Discussion of New Models

NCIOM North Carolina Institute of Medicine
shaping policy for a healthier state

Goals

- Workgroup should help identify new models of care that can:
  - Improve quality
  - Improve health care outcomes
  - Increase efficiencies
  - Reduce health care costs

NCIOM

Some of the "New Models" Identified in Sections of ACA

- *Patient centered medical homes*: teams of providers managing patients care, actively engaging patient, use of HIT to improve quality, potential for new payment models (Medicaid health homes: Sec. 2703, 3021)
  - *Chronic care model*: coordinated care for chronically ill patients, involving decision support, delivery system redesign, and clinical information systems (Sec. 3021)
  - Greater efficiencies to outpatient services through models that do not require physician when service can be provided by health professional with authority to furnish service (Sec. 3021)
  - Community interdisciplinary, interprofessional teams (Sec. 3502, 10321)

NCIOM

Some of the "New Models" Identified in Sections of ACA

- *Transitional care model*: to improve transitions across care setting and prevent rehospitalizations, involving transitional care nurse who coordinates hospital and home follow-up care (Medicare: Sec. 3026)

NCIOM

Some of the "New Models" Identified in Sections of ACA

- *Episode of care models*: payments to a group of providers (eg, hospitals, doctors, home health) to cover all the costs for a single "episode" of care (Medicare: Sec. 2704, 3003, 3023, 10308)
- *Accountable care organizations:* payments to group of providers or health system to manage all (or most) of the patients care, usually involves shared savings (or costs) between payer (Medicaid, Medicare, commercial) and health care providers (Medicare: Sec. 3022, 10307; Medicaid global payment Sec. 2705, pediatric ACO Sec. 2706)

NCIOM

Some of the "New Models" Identified in Sections of ACA

- *Provider payment reform:* Contracting directly with groups of providers to promote innovative care delivery through risk-based comprehensive payment or salary based payments (Sec. 3021); differential payments to providers who order imaging based on appropriateness criteria (Sec. 3021)
- *All payer payment reform:* Sec. 3021

NCIOM

Some of the "New Models" Identified in Sections of ACA

- *Medicaid emergency psychiatric demonstration*: Allows state to pay for non-public institutions for mental diseases for short term stabilization (Sec. 2707)
- *Co-location models*: reverse co-location (Sec. 5604), co-location as part of medical home (Sec. 3502, 10321)

NCIOM

Some of the "New Models" Identified in Sections of ACA

- *Improve coordination for dual eligibles:* Sec. 2601
- *Hospice concurrent care*: Medicare or Medicaid can pay for both hospice and regular treatment (Medicare: Sec. 3140)
- *Medication management*: Sec. 3503, 10328
- *Geriatric care:* using geriatric assessment and care plans to coordinate care (Sec. 3021), independence at home (Medicare: 3024)

NCIOM

Some of the "New Models" Identified in Sections of ACA

- *Use of technology to manage care*: Care for chronically ill at risk of rehospitalization (Sec. 3021); electronic monitoring by specialists at local community hospitals (Sec. 3021), telehealth (Sec. 3021)
- *Program to facilitate shared decision making* (Sec. 3506)
- *Medical malpractice reform*: Sec. 6801, 10607

NCIOM