



AN AMERICAN SOLUTION QUALITY AFFORDABLE HEALTH CARE

HEALTH REFORM AT A GLANCE: DELIVERY SYSTEM REFORM

Reining in rising health costs and improving quality hinges on doctors, hospitals and other providers working together to ensure they are providing the right care to the right patient at the right time. Rather than rewarding the *quantity* of care, payment systems must be modernized to reward high *quality* care. Realigning payment incentives will reduce overuse, slow the growth of health care costs, and improve Americans' health.

DELIVERY REFORM PROVISIONS IN THE DISCUSSION DRAFT

COORDINATED CARE

- Adopt payment mechanisms to promote better coordinated care by rewarding physicians that provide high quality care at reasonable costs to their patients.
- Creates incentives to reduce preventable hospital readmissions that reward transition planning and coordination for patients who move from a hospital bed back home or to another health facility.
- Promote medical homes that compensate primary care providers for managing and coordinating their patients' care over time.
- Establish demonstration projects to test “bundling” payment methodology under which one payment would be made -- rather than separate payments -- to acute and post-acute providers for a post-acute episode.

PRIMARY CARE AND TRAINING THE 21ST CENTURY WORKFORCE (SEE WORKFORCE FACT SHEET FOR DETAILS)

- Improve payment rates for family doctors and other primary care physicians.
- Provide scholarships, loan repayment, and training grant programs for primary care, nursing, and public health professionals.
- Encourage graduate medical education training of more primary care physicians.

PHYSICIAN ACCESS TO RESEARCH AND INFORMATION

- Build on recent investments in comparative effectiveness research designed to ensure physician and patient access to the latest and most scientifically complete information on available medical treatments.
- Invest in development of robust quality measures on health outcomes.

WASTE, FRAUD AND ABUSE REDUCE

- Extend the solvency of the Medicare Trust Fund by decreasing overpayments to private plans in Medicare and improving payment accuracy in Medicare payment systems, consistent with recommendations from the Medicare Payment Advisory Commission.
- Expand authority and resources to fight waste, fraud and abuse within the Medicare program.