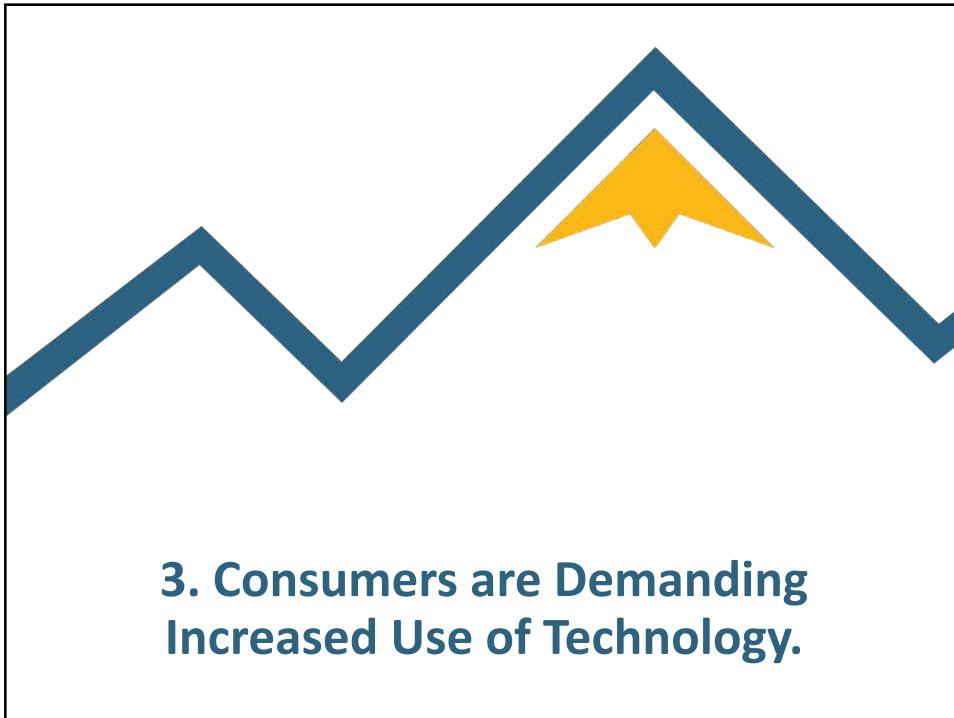
1. How do members prepare for downside risk?
2. What are the sticks? What are the carrots?
3. How can members keep up with requirements for metrics?
4. What support can CMS provide?
5. How can you train members to prepare for changes?



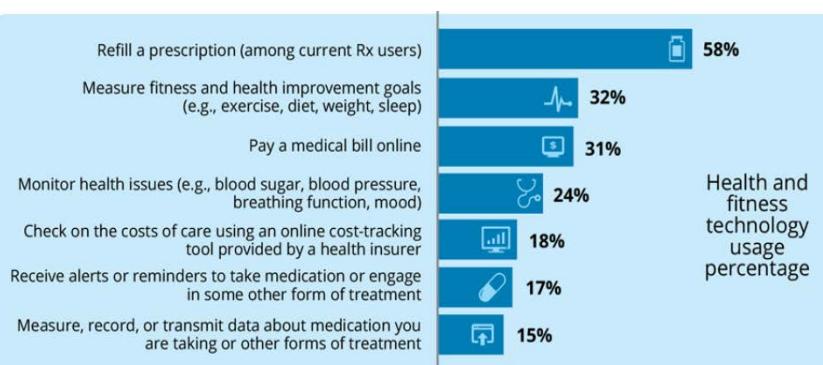
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Technology Is Already Part of The Consumer Experience



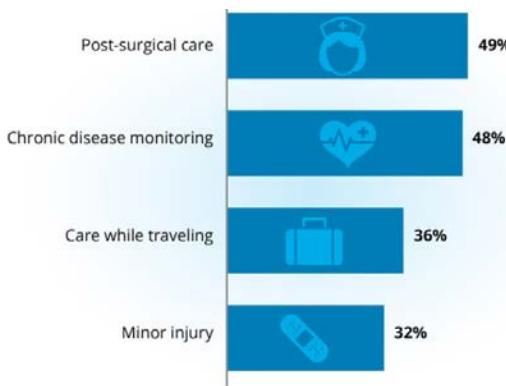
Source: Deloitte 2016 Survey of US Health Care Consumers.
Chart shows percentage of respondents who used technology or went online to perform the activity in the last year.



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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."



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An Apple a Day . . .



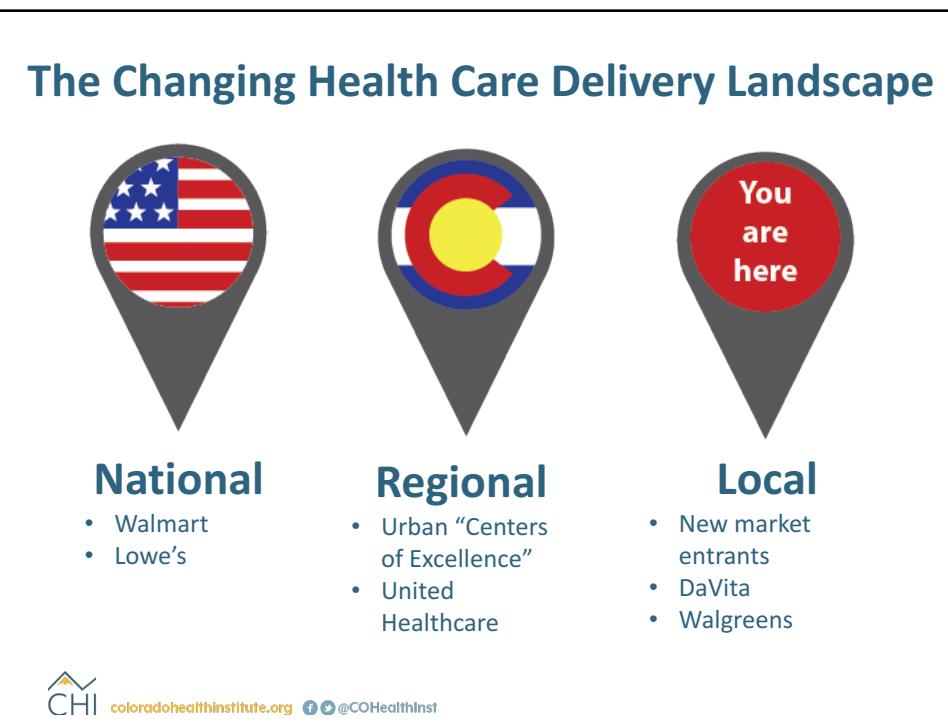
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Questions for the Colorado Medical Society

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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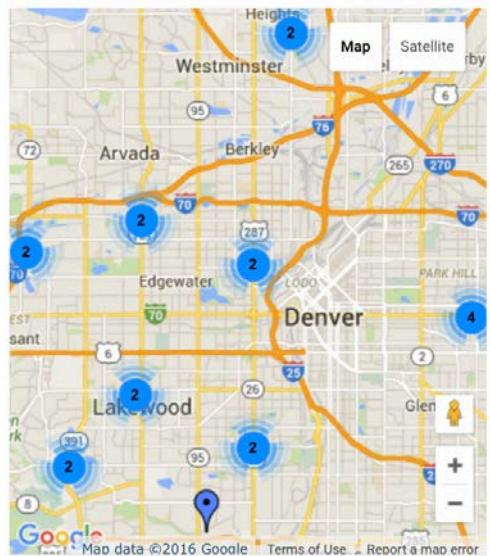
Search Results for: 200 e colfax ave denver co

Healthcare Clinic at select Walgreens (2.6 mi)

2975 Federal Blvd Denver CO 80211
1-866-Take-Care
Category: CCA Locations
[Visit Site >>](#)

Healthcare Clinic at select Walgreens (2.6 mi)

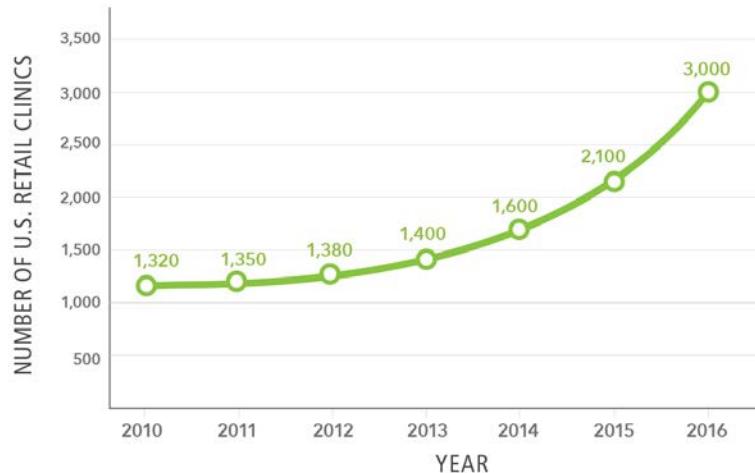
2975 Federal Blvd Denver CO 15236-3905
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The Growth of Retail Clinics

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Source: Convenient Care Association

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

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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?



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Leadership Survey: Why Physician Burnout Is Endemic and How to Tackle It

News > Conference News

Over Half of Pediatricians Report Burnout in 5-Year Study

Insights Report • December 2016

Rabiya S. Tuma, PhD

May 15, 2017

Research Article

The inevitability of physician burnout: Implications for interventions

Anthony Montgomery  

 Show more

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

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One in Four Physicians Rethinking Clinical Practice

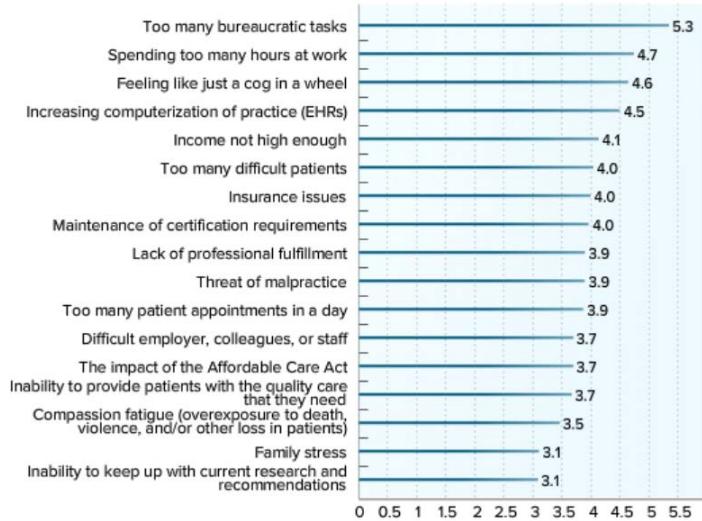
Diana Phillips

November 02, 2017

28 Comments       

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Leading Causes of Physician Burnout



Cause	Score
Too many bureaucratic tasks	5.3
Spending too many hours at work	4.7
Feeling like just a cog in a wheel	4.6
Increasing computerization of practice (EHRs)	4.5
Income not high enough	4.1
Too many difficult patients	4.0
Insurance issues	4.0
Maintenance of certification requirements	4.0
Lack of professional fulfillment	3.9
Threat of malpractice	3.9
Too many patient appointments in a day	3.9
Difficult employer, colleagues, or staff	3.7
The impact of the Affordable Care Act	3.7
Inability to provide patients with the quality care that they need	3.7
Compassion fatigue (overexposure to death, violence, and/or other loss in patients)	3.5
Family stress	3.1
Inability to keep up with current research and recommendations	3.1

Source: *Medscape Lifestyle Report 2017: Race and Ethnicity, Bias and Burnout*

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The Reciprocal Domains of Physician Well-Being

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Source: 2016, Stanford Medicine

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.

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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?”



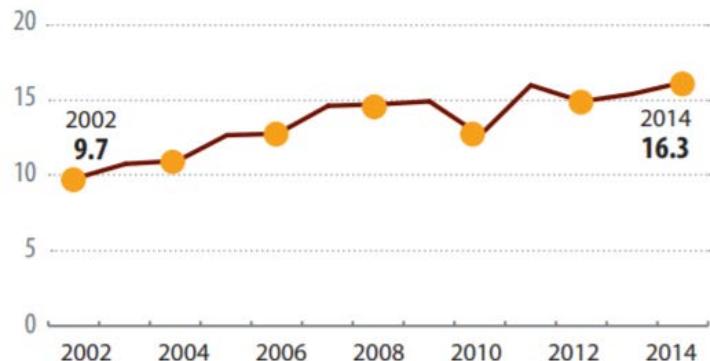
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6. The Integration of Behavioral and Physical Health Care is Progressing.

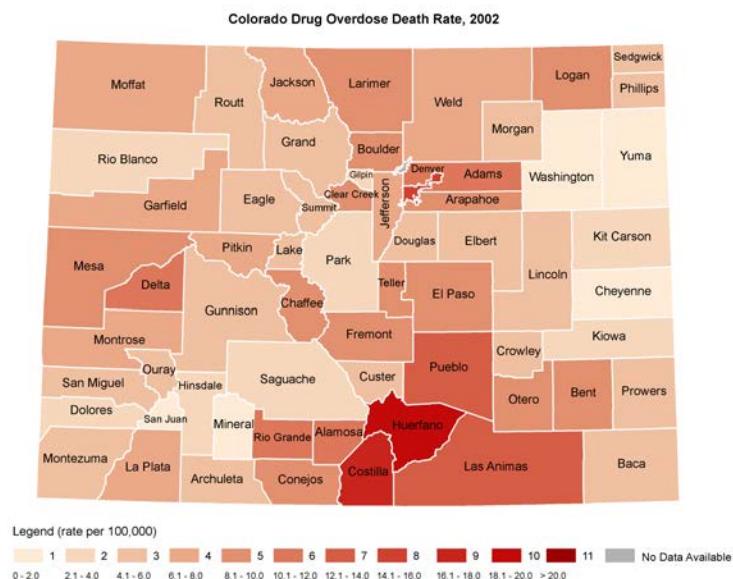
Drug Overdose Death Rates at All-Time High

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

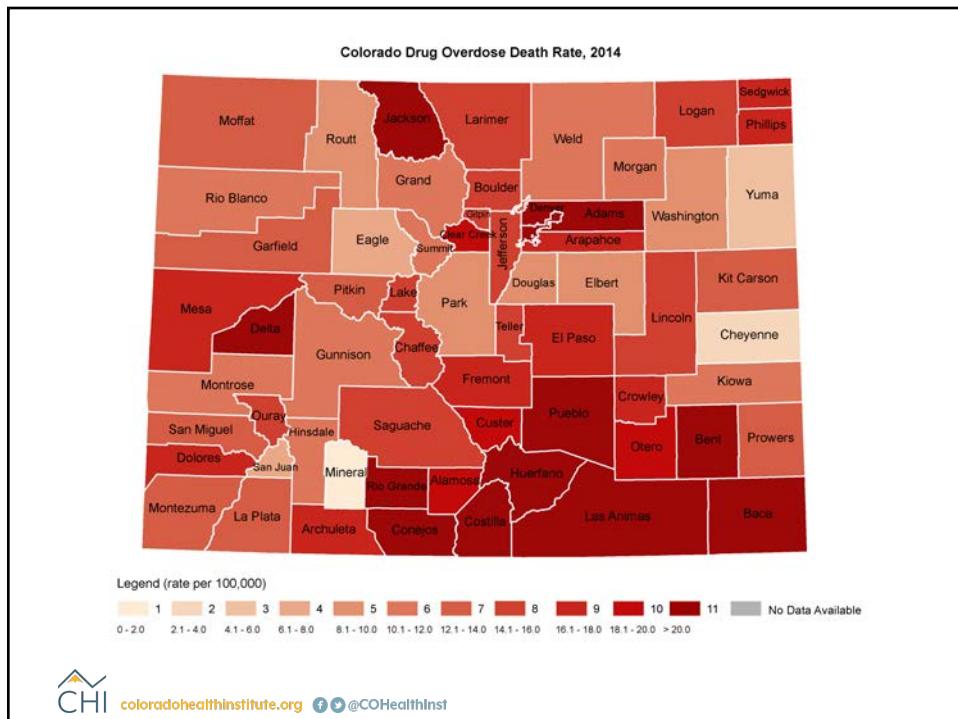


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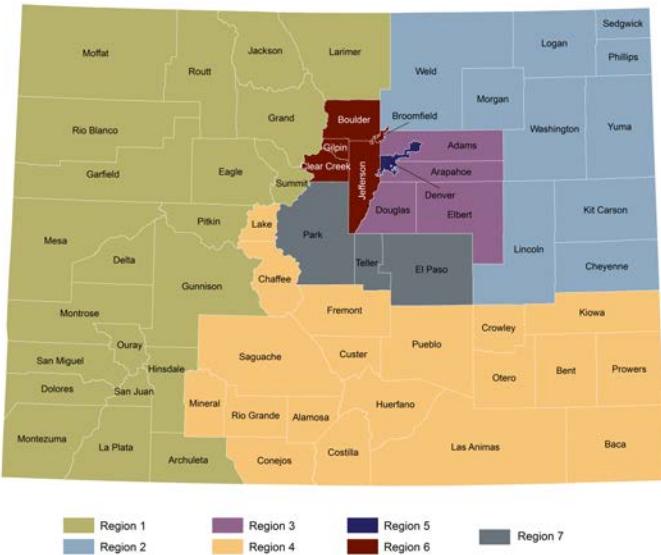
Source: Colorado Health Institute, 2015



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



Region 1
 Region 3
 Region 5
 Region 6
 Region 7



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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



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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



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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



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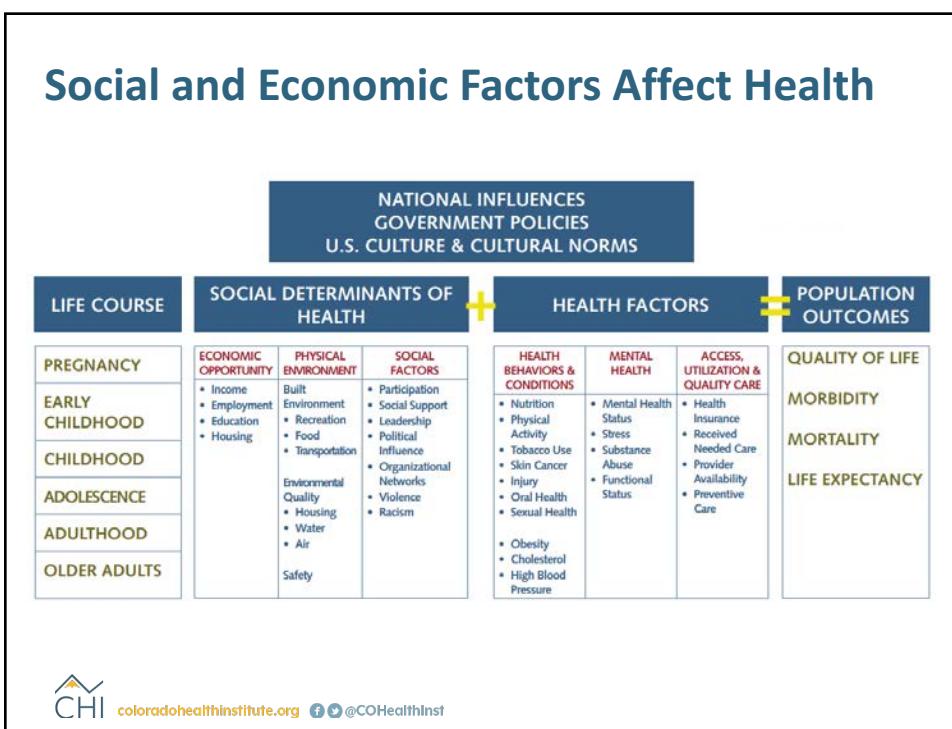
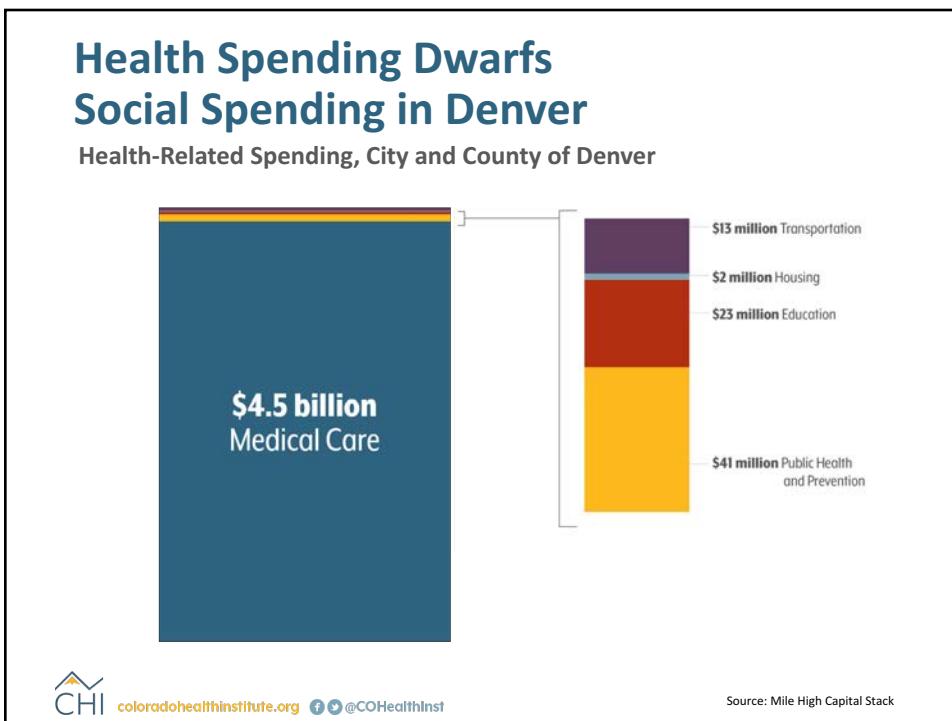
Questions for the Colorado Medical Society

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?



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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?



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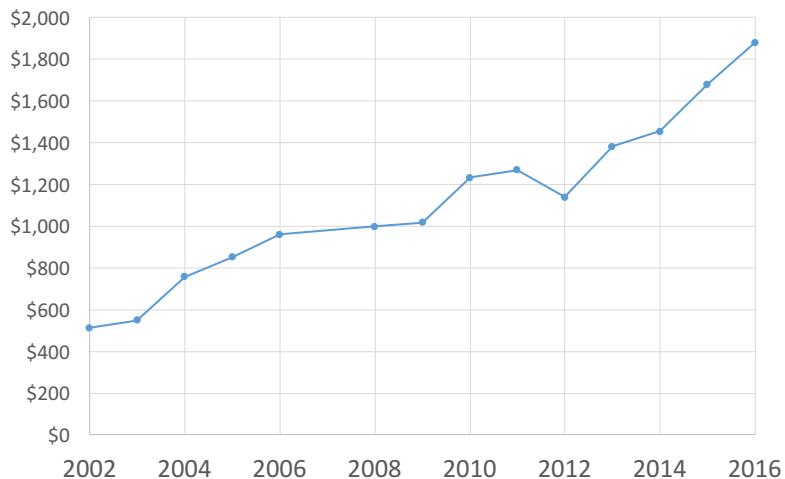
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8. Consumers are Facing Higher Spending.

Deductibles Head Higher

Average Individual Deductible

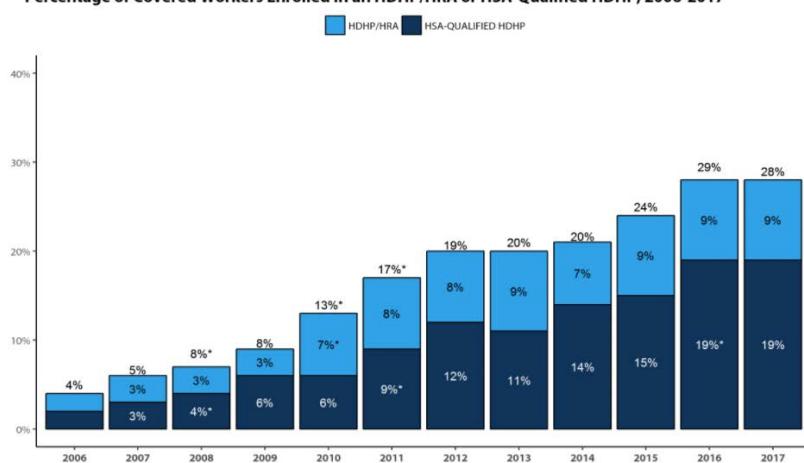


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Source: Medical Expenditure Panel Survey

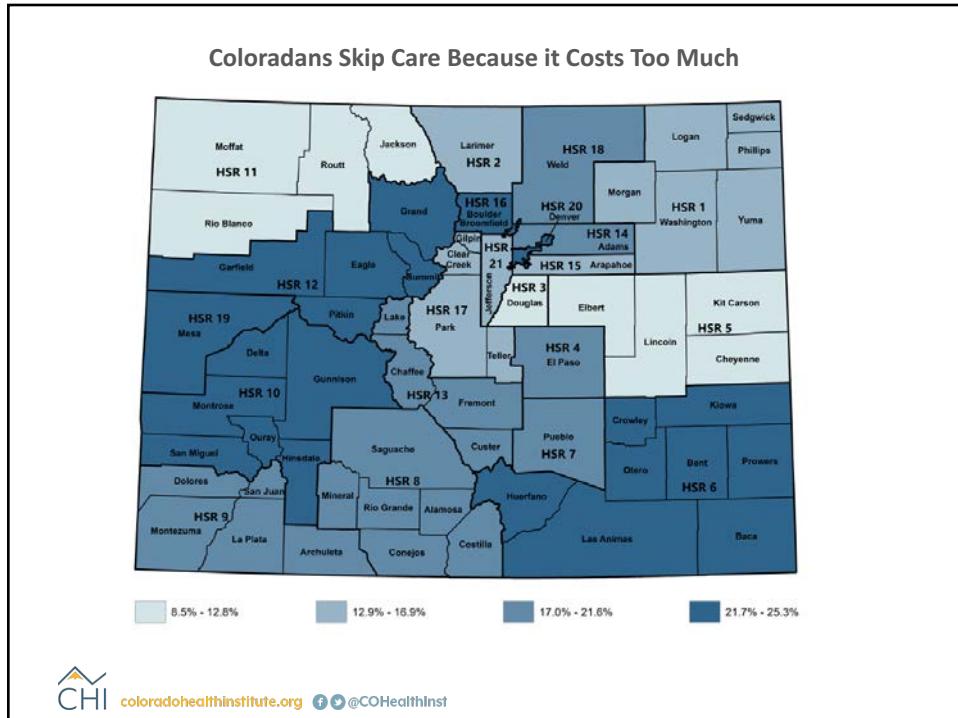
More Workers Covered by High Deductible Plans

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



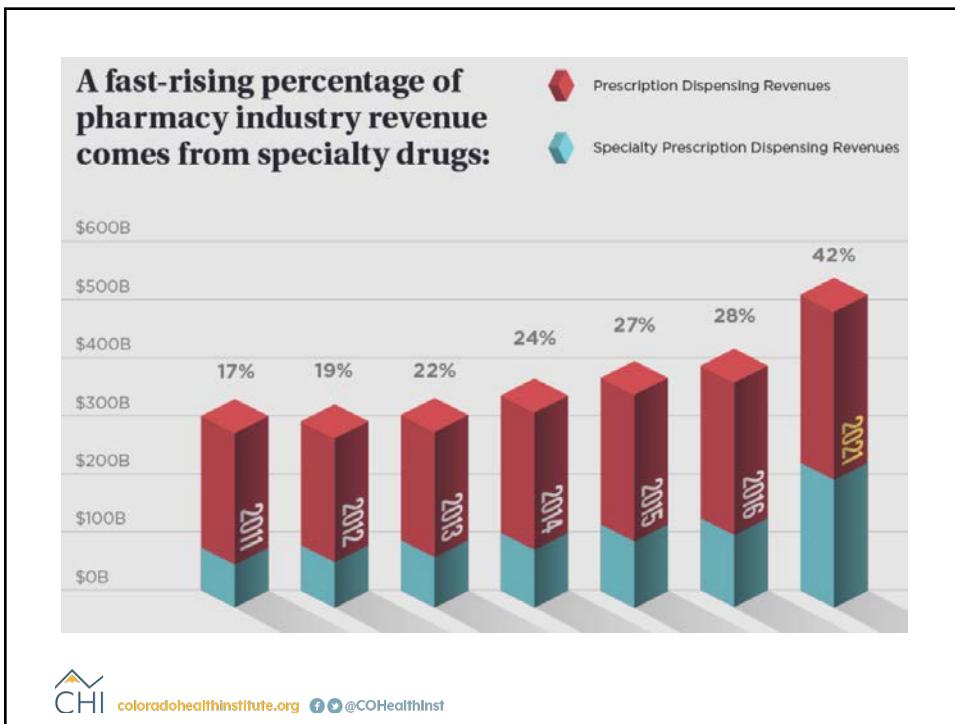
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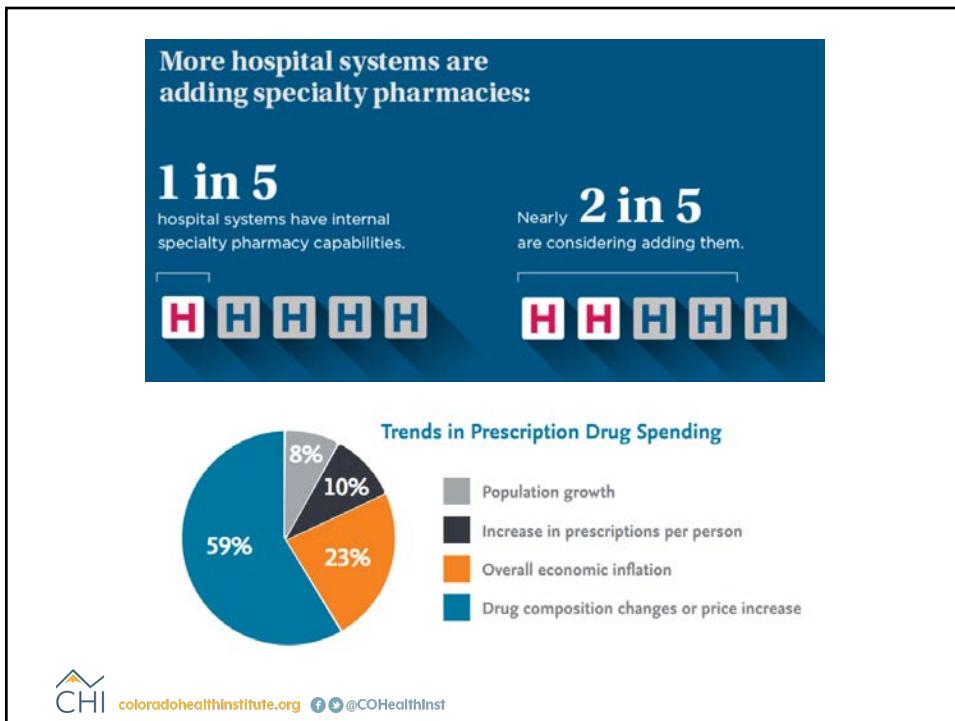
Source: 2017 Kaiser Family Foundation



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?



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