



Mayor's Health and Fitness Council

How Healthcare Reform Impacts your Organization – 5/30/2014

Becky Parker –

- Small employers (with fewer than 50 people) – no penalty for not providing healthcare to their employees. But if they do, they receive a 50% tax credit.
- For larger employers, non-compliance is not an option. Therefore, people are getting creative.
 - Generally takes the form of “minimal essential coverage”.
 - This is concerning because it could open up employers to lawsuits under ADA, etc.
- Optimistic view of employers – states that most employers “see the benefit of continuing to provide benefits”.

Trent Bruce – Providing an insurer's perspective

- Primary concern is understanding what the cost drivers are in the health industry.
- UHC is reforming the payment model for physicians – where it was previously based on quantity of patients seen, they have moved to incorporate a measure of quality for physicians.
 - The quality metric is designed to bring down the total cost of care.
 - “Value-based strategy”
- Narrow networks of high quality providers can lower costs.
- Self-funded insurance is becoming more popular because companies are able to better understand their costs and benefits.
- Insurers expected that lots of people would migrate from their private plans to the healthcare marketplace, but that didn't really happen.
 - This is mostly a quality issue – what you get in the marketplace isn't the same as through group negotiated plans.
- UHC is looking forward to taking advantage of mobile devices to leverage patient/doctor interactions and geolocation.

Dr. Ghassan Salman – Providing a physician's perspective

- The ACA happened to address the massive cost of healthcare in the US.
 - ACA incentivizes physicians to group together to save costs and provide a comprehensive network of care providers to their patients.
 - Unfortunately, coverage \neq access. More people are covered but may not be able to see doctors.
- ACA has changed the game from strictly numbers to a combination of numbers of patients treated and the quality of care provided.
 - Low quality physicians get paid less.
 - Some quality metrics Dr. Salman mentioned were diabetes management, use of preventative measures like mammograms, colonoscopy, immunizations.
- The Physician Financial Transparency Reports (Sunshine Act)¹ – requires physicians to disclose if they are paid by a drug manufacturer/company, or provided with complimentary equipment.
- Government is tracking and providing hospital comparisons (and soon physician comparisons) through Medicare data. Will help to bring transparency to healthcare in the US.

Special thanks to:



¹ <http://www.cms.gov/Regulations-and-Guidance/Legislation/National-Physician-Payment-Transparency-Program/index.html>