

A New Era: Understanding the Affordable Care Act and Health Creation

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Institute for a Sustainable Future

Commons Health Network

www.commonshhealth.org



The Patient Protection & Affordable Care Act



111th Congress of the United States

H.R. 3590



Affordable Care Act

- Title I - Quality, affordable health care for all Americans**
- Title II - The role of public programs**
- Title III - Improving the quality and efficiency of health care**
- Title IV - Preventing chronic disease and improving public health**
- Title V - Health care workforce**
- Title VI - Transparency and program integrity**
- Title VII - Improving access to innovative medical therapies**
- Title VIII - Community living assistance services and supports**
- Title IX - Revenue provisions**
- Title X - Reauthorization of the Indian Health Care Improvement Act**

ACA Four Main Categories

- Public health investments
 - grant programs, contracts, to support and infrastructure that will develop a national prevention, health promotion and public health strategy, and coordinate federal programs;



- Public education campaigns
- Research and demonstrations



- Evidence-based preventive health care services coverage



Benefits for Women
Providing insurance options, covering preventive services, and lowering costs.

Young Adult Coverage
Coverage available to children up to age 26.

Strengthening Medicare
Yearly wellness visit and many free preventive services for some seniors with Medicare.

Holding Insurance Companies Accountable
Insurers must justify any premium increase of 10% or more before the rate takes effect.

“The Onion 2014”

Nation Recalls Simpler Time When Health Care System Was Broken Beyond Repair

NEWS • Barack Obama • Healthcare • News • ISSUE 50•02 • Jan 15, 2014



9.7K



1.2K



103

Millions of Americans miss the “good old days,” when receiving proper health care was a completely hopeless endeavor.

“When I had esophageal cancer and needed \$180,000 worth of treatments not covered by my health plan, I knew immediately I’d lose my house... things were simpler, you knew in advance no matter how much you argued, pay or die”



Supreme Court Turns Down First ObamaCare Challenge

Nov 8, 2010 3:35 PM CST

ORGANIZING NATIONAL-SOCIALIST HEALTH CARE

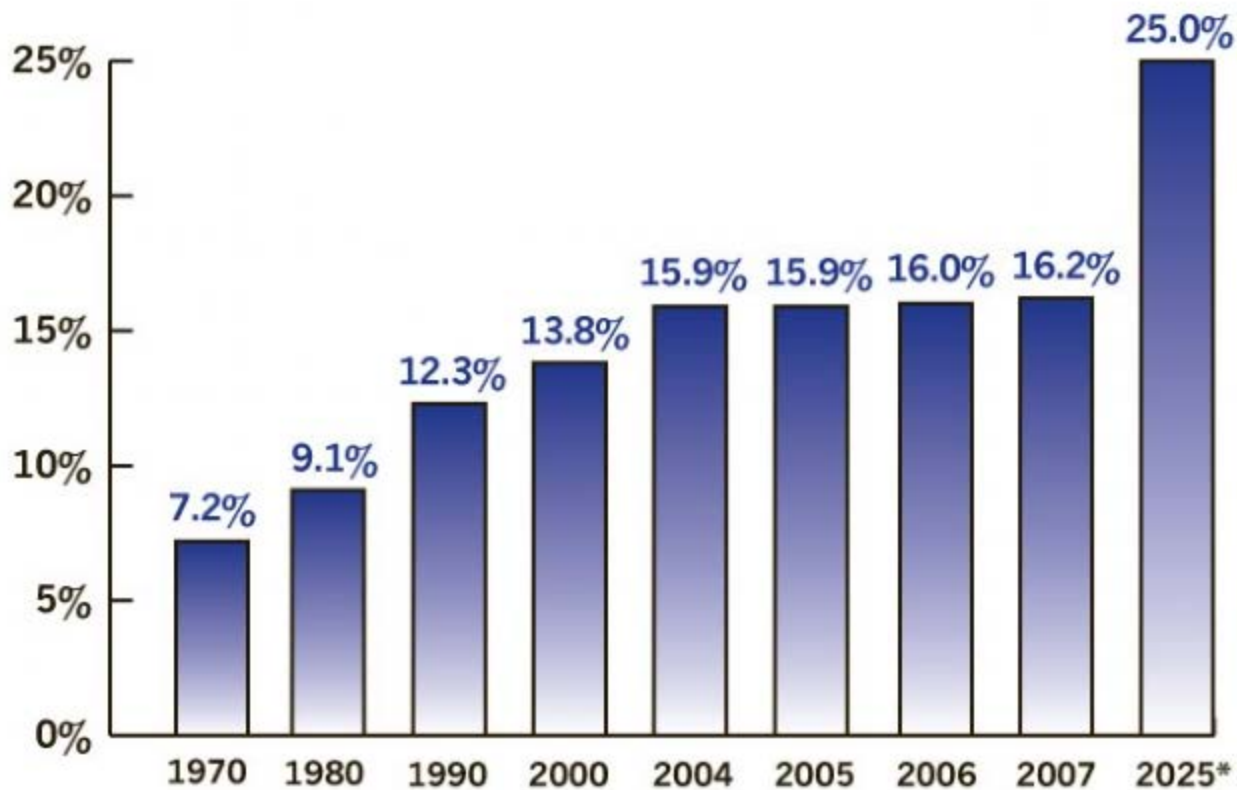
STRIVE TO A BETTER
NATIONAL-SOCIALIST
HEALTH CARE.

JOIN UP THE OPPORTUNITY
CALL THE OTHER SUPPLEMENT
WORLD OF APPEALING
CONSTITUTIONAL DEFENDERS IN CHARGE
SUPPORT DEFENDERS
TO FIGHT THE WESTERN WAY

EXAMINING HEALTH CARE



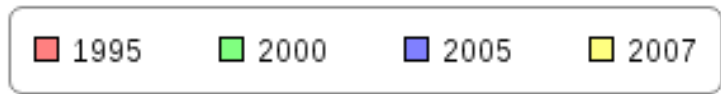
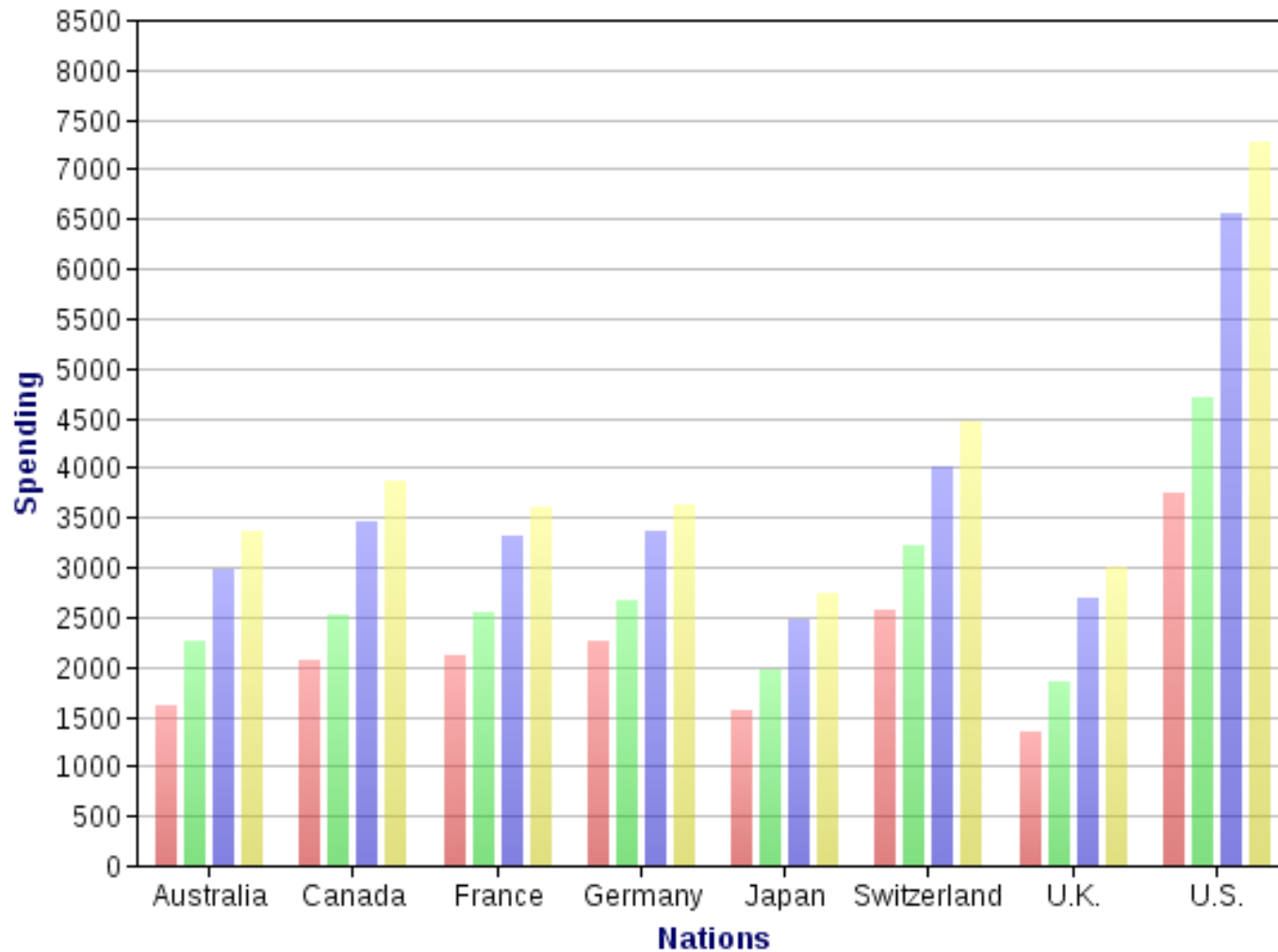
National Health Spending as a Percentage of GDP



* = projection

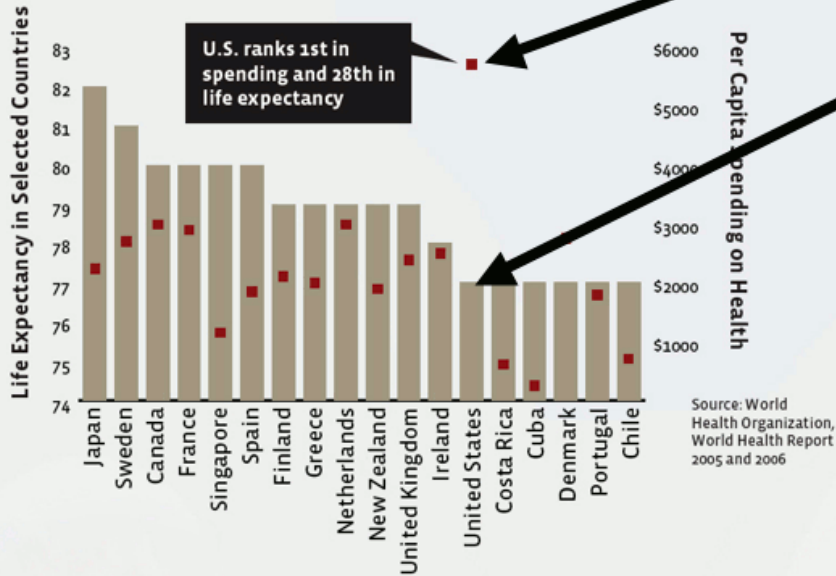
Source: Hartman, Micah; Martin, Anne; McDonnell, Patricia et al. (2009). "National Health Spending In 2007: Slower Drug Spending Contributes To Lowest Rate Of Overall Growth Since 1998." *Health Affairs*, Jan./Feb., p. 247. (www.healthaffairs.org). See also: Orszag, Peter; Congressional Budget Office (2008). "Growth in Health Care Costs." Testimony before the Senate Budget Committee, Jan. 31, p. 1. (www.cbo.gov/doc.cfm?index=8948).

Total health expenditure per capita, US\$ PPP



OECD Health Data 2010

We're Not Getting Our Money's Worth



YES! MAGAZINE GRAPHIC 2006

Permission for use received from www.yesmagazine.org

Overall Rankings: First-World Health Care Systems

| | Australia | Canada | Germany | NZ | UK | US |
|-------------------------|-----------|--------|---------|--------|--------|--------|
| Overall ranking | 3 | 5 | 1 | 4 | 2 | 6 |
| Care quality | 4 | 6 | 1 | 2 | 3 | 5 |
| Access | 3 | 5 | 1 | 1 | 2 | 6 |
| Efficiency | 4 | 5 | 3 | 2 | 1 | 6 |
| Equity | 2 | 5 | 4 | 2 | 1 | 6 |
| Healthy Lives | 1 | 3 | 2 | 4.5 | 4.5 | 6 |
| Per capita expenditures | \$2876 | \$3165 | \$3005 | \$2083 | \$2546 | \$6102 |

Source: Commonwealth Fund, "Mirror, Mirror on the Wall: An International Update on the Comparative Performance of American Health Care," May 15, 2007

Science

12 December 2003

Vol. 292

Cooley Dickinson Health Care

MASSACHUSETTS GENERAL HOSPITAL AFFILIATE

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Health care and the "Tragedy of the Commons"

In 1968, Garrett Hardin, an ecologist and professor, wrote a seminal article entitled "The Tragedy of the Commons." He argues that if a resource is held in common for use by all, then ultimately that

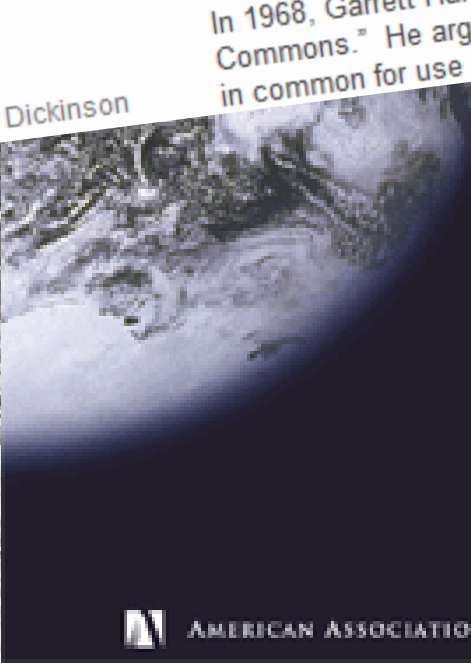
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TRAGEDY OF THE COMMONS?



AMERICAN ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE



The Commons

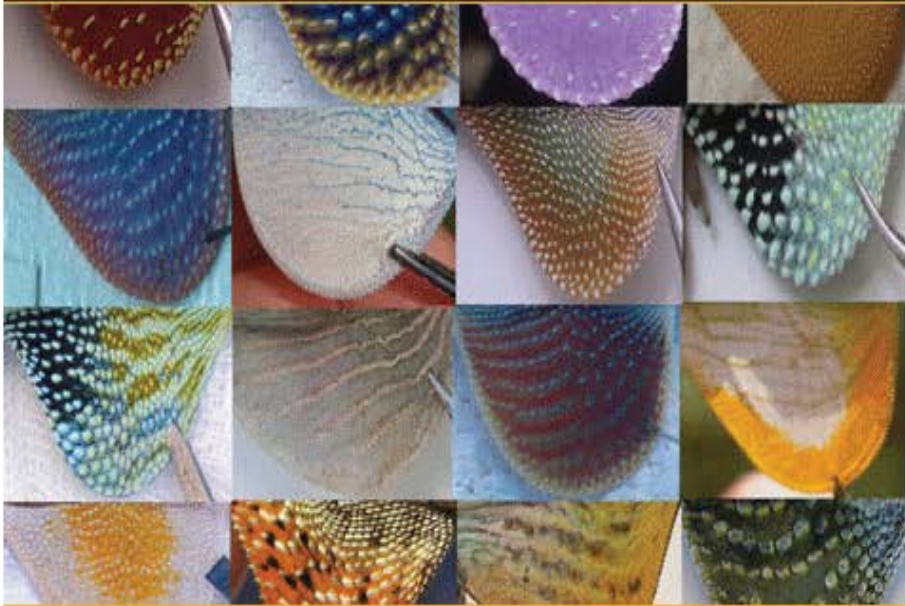
- Gifts of nature as well as shared social creations.
- Inclusive rather than exclusive — their nature is to share ownership as widely as possible, rather than as narrowly as possible.
- Assets are meant to be preserved regardless of their return on capital











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A
P L A N
of the
Parish of Sherington
in the
County of Bucks
describing the several
Old Inclosures New Allotments
and Exchanges as settled
by the COMMISSIONERS of
the Inclosure
thereof,
1796

“A General Framework for Analyzing Sustainability of Social-Ecological Systems”

Commons “Management” Principles

- Clearly defined localized boundaries
- Self-determination of the community
- Clear rules for use of shared resource.
- Transparency and democratic decision making.
- Effective monitoring
- A scale of graduated sanctions
- Simple conflict resolution mechanisms.

Ultimately it is communities that are going to need to take responsibility to define their healthcare commons, set goals, develop metrics, and establish a healthcare solution.

“Real reform will remain zero unless action is taken close to home.”

Don Berwick M.D.,

Former Head of Medicare, President Institute for Healthcare Improvement



A Health Commons



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Our Food System



Agriculture at a Crossroads



IAASTD International Assessment of Agricultural Knowledge,
Science and Technology for Development



Global Report



***What must we do differently
to overcome persistent poverty and hunger,
achieve equitable and sustainable
development and sustain productive and
resilient farming in the face of environmental
crises?***

United Nations Institutions , FAO, WHO, World Bank, UNEP

Larry Yee, Co-founder

The Food Commons

A Good Food Economy is a part of the economy of a country at peace with its neighbors and its environment – the air, the land, the water and the creatures living in, on and under it. It is the local embodiment of a regional, national and international economy in which people have useful work to do at fair wages, affordable access to housing, health care, education and a secure retirement.



Come join us
Monday, February 25th
6:30p

Ayni Gallery
216 State Street
Santa Barbara CA 93101
info: 805.816.8188, Carla Rosia
carla@art05@yahoo.com



The Food Commons envisions a re-creation of the local and regional food systems that preceded the current global industrial food systems, updated to reflect 21st-century advances in information systems, communications, community-based organizational and economic models, the science and practice of sustainable agriculture and the changes in culture and demand.

The Food Commons will leverage, support and enhance existing and emerging regional food system initiatives to offer the American public a wide range of benefits that are not widely distributed in our current food system.

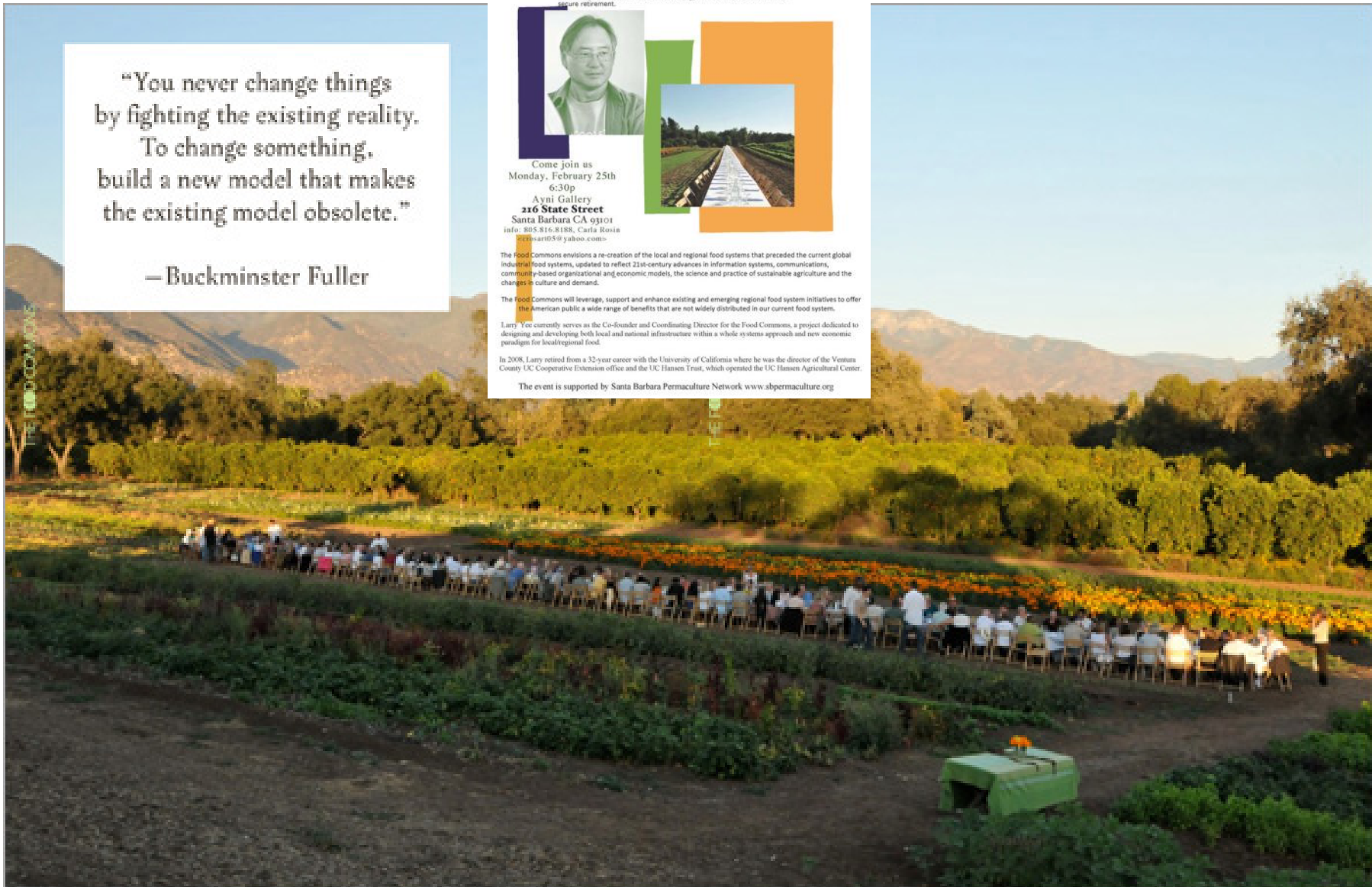
Larry Yee currently serves as the Co-founder and Coordinating Director for the Food Commons, a project dedicated to designing and developing both local and national infrastructure within a whole systems approach and new economic paradigm for local/regional food.

In 2008, Larry retired from a 32-year career with the University of California where he was the director of the Ventura County UC Cooperative Extension office and the UC Hansen Trust, which operated the UC Hansen Agricultural Center.

The event is supported by Santa Barbara Permaculture Network www.sbpermaculture.org

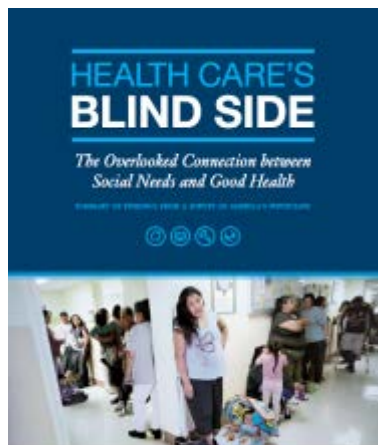
“You never change things
by fighting the existing reality.
To change something,
build a new model that makes
the existing model obsolete.”

— Buckminster Fuller



4 in 5 physicians surveyed (85%) say patients' social needs are as important to address as their medical conditions.

Specifically, 3 in 4 physicians surveyed (76%) wish the health care system would cover the costs associated with connecting patients to services that meet their social needs if a physician deems it important for their overall health.



12/20/2011 10:11

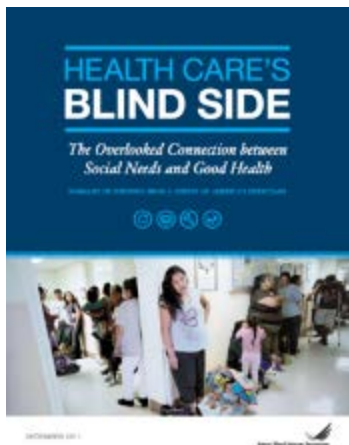
Robert Wood Johnson Foundation

Health Care's Blind Side, December 2011

The Overlooked Connection between Social Needs and Good Health -
Summary of findings from a survey of america's physicians
<http://www.rwjf.org/en/research-publications/find-rwjf-research/2011/12/health-care-s-blind-side.html>

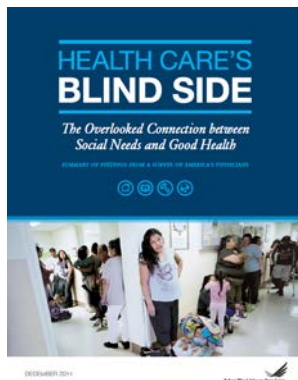
4 in 5 physicians surveyed (85%) say unmet social needs are directly leading to worse health

In addition, 4 in 5 physicians (87%) say the problems created by unmet social needs are problems for *everyone*, not only for those in low-income* communities.



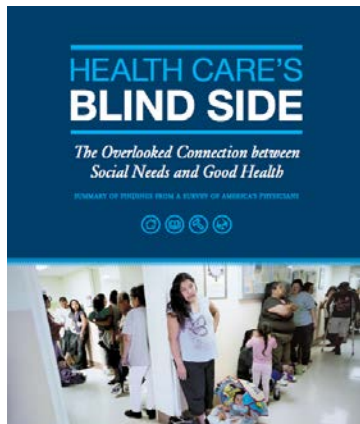
4 in 5 physicians surveyed (80%) are not confident in their capacity to address their patients' social needs

Even though physicians say social needs are just as important to address as medical conditions, only 1 in 5 physicians surveyed (20%) feel confident or very confident in their ability to address their patients' unmet social needs.



Physicians wish they could write prescriptions to help patients with social needs

Such prescriptions would represent approximately 1 out of every 7 prescriptions they write** — or an average of 26 additional prescriptions per week.



Some of the top social needs they would write prescriptions for include:

Fitness program 75%

Nutritional food 64%

Transportation assistance 47%



Additionally, physicians whose patients are mostly urban and low-income wish they could write prescriptions for:

Employment assistance 52%

Adult education 49%

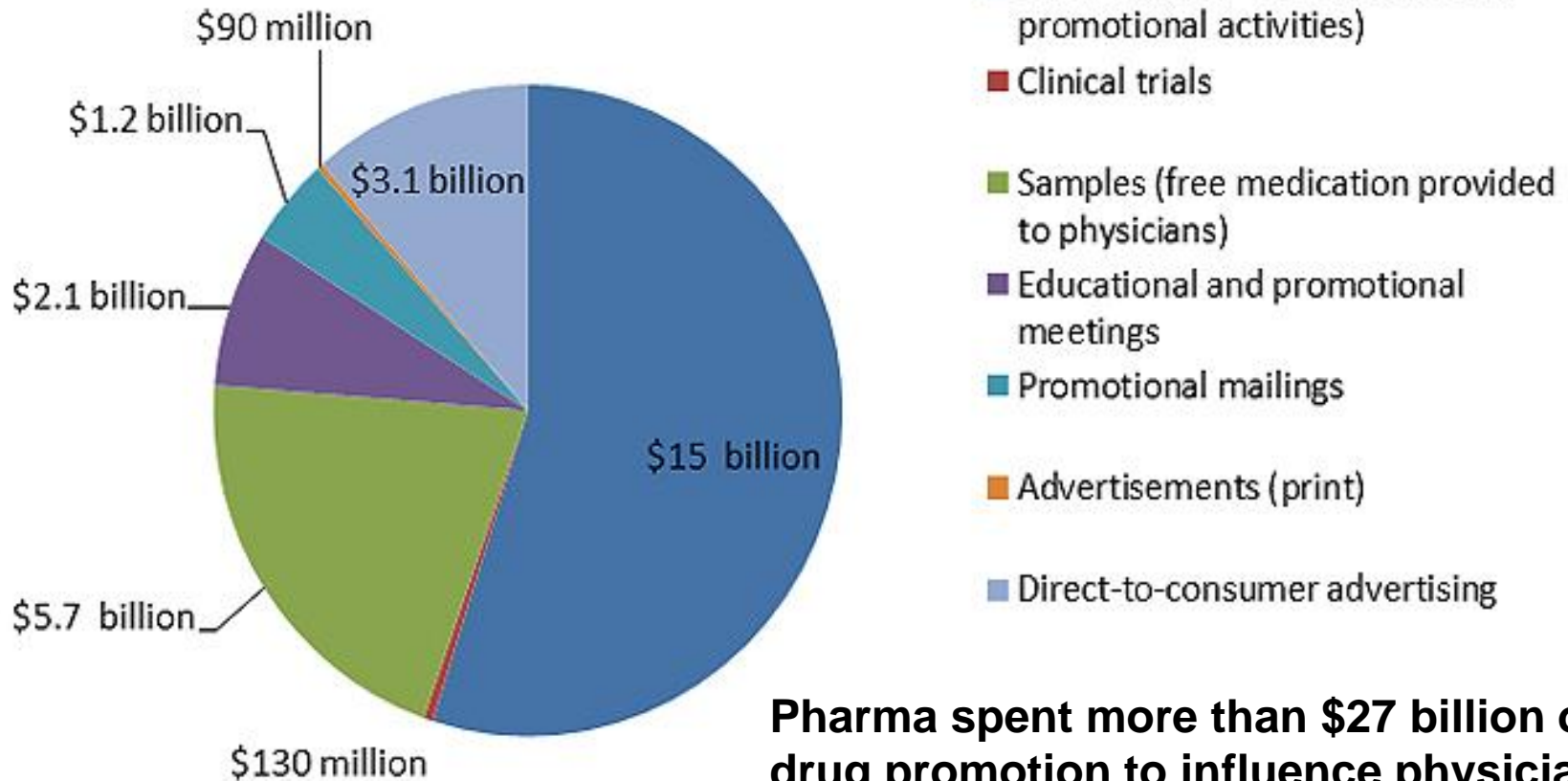
Housing assistance 43%

Physician Industry Relationships

- 83.9 percent of physicians reported having financial or other interactions with the drug, device or other medical industries
- 70.6 percent receiving food and beverages,
- 63.8 percent receiving drug samples, 8.6 percent participating in industry funded speaker bureaus, and 6.7 percent receiving consulting contracts.



Expenditure by Type of Pharmaceutical Marketing (2012)



Pharma spent more than \$27 billion on drug promotion to influence physician prescribing practices

Pew Charitable Trusts Prescription Project. Persuading the prescribers: Pharmaceutical industry marketing and its influence on physicians and patients.

- Comprehensive public disclosure of industry payments to physicians and teaching hospitals is now required
- Require industry to report all payments over \$10 (or all payments if they total more than \$100 annually), beginning on August 1, 2013.
- The amount, type, and nature of these payments along with the name of the recipient and any medical product associated with the payment must be reported to CMS and will be posted on a public, searchable “Open Payments” website beginning September 30, 2014.

Open Payments

- Will create greater transparency around the financial relationships of manufacturers, physicians, and teaching hospitals
 - Makes no assumptions nor draws conclusions about information being collected & reported by industry
 - Provides an opportunity for providers & institutions to check the accuracy of info reported about them
- Release dates:
 - Aggregate data - September 30, 2014
 - Detailed data on individuals - January 31, 2015



Open Payments website: go.cms.gov/openpayments

FQHC's and ACA

- Section 10503 – 11 billion Trust Fund
- Section 5508 – Allow FQHC's to serve as health center based residency programs
- Section 5502- removes medicare payments caps, improves payment system
- Health plans must have sufficient number of “essential community providers” (ECP)

ACA Healthcare Workforce

Title V Section 5101

- Originally defined as "MDs, DO's and Allied Health Professionals"
- The definition of the healthcare workforce is now " *All licensed healthcare professionals,*"
- Allows integrative disciplines to be officially part of America's future healthcare system.



Sec 2706 – the Non Discrimination Provision

- A provision lobbied for inclusion in the ACA by CAM, IM and IHC organizations, led by Sen. Harkin, to prevent discrimination against providers and to improve access to the care of their choice by patients!

The graphic features a red and orange abstract design at the top. It includes three bullet points: 'MILLIONS MORE PEOPLE WILL HAVE ACCESS TO MASSAGE THERAPY', 'MASSAGE THERAPY WILL GROW WITH MEDICAL REIMBURSEMENT... EVEN IF YOU, PERSONALLY, DON'T WANT TO TAKE INSURANCE IN YOUR PRACTICE. DON'T THAT COOL?', and 'IT WILL ONLY HAPPEN IF WE TAKE TO THE STREETS AND CHOICE TO BE COVERED. IT'S ALL AROUND US IT'S UP TO US TO MAKE IT HAPPEN.' The title 'Section 2706' is prominently displayed in a large, light blue font. Below the title, the text reads 'MESSAGE THERAPY'S GOLDEN MOMENT IS HERE. LET'S MAKE IT WORK FOR EVERYONE!'.

Did you know that the Affordable Care Act contains language that will benefit both massage clients and massage therapists? Section 2706 states that insurers can no longer discriminate against a provider who wishes to participate in healthcare reimbursement, so long as that provider is licensed or certified by the state and working within his or her scope of practice. While this may not sound all that exciting, the implications of Section 2706, also known as the Nondiscrimination Provision, are huge.

Do you want more people to get massage?

How will this affect clients?
Most importantly, Section 2706 will offer clients more choice about the type of provider with whom they want to work. Clients can see any type of provider that is licensed to treat their condition. Any type of condition that is covered under a policy, such as low back pain or shingles pain, can be treated by any licensed provider. Want to see a medical doctor about it? No problem. Want to see a massage therapist? Just as easy.

How will this affect ME?
As you can imagine, an increase in choice for our clients is great news for us as well. No longer will a client have to cancel her doctor prescribed massage just because she can't afford the out-of-pocket cost. If insurance is going to cover treatment for a condition, it will cover all qualified providers, as long as the treatment is within the provider's scope of practice and the provider is licensed by the state. If your state does not yet allow massage therapists to join insurance networks, that

will soon be changing. Not every message therapist will be able to join every network, but insurers will have to contract with enough therapists to serve any given region. Once in-network, therapists will be able to bill insurance directly and receive reimbursement. Which means that they will be able to come in more frequently to receive needed treatment.

What if I don't want to take insurance?
If you don't plan on taking insurance in your massage practice (or if you only take PIP insurance), this new law will not affect you at all. Just as some providers will not want to deal with taking insurance, many patients will not want to bother with finding covered providers. There will always be a market for cash massages, and the Nondiscrimination Provision will not be taking any clients out of that market. Further, this law will increase the demand for massage in general, both as a relaxation tool and as a medical treatment.

What you can do now...
We need help from all levels of the industry to make sure that Section 2706 gets implemented fully in every state. Join the IIPC mailing list to keep updated and to find out how you can help. Go to <http://iipc.info> and join the campaign. (It's free!). Your support will help to determine the future of the massage profession. Thanks you for speaking up for greater access!

Sec 2706 Example

- In the state insurance exchanges – let's say you would like to receive treatment by a Chiropractor for back pain rather than by an Orthopedic doc.
- This approach to choosing your care is protected by Sec 2706.
- Similarly, Chiropractors cannot be randomly excluded from the state insurance exchange as a provider group.

Patient Protection and Affordable Care Act

Section 2706:

"Non-discrimination in healthcare"

"... (a) Providers: A group health plan and a health insurance issuer offering group or individual health insurance coverage shall not discriminate with respect to participation under the plan or coverage against any health care provider who is acting within the scope of that provider's license or certification under applicable State law."

Sec 2706 – Patients

- Expands access for patients who wish to receive IHC
- Encourages development of an interdisciplinary team approach
- Leads to a pluralistic healthcare system based upon prevention and wellness

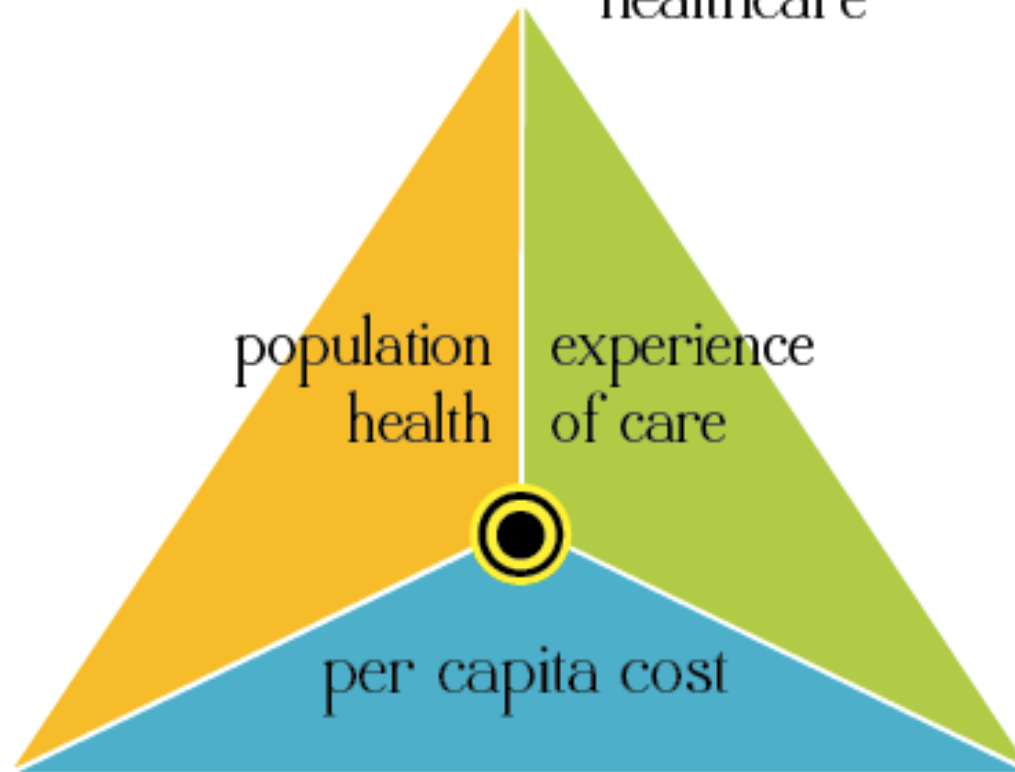


Cover my Care !

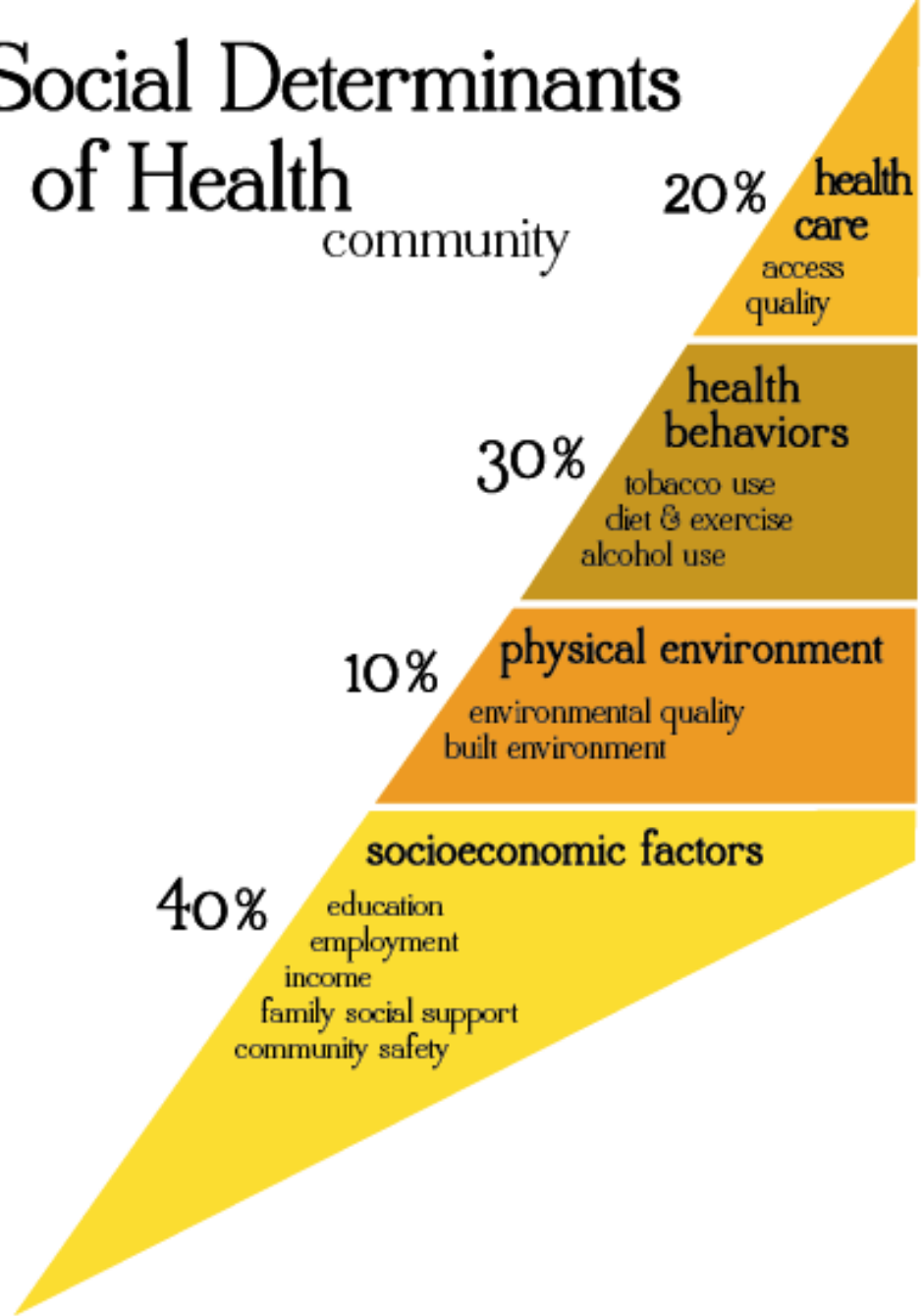
- Sec 2706 is not being implemented correctly or to the letter and intent of the law.
- State exchange insurance programs are either not recognizing this provision of the ACA or there is little correct enforcement of it.
- The Integrative Healthcare Policy Consortium (IHPC www.ihpc.org) is taking action!



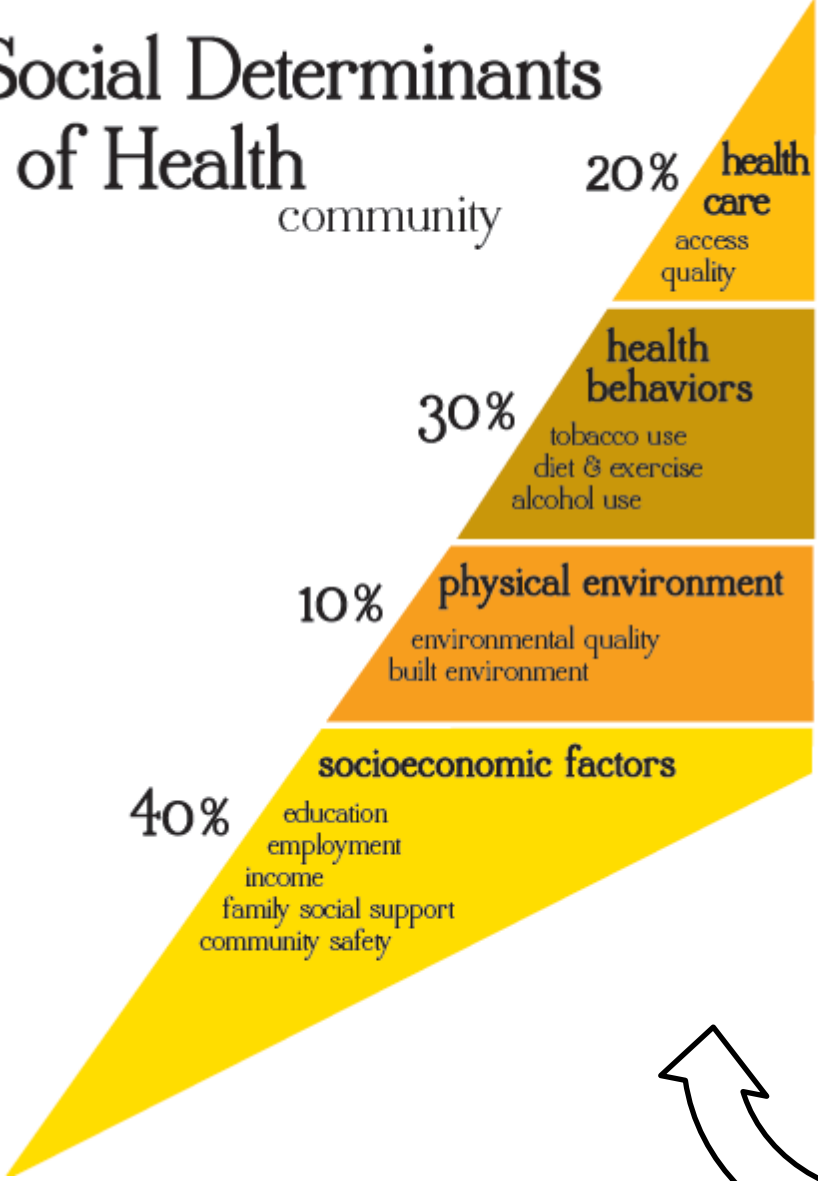
Triple Aim



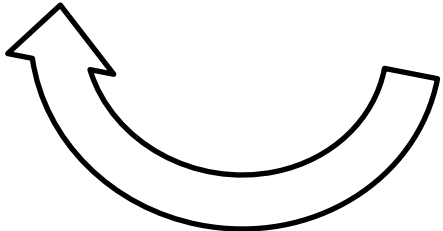
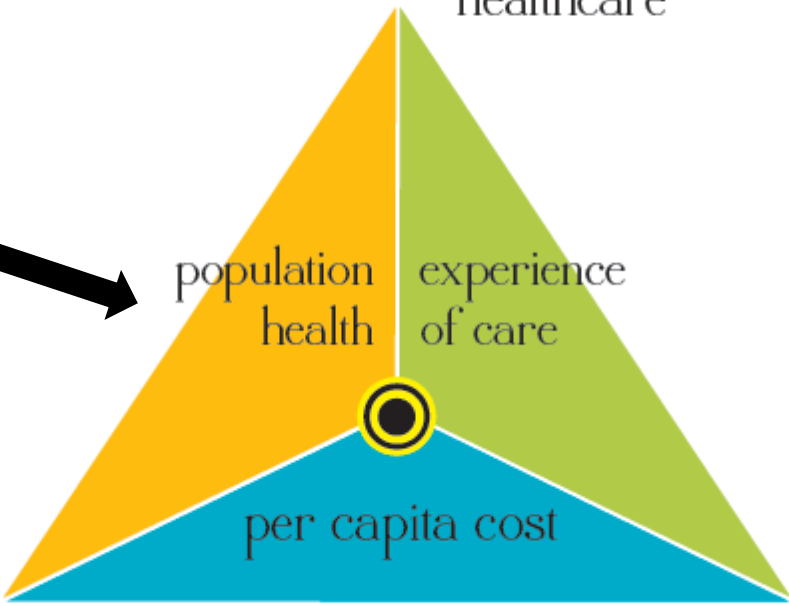
Social Determinants of Health



Social Determinants of Health



Triple Aim



CHNA Requirements

ACA Title IX Section 9007

Each 501(c)(3) hospital organization is required to meet four general requirements on a facility-by-facility basis:

- establish written financial assistance and emergency medical care policies,
- limit amounts charged for emergency or other medically necessary care to individuals eligible for assistance under the hospital's financial assistance policy,
- make reasonable efforts to determine whether an individual is eligible for assistance under the hospital's financial assistance policy before engaging in extraordinary collection actions against the individual, and
- conduct a community health needs assessment (CHNA) and adopt an implementation strategy at least once every three years.

CHNA Input

At a minimum, take into account input from:

- Persons with special knowledge of or expertise in public health;
- Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility; and
- Leaders, representatives, or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs, in the community served by the hospital facility.

The image shows the cover of a conference report. At the top, there is a dark red banner with the logos for the Public Health Law Center (University of Minnesota School of Law) and Commons Health (University of Minnesota). Below the banner is a collage of photos showing diverse groups of people. The title of the report is 'A Collaborative, Cross-Sectoral, and Local Approach to Health' in a large, orange, serif font. Below the title, there is a quote: 'Real reform will remain zero unless action is taken close to home.' attributed to Don Hawcutt, M.D., Former Head of Minnesota and Pioneer, Institute for Healthcare Improvement. The report is dated September 17, 2013, and mentions that nearly 200 leaders from Minnesota organizations working in healthcare delivery, public health, hospital administration, and community services convened for a conference organized by the Institute for a Sustainable Future (ISF) to explore how the Affordable Care Act (ACA)'s requirements of deeper community engagement by hospitals can be leveraged to improve the public's health, decrease costs, and support community vitality. The report also mentions that the Public Health Law Center, in partnership with the ISF, has prepared these observations of some of the key lessons of the day as a tool for leaders across sectors to better understand opportunities afforded by the ACA and to consider local strategies that leverage these policy changes to promote better health across communities. The report is titled 'The Framework: A Commons Vision of Community Health' and is written by Jamie Harvath, F.E., Executive Director, Institute for a Sustainable Future, Co-founder of the Commons Health Network. The report discusses the need for a period of significant change in healthcare and health delivery, and the importance of cross-sector strategies that consider the full range of factors that impact individual and community health. The report concludes by stating that the framework is based on the recognition that health and healthcare is local, and that the framework is based on key 'commons principles' that have gained traction as a result of the conference. At the bottom of the page, there is a dark red banner with the contact information for the Public Health Law Center: 675 Seward Avenue, St. Paul, Minnesota 55105, www.publichealthlawcenter.org, 651.290.7000.

Public Health Law Center 675 Seward Avenue St. Paul, Minnesota 55105 www.publichealthlawcenter.org 651.290.7000

Developing a Common Language

Primary prevention

Avoid occurrence of disease. Most population-based **health promotion** efforts are of this type.

Secondary prevention

Methods to diagnose and treat existent disease in early stages

Tertiary prevention

Reduce negative impact of existent disease
Reduce disease-related complications.





Community Based Collaboratives

Home



| | | | | |
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**HEALTHIER BY DESIGN:
CREATING ACCOUNTABLE
CARE COMMUNITIES**
A Framework for Engagement and Sustainability

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Aligning Forces for Quality | Improving Health & Health Care in Communities Across America

Robert Wood Johnson Foundation

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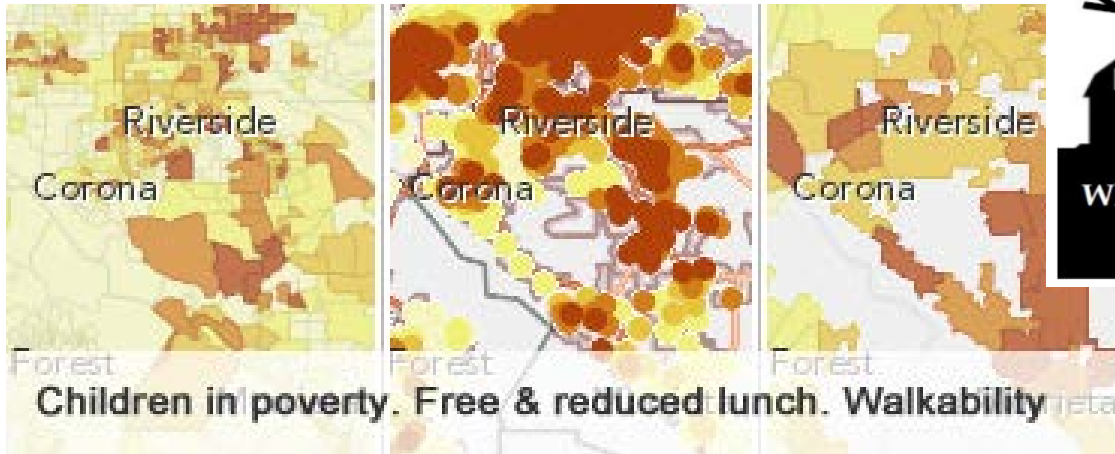
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Impact AF4Q Alliances Collaboratives Tools and Resources

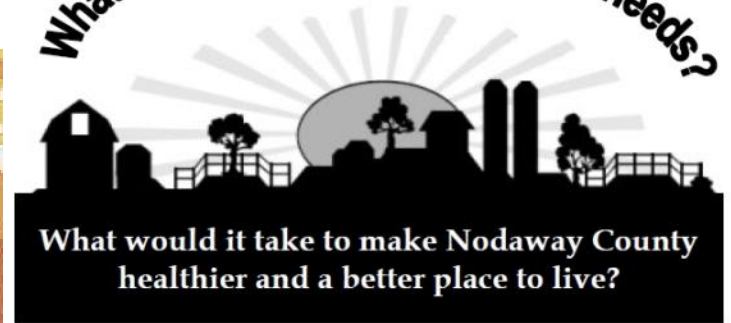
16 Communities. 37 Million People. One Goal... Quality Care.

Community Based Collaboratives

- Broadly support ACO, and encompass public health and community organizations
- Address spectrum of the social determinants of health
- Address the health comes of a geographic region, rather than specific health consumers.
- Include a mechanism to reinvest health savings back into population health.



What are our community health needs?



What would it take to make Nodaway County healthier and a better place to live?

ABOUT CHNA

The CHNA toolkit is a free web-based platform designed to assist hospitals and organizations seeking to better understand the needs and assets of their communities, and to collaborate to make measurable improvements in community health and well-being.

[» Read more about CHNA.](#)

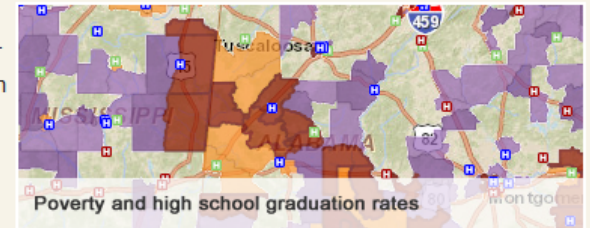


Overview video

Community Health Needs Assessment (CHNA)

Vulnerable Populations Footprint

Locate areas of concern for vulnerable populations and health disparities in your community based on spatial visualization of two indicators, **poverty rate** and **educational attainment**, which have been shown to strongly influence individual risk factors and community health status.



Recommended workflow:





La Crosse Public Library Seed Library

62 likes · 4 talking about this · 0 were here

 Like

 Message

 ▼





Role of Anchor
Institutions



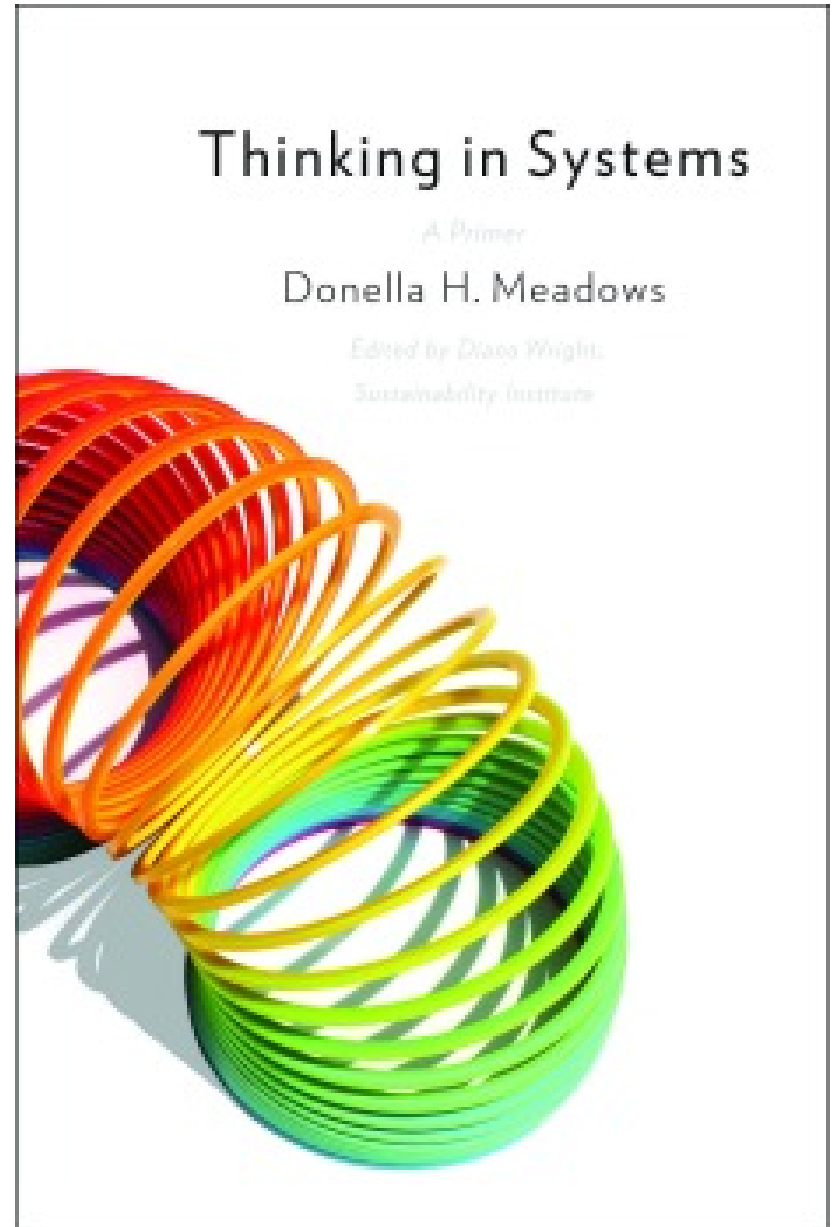
Passion to Action: *The Art of Public Narrative*



relationship, transparency, equality, cooperation

Places to Intervene in a System

1. The mindset of which the goals, rules, structure arise.
2. The goals of the system.
 - Treat sick? Promote health?





“We all do better.
when we all do better”

Resources

- Institute for a Sustainable Future www.isfusa.org
- Commons Health Network www.commonshhealth.org
- Community Commons www.chna.org
- The Food Commons www.thefoodcommons.org
- Democracy Collaborative
www.democracycollaborative.org
- On The Commons – www.onthecommons.org
- Integrative Health Policy Consortium – www.ihpc.org

