



Reference Lab Update: March 2015

House Passes H.R. 2, the Medicare Access and CHIP Reauthorization Act

3.26.15 from the New York Times

Breaking partisan gridlock (yes you read that correctly) the House passed H.R. 2, the Medicare Access and CHIP Reauthorization Act of 2015, by a 392-37 vote. The bill establishes a new formula for Medicare payments, reimbursing physicians based on quality of services versus volume of services. H.R.2 will also extend CHIP for two years and appropriates funds for community health centers, with restrictions on abortion services.

Many California immigrants could gain health insurance

3.26.15 from UCLA Center for Health Policy Research

Through the Deferred Action for Childhood Arrivals (DACA) program, extended in November by President Obama, between 360,000 and 500,000 immigrants living in California could become eligible for Medi-Cal. Up to 57 percent of immigrants in California who are eligible under the DACA are low income and lack private health insurance, according to a study by UC Berkeley's Center for Labor Research and Education and the UCLA Center for Health Policy Research. Although immigrants would not be eligible for Covered California through DACA, they would be eligible for Medi-Cal under California state policy.

Teaching Health Center Program Temporarily Sustained

3.26.15 from Modern Healthcare

The Medicare Access and Chip Reauthorization Act of 2015 recently passed includes \$60 million in federal funds for the Teaching Health Center program. The program was created with a \$230 million appropriation under the Affordable Care Act and helps to train 550 residents at 60 medically underserved locations.

However the \$60 million appropriated for 2016 and 2017 FY only cover half the program's costs, leaving pressure to find additional sources of funding to sustain the program. Without additional funding the Teaching Health Center program will expire on September 30th.

Demand grows for care coordinators

3.28.15 Modern Healthcare

Care coordinators are becoming a standard part of the care team as a growing number of health provider organizations employ navigators. Coordinators have been found to improve patient care and help free-up physicians and physician extenders allowing them to see more patients.



Medical Staffing Patterns at Community Health Centers Evaluated

January 2015 from *Health Affairs*

Staffing Patterns at Community Health Centers were evaluated and compared to productivity in traditional primary care offices. The findings suggest that due to limited resources, Community Health Centers have made strides in productivity by using team-based care with each member extended to the full capacity of their licensure, allowing physicians to see more patients on average than in a traditional care primary care settings.

SGR fix bill also streamlines quality reporting

3.28.15 from *Modern Healthcare*

In addition to mending the sustainable-growth rate, the Medicare Access and CHIP Reauthorization Act passed in the House last week helps to simplify quality-reporting requirements for providers by consolidating three establishing quality-reporting programs (the EHR incentive program, value-based payments, and the Physician Quality Reporting System). The bill is set to go to the Senate in mid-April.

Resources of Note

AskCHIS Neighborhood Edition: allows you to pull data at zip code, city, county, and legislative district levels

Askchisne.ucla.edu

Community Center Outreach Helps Move Patients to Silver Plans

2.23.15 from *Modern Healthcare*

Many community health centers have been subsidizing care for patients on bronze plans that leave patients with deductibles too expensive for many to afford. As a result, many clinics spent extended time with patients during enrollment sessions explaining the pros and cons of plans, rather than focusing mainly on the number of enrollees. While clinics reported mixed progress in getting patients to trade up to silver plans, individual outreach proved the most effective method.

Obama Promotes Payments Based on Outcomes

3.25.15 from *The Wall Street Journal*

With nearly 11.7 million people signed up for health coverage, the Obama administration is now focusing on updating the way providers and health systems are paid, aiming to reimburse based on quality of care rather than the quantity delivered.

Medicare aims that by the end of 2018, half of its provider payments will be based on quality measures. The administration anticipates resistance from physicians; nonetheless many health insurers and health system executives back the measure.



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In Brief

- The California Senate approved SB128, right-to-die bill, which would allow physicians to prescribe a lethal dose to patients with terminal illnesses. SB128 now goes to the Senate Judiciary Committee.
- Blue Shield of California, Hill Physicians Medical Group and Dignity Health have joined to form a three-year ACO responsible for over 14,000 policyholders in San Joaquin County.
- Stemming from concerns at the rising costs of prescriptions, United Health Inc. plans to purchase the pharmacy benefits manager Catamaran Corp. for \$12.8 billion. Catamaran is the fourth-largest pharmacy benefits manager by volume of prescriptions in the U.S. United Health plans to absorb Catamaran into its OptumRx branch.
- Due to a “rare storage issue” Boston Children’s Hospital had a five-day EHR collapse. The hospital was able to weather the shutdown using paper logs and prescriptions. Major surgeries continued as planned, only a few elective admissions were deferred.
- Several reports have been released in the previous weeks after U.S. Census Bureau data from 2013 and studies by JAMA revealed that female healthcare workers are paid significantly less than their male peers in the same roles. The average salaries of females compared to their male counterparts:
 - Nurses: male nurses paid \$5,148 more annually than females
 - Physicians and Surgeons: females earn 69% of their male counterparts
 - Physicians Assistants: females earn 81% of their male counterparts
 - Female Healthcare Executives: females earn 35% less than men in similar roles
- 93% of Americans surveyed by the Harris Poll on behalf of the American Academy of Physician Assistants agreed that NPs and PAs are qualified to address patients’ needs on par with MDs, however significant regulatory barriers still exist. With increased health care coverage through the ACA, demand is pushing the tide of public opinion to side with PAs. Additionally the number of certified PAs is quickly increasing, mounting pressure for changes to allow NPs and PAs to practice at the full extent of their training.