The Patient Protection and Affordable Care Act
The Role of Public Health Physicians in Shaping Policy, Politics and Progress

Dora L. Hughes, M.D., M.P.H.
Senior Policy Advisor, Sidley Austin
April 23, 2015
Agenda

- ACA Political Environment
- ACA Implementation Progress
  - Coverage
  - Quality
  - Public Health and Prevention
- Implications for Public Health and Preventive Medicine
Political Environment
The Public’s Reasons Behind Views Of The Law

AMONG THE 43% WHO HAVE AN UNFAVORABLE VIEW: Could you tell me in your own words what is the main reason you have an unfavorable opinion?

Financial and cost considerations 26%
Against individual mandate 18%
Government-related issues 10%

As you may know, a health reform bill was signed into law in 2010. Given what you know about the health reform law, do you have a generally favorable or generally unfavorable opinion of it?

Very unfavorable 28%
Very favorable 22%
Somewhat unfavorable 15%
Somewhat favorable 19%
Don’t know/Refused 16%

AMONG THE 41% WHO HAVE A FAVORABLE VIEW: Could you tell me in your own words what is the main reason you have a favorable opinion?

Expanding access 61%
Will make health care more affordable 10%
Country/people will be better off generally 7%

NOTE: Only top three responses shown for each follow-up question.
SOURCE: Kaiser Family Foundation Health Tracking Poll (conducted March 6-12, 2015)
House Passes 56th Anti-Obamacare Measure
Feb 3, 2015

So we're agreed—repeal and replace Obamacare! (except for the "replace" part)
King v. Burwell

**Issue:** Whether the Internal Revenue Service may permissibly promulgate regulations to extend tax-credit subsidies to coverage purchased through exchanges established by the federal government

*Justices to Hear New Challenge to Health Law*

By ADAM Liptak  NOV. 7, 2014
Legal Analysis in King v. Burwell

**Step 1:**
Does the ACA clearly authorize subsidies in states with a Federally-run Marketplace?

- YES → IRS rule stands; subsidies available in all states, including those with a Federally-run Marketplace.
- NO

**Step 2:**
Should the Court defer to the IRS rule authorizing subsidies in states with a Federally-run Marketplace?

- YES
- NO → IRS rule invalid; no subsidies in states with a Federally-run Marketplace

NOTE: Federally-run Marketplaces include states with a Federally-facilitated Marketplace and states with a Partnership Marketplace.
Legal Challenges to the ACA

- King v. Sebelius
- Pruitt v. Sebelius
- Halbig v. Sebelius
- Indiana et al v. IRS
- Coons v. Geithner
- Becket Fund HHS Information Central
- Association of American Physicians and Surgeons, Inc. v. Sebelius et al
- Walters et al v. Holder, Jr., et al
- Calvey et al v. Obama et al
- Shreeve v. Obama et al
- Mead v. Holder
- Kinder v. Department of Treasury
- Sissel v. U.S. Department of Health and Human Services
- Coons et al v. Geithner et al
- Pruitt v. Sebelius (Oklahoma Case)
- Florida, 25 Other States, and the NFIB
- Commonwealth of Virginia v. Sebelius
- Liberty University, Inc. et al v. Geithner et al
- Thomas More Law Center v. President of the United States
- New Jersey Physicians, Inc. et al v. Obama
- Bellow v. Sebelius
- Goudy-Bachman v. U.S. Department of Health and Human Services
- Peterson v. Obama
- U.S. Citizens Association v. Obama
- Baldwin v. Sebelius
- Physician Hospitals of America v. Sebelius
- Independent American Party of Nevada et al v. Obama et al
- Purpura et al v. Sebelius et al
Coverage
AFTER 5 YEARS OF THE AFFORDABLE CARE ACT:

- 30 million young adults can no longer be denied coverage for a pre-existing condition
- 105 million Americans no longer have a lifetime limit on their health coverage
- 76 million Americans are benefiting from preventive care coverage
- More than 16 million Americans have gained health coverage

#BetterWithObamacare
The uninsured rate has dropped from 20% to 13%.

Enrollment:
- Health insurance marketplaces (11.7 M as of Feb 2015)
- Medicaid/CHIP expansions (11.2 M as of Jan 2015)
- Coverage for adult dependents (3 M)
Lower rates of uninsurance for minority communities post ACA

<table>
<thead>
<tr>
<th>Minority Community</th>
<th>Pre-ACA</th>
<th>Post-ACA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latinos</td>
<td>41.80%</td>
<td>29.50%</td>
</tr>
<tr>
<td>African Americans</td>
<td>22.40%</td>
<td>13.20%</td>
</tr>
</tbody>
</table>
Figure 2
State Health Insurance Marketplace Types, 2015

NOTES: This map displays the marketplace type for the individual market. For most states, the marketplace type is the same for the small business, or SHOP, marketplace; however, MS, NM, and UT operate State-based SHOP Marketplaces.
Figure 1

Share of People Who Selected a Marketplace Plan and Receive Premium Subsidies in States with a Federally-run Marketplace, as of February 15, 2015

People who Selected a Marketplace Plan and Receive Premium Subsidies (7.5 million)

People who Selected a Marketplace Plan Without Premium Subsidies (1.1 million)

87%

13%

NOTE: Federally-run Marketplaces include both states with a Federally-facilitated Marketplace and states with a Partnership Marketplace.

Where States Stand on Medicaid Expansions

*Map updated February 6, 2015

- 22 states are not expanding Medicaid
- 23 states (count includes the District of Columbia) are expanding Medicaid
- 6 states are expanding Medicaid, but using an alternative to traditional expansion
In states that do not expand Medicaid under the ACA, there will be large gaps in coverage available for adults.

Source: Kaiser Family Foundation analysis based on 2014 Medicaid eligibility levels, updated to reflect state Medicaid expansion decisions as of March 2015, and 2014 Current Population Survey data.
What does this mean in the Lone Star State?

- In TX, a childless non-disabled adult is not eligible ever for Medicaid.

- Medicaid coverage is cut off for parents earning above 19% of the federal poverty level, or $3,760 for a family of three.

- The Marketplace subsidies are pegged to 100% of the federal poverty level, or $20,090 for a household of three in 2014.

- Families of three making more than $3,760 or less than $20,090 fall within the coverage gap.
Figure 2

Distribution of Adults in the Coverage Gap, by State and Region

**Distribution By State:**
- Other States Not Moving Forward: 39%
- TX: 26%
- FL: 18%
- NC: 10%
- GA: 8%

**Distribution By Geographic Region:**
- South: 89%
- Midwest: 7%
- Northeast: 1%
- West: 4%

Total = 4 Million in the Coverage Gap

Notes: Excludes legal immigrants who have been in the country for five years or less and immigrants who are undocumented. The poverty level for a family of three in 2015 is $20,090. Totals may not sum to 100% due to rounding.
Source: Source: Kaiser Family Foundation analysis based on 2014 Medicaid eligibility levels, updated to reflect state Medicaid expansion decisions as of March 2015, and 2014 Current Population Survey data.
Figure 3

Demographic Characteristics of Adults in the Coverage Gap

Distribution By Race/Ethnicity:
- Hispanic: 24%
- Black: 27%
- White: 43%
- Other: 5%

Distribution By Age:
- 55-64 years: 17%
- 19-24 years: 22%
- 25-34 years: 24%
- 35-54 years: 36%

Distribution By Health Status:
- Excellent or Very Good: 47%
- Good: 35%
- Fair or Poor: 18%

Total = 4 Million in the Coverage Gap

Notes: Excludes legal immigrants who have been in the country for five years or less and immigrants who are undocumented. Totals may not sum to 100% due to rounding.
Source: Kaiser Family Foundation analysis based on 2014 Medicaid eligibility levels, updated to reflect state Medicaid expansion decisions as of March 2015, and 2014 Current Population Survey data.
QUALITY
The Innovation Center at CMS

- Test, evaluate, and expand models that improve quality and reduce the rate of cost growth.

- Categories of Models:
  - Accountable Care
  - Bundled Payments for Care Improvement
  - Primary Care Transformation
  - Initiatives Focused on the Medicaid and CHIP Population
  - Initiatives Focused on the Medicare-Medicaid Enrollees
  - Initiatives to Speed the Adoption of Best Practices
  - Initiatives to Accelerate the Development and Testing of New Payment and Service Delivery Models
# Primary Care Transformation

<table>
<thead>
<tr>
<th>Bundled Payments for Care Improvement</th>
<th>Primary Care Transformation</th>
<th>Primary Care Transformation</th>
<th>Primary Care Transformation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialty Practitioner Payment Model Opportunities: General Information</td>
<td>Advanced Primary Care Initiatives</td>
<td>Comprehensive Primary Care Initiative</td>
<td>FQHC Advanced Primary Care Practice Demonstration</td>
</tr>
<tr>
<td>The Centers for Medicare &amp; Medicaid Services (CMS) are seeking input on two areas related to initiatives surrounding innovative models of payment for specialty care.</td>
<td>The Centers for Medicare &amp; Medicaid Services (CMS) is seeking input on the design of the next generation of advanced primary care model(s).</td>
<td>The CPC Initiative is a multi-payer initiative providing financial support to primary care practices in 7 markets.</td>
<td>The Federally Qualified Health Center (FQHC) Advanced Primary Care Practice Demonstration is testing the efficiency of patient-centered medical homes among</td>
</tr>
<tr>
<td>Primary Care Transformation</td>
<td>Primary Care Transformation</td>
<td>Initiatives Focused on the Medicaid and CHIP Population</td>
<td>Initiatives Focused on the Medicaid and CHIP Population</td>
</tr>
<tr>
<td>Multi-Payer Advanced Primary Care Practice</td>
<td>Transforming Clinical Practices Initiative</td>
<td>Medicaid Emergency Psychiatric Demonstration</td>
<td>Medicaid Incentives for the Prevention of Chronic Diseases Model</td>
</tr>
<tr>
<td>In the Multi-Payer Advanced Primary Care Practice Demonstration, CMS is joining in multi-payer primary care initiatives that are currently being conducted within states.</td>
<td>A large-scale health transformation initiative to support clinician practices in sharing, adapting and developing comprehensive quality improvement strategies.</td>
<td>The Medicaid Emergency Psychiatric Demonstration is supporting treatment for psychiatric emergencies at private psychiatric hospitals in 11 states and the District of Columbia.</td>
<td>The Medicaid Incentives for the Prevention of Chronic Diseases Model is supporting 10 states providing incentives for Medicaid beneficiaries to participate in prevention programs and</td>
</tr>
</tbody>
</table>
Comparison of Patient-Centered Medical Home Initiatives that Included Payment Reform Incentives, 2009 and 2013

Healthcare Innovation Award: “Delivery on the promise of diabetes prevention programs”

- NATIONAL COUNCIL OF YOUNG MEN'S CHRISTIAN ASSOCIATIONS OF THE UNITED STATES OF AMERICA (YMCA OF THE USA)
- Funding Amount: $11,885,134; Estimated 3-Year Savings: $4,273,807
- Summary: The Y-USA, in partnership with 17 local Ys currently delivering the YMCA’s Diabetes Prevention Program, the Diabetes Prevention and Control Alliance, and 7 other leading national non-profit organizations, is serving prediabetic Medicare beneficiaries in 17 communities across 8 states in the U.S. The intervention delivers community-based diabetes prevention through a nationally-recognized diabetes prevention lifestyle change program, coordinated and taught by trained YMCA Lifestyle Coaches. The goal is to prevent the progression of prediabetes to diabetes, which will improve health and decrease costs associated with complications of diabetes, hypercholesterolemia, and hypertension.
Accountable Care Organizations

- An estimated 14 percent of the U.S. population is now being served by an ACO, which are characterized by
  - Shared financial and medical responsibility for providing coordinated care and limiting unnecessary spending
  - Meeting of specific quality benchmarks, focusing on prevention and management of chronic disease
Better, Smarter, Healthier: HHS sets goals and timeline for shifting Medicare reimbursements from volume to value

By 2018

- 50% of traditional or FFS Medicare payments through alternative payment models, such as ACOs

- 90% of Medicare payments would be tied to quality or value, such as hospital value based purchasing or hosp readmissions reduction programs

Big change: Feds to tie more Medicare payments to 'value'
Monday, 26 Jan 2015 | 12:30 PM
CNBC.com
Obama signs largest healthcare bill since Obamacare into law

Published time: April 17, 2015 01:32

U.S. President Barack Obama signs the bill H.R. 2 Medicare Access and CHIP Reauthorization Act of 2015, the so-called Medicare 'doc fix,' in the Rose Garden at the White House in Washington April 16, 2015. (Reuters/Jonathan Ernst)
Medicare Access and CHIP Reauthorization Act
HR 2

“The new system moves Medicare away from a volume-based system towards one that rewards value, improving the quality of care for seniors.”

Quality domains include the following:
- Clinical care
- Safety
- Care coordination
- Patient and caregiver experience
- Population health and prevention
ACA established PCORI to support comparative clinical effectiveness research.

PCORI has approved 365 research projects totaling more than $734.8 million in 39 states.
Public Health Prevention
Prevention and Public Health

ACA provisions—

- Expanded coverage for preventive services
- Increased support for community-level interventions
- Enhanced data collection
- Included focus on Health Equity
- Addressed workforce training
Preventive Care with No Cost Sharing

76 M Americans are benefiting from preventive care coverage

New private plans

- Recommended services by the US Preventive Services Task Force, Advisory Committee on Immunization Practices, and Bright Futures

Public insurance programs

- Medicare: Annual wellness visit, health risk assessment, and prevention plan; full coverage for many USPSTF-recommended services
- Medicaid: Programs that eliminate cost sharing for recommended services may be eligible for enhanced federal matching funds
Categories of Selected Preventive Services

- **Cancer screening**—breast, cervical, colorectal, lung and skin
- **Chronic conditions**—cardiovascular health, depression, hepatitis, obesity, osteoporosis, diabetes
- **Immunizations**—hepatitis A and B, HPV, influenza, meningococcal, MMR, tetanus, varicella, zoster
- **Health Promotion**—alcohol, history and physical exams, behavioral counseling, intimate partner violence screening, tobacco counseling and cessation interventions, TB risk assessment, vision and hearing screening
- **Pregnancy-Related**—alcohol, breastfeeding, folic acid, gestational diabetes screening, tobacco, iron deficiency anemia screening; preeclampsia prevention, Rh incompatibility screening
- **Reproductive Health**—contraception, STI and HIV screening and counseling

*For Adults Covered by Private Plans without Cost Sharing*
## Figure 1

**Cost barriers to use of preventive services for women and men**

Share of women and men reporting they put off or postponed preventive services in past year due to cost

<table>
<thead>
<tr>
<th></th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All</td>
<td>All</td>
</tr>
<tr>
<td>Uninsured</td>
<td>20%</td>
<td>16%</td>
</tr>
<tr>
<td>Insured</td>
<td>13%</td>
<td>9%</td>
</tr>
<tr>
<td>Less than 200% FPL</td>
<td>35%*</td>
<td>42%*</td>
</tr>
<tr>
<td>200% FPL or greater</td>
<td>13%</td>
<td>11%</td>
</tr>
</tbody>
</table>

**NOTE:** Among women and men ages 18-64. Federal Poverty Level (FPL) was $19,530 for a family of three in 2013.*Indicates a statistically significant difference from Insured and 200% FPL or greater, p<.05.

**SOURCE:** Kaiser Family Foundation, 2013 *Kaiser Women’s Health Survey.*
Community Transformation Grants

- CTG is expected to reach more than 4 out of 10 people in the U.S. which is 130 million Americans.
- Areas of emphasis include:
  - Tobacco-free living
  - Active living and healthy eating
  - Clinical and community preventive services to control high blood pressure and cholesterol
  - Healthy and safe physical environments
Community Transformation Grants

- Investing in Healthier Communities
  - Approximately $103 million awarded to 61 state and local government agencies, tribes and territories, and nonprofits
  - 120 million Americans will benefit.

- Reaching More Americans in Smaller Communities
  - An additional $70 million awarded to 40 communities, with nearly one-quarter directed to rural and frontier areas.
  - 9.2 million Americans will benefit.

- Promoting Partnerships for Health
  - Awardees are partnering with schools, transportation experts, businesses and faith-based organizations
Workplace Wellness

The ACA—

- Authorizes funds for grants for small businesses to provide comprehensive workplace wellness programs

- Directs CDC to survey worksite health policies and programs nationally
104 employers nationally have volunteered to participate in the Program.

Focuses on small and mid-sized employers

Strategies will focus on the following:

- Nutrition counseling/education, worksite farmer’s markets, menu labels on healthy foods, access to healthy foods and weight management counseling
- Tobacco-cessation counseling and tobacco-free campus policies
- Physical fitness/counseling and walking clubs
National Prevention, Health Promotion, and Public Health Council

- Established in 2010
- Chaired by the Surgeon General
- Comprised of 17 federal agencies
- Led development of the *National Prevention and Health Promotion Strategy*
- Commitments span health, housing, environment, etc
Health Equity

ACA provisions include:

- Reauthorization of workforce diversity programs
- Creation of new OMHs at FDA and CMS
- Required data collection for women and minorities in any ongoing or new Federal health programs (sec 4302)
Federal Public Health Initiatives

- Let’s Move: goal of solving the challenge of childhood obesity within a generation
- HHS Strategic Plan to End the Tobacco Epidemic: includes the goal of supporting evidence-based tobacco control policies at the state and local levels
- The National HIV/AIDS Strategy: goal of ensuring access to high-quality, life extending care, free from stigma and discrimination
- HHS Seasonal Influenza Task Force: goal of maximizing vaccinations in targeted racial and ethnic minority groups
- Million Hearts Initiative: goal of preventing 1 million heart attacks and strokes by 2017 by tackling ABCS (aspirin, blood pressure, cholesterol, smoking)
Broader Impact
ACA Impact on Population Health

Population health can be distinguished from public health in two important ways:

1. Population health can be defined as:
   
   “the health outcomes of a group of individuals, including the distribution of such outcomes within the group.”

2. Population health explicitly includes the health care delivery system.

Population Health in the Affordable Care Act Era

Figure 1. IHI Population Health Composite Model

Interventions

Navigating the health care system

- Resources for community providers “to help people with new health care coverage understand their benefits and connect to primary care and the preventive services that are right for them, so they can live a long and healthy life.”
ACO quality measures address population health

- **Patient/Caregiver Experience:** Health Promotion and Education
- **Care Coordination/Patient Safety:** Screening for Fall Risk
- **At-Risk Population Diabetes:** Tobacco Non Use
- **Preventive Health:** Influenza immunization, pneumococcal vaccination, adult weight screening and follow-up, tobacco use assessment and cessation intervention; depression screening; colorectal cancer screening, mammography screening, proportion of adults who had blood pressure screening in past 2 years
The Centers for Disease Control and Prevention (CDC) and Centers for Medicare & Medicaid Services (CMS), co-leaders of Million Hearts™ within HHS, are working alongside other federal agencies and private-sector organizations to make a long-lasting impact against cardiovascular disease.
Clinical Public Health Partnerships

Prevent Diabetes STAT

Screen / Test / Act Today™

86 MILLION AMERICAN ADULTS HAVE PREDIABETES 9 OUT OF 10 PEOPLE WITH PREDIABETES DON'T KNOW THEY HAVE IT.

WHAT YOU SHOULD KNOW ABOUT PREDIABETES
Challenges to Population Health

- **Capacity**
  - both public health and health care delivery systems have limited bandwidth

- **Inadequate and “silo’ed” funding streams**
  - for example, for Medicaid populations, the funding for mental health and substance abuse is often separate from funding for physical health

- **Inability to share data**
  - different systems, difficult to combine

- **Fundamental differences in mission and target population**
  - public health is ultimately responsible for everyone whereas delivery systems are defined by payment/membership
Figure 1. IHI Population Health Composite Model

Genomics and Public Health

New initiative invests:

- $130M in cancer genomic research
- $70M to create new research cohort
- $10M in infrastructure/regulatory science
- $5M to establish data and privacy requirements.
Big Data
Conclusions