VIEWS & VISIONS

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The Triple Aim: (What's So Funny 'Bout) Better Care, Healthier Populations and Lower Cost?

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Dr. Huy Nguyen earned a bachelor's degree in biology/chemistry and his Doctor of Medicine degree from the University of Chicago. During medical school, he also spent three years conducting basic science research at the United States Department of Defense's Uniformed Services University of the Health Sciences. After completing his education and training, he served six years in the United States Navy. His last naval duty was as a medical officer during Operation Iraqi Freedom in 2003.

After completing his naval service in 2004, he co-founded Cogon Systems, Inc. The company's mission from inception was to facilitate health information exchange and data interoperability. Dr. Nguyen sold Cogon in 2010 and in 2013 started Care 24/7 LLC in order to provide patient-centered care coordination. Through most of his subsequent entrepreneurial endeavors, he practiced as an emergency physician in order to stay grounded in the reality of clinical care.

Dr. Nguyen's interest in health care information technology and clinical process innovations dates back to his years as a medical student and developed further as a naval physician, utilizing the military's electronic health record. His entrepreneurial vision is based on the belief that more patient-centric business processes with good information technology can translate into better patient care at a reduced cost.

As someone who has only toiled in health care, I have watched our industry grapple to achieve that mythical "Triple Aim" of better care, healthier populations and lower per capita costs. But for more than 20 years as a clinician and entrepreneur, I have observed the devaluation of the physician-patient relationship, a population that is getting older and chronically sicker, and rising, unsustainable health care costs.

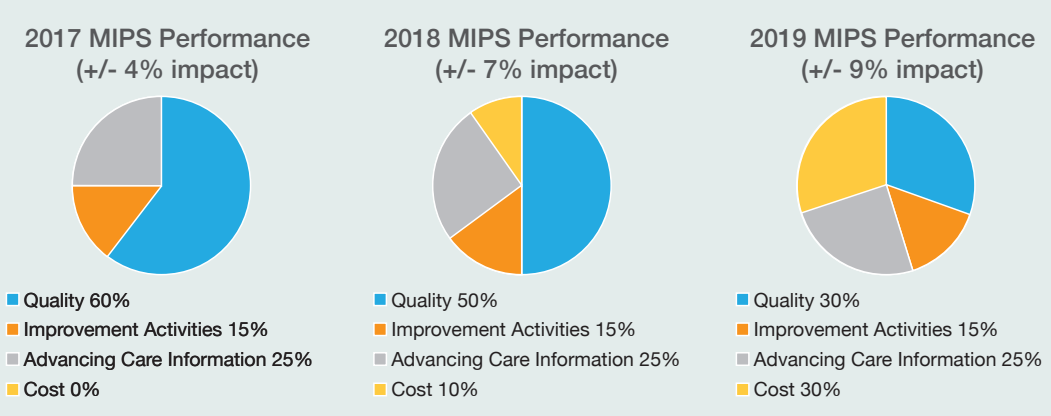
A level of cynicism seeped in my mind that made me think of the Elvis Costello song, "(What's So Funny 'Bout) Peace, Love and Understanding?" The Triple Aim, to my mind, was admirably idealistic but ultimately quixotic and unachievable. However, with the passage of the Affordable Care Act (ACA), and Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), I believe that we now have the underlying market incentives to make great strides. And as a country, we ultimately have no choice but to realize the affordability in the ACA.

In this article, I will try to cover the following agenda:

- Distill the macro reasons and issues that led to the ACA and MACRA.
- Articulate how these reforms will impact and alter the provider practices of the future.
- Answer the question, how does this apply to West Virginia and other communities committed to meeting the health care needs of their citizenship?

The heart of the ACA debate was ultimately a "chicken or egg" quandary. Both Republicans and Democrats concurred that health care needed to be reformed, and desired that access/

3 years of opportunity...and penalties



coverage be expanded, but Republicans wanted reformation first while Democrats argued that people had to have access and coverage as a prelude to drive better preventive services and population health management.

A corollary to this debate was whether health care is a right or a privilege. For those of us practicing in emergency medicine who are thus familiar with the Emergency Medical Treatment and Labor Act (EMTALA), this was a moot debate because EMTALA mandates that everyone has a universal right to emergency treatment. So why would we would confer emergency treatment as a basic right, when costs are the most expensive, and not primary care when we have a chance to affect behavior, utilization and cost? Regardless, the ACA settled the debate that access came first, and as we can see from recent Republican efforts to repeal and replace the ACA, once you confer an entitlement/right, it is almost impossible to retract it.

If the ACA was controversial and divisive, then reforming health care reform was nearly unanimous. MACRA passed in the U.S House of Representatives by 392 to 37, in the Senate by 92 to 8, and was one of the few major federal legislations in the past 10 years with that level of bipartisan support.

Central to MACRA was repealing the Sustainable Growth Rate (SGR), which was an unsuccessful model to control overall Medicare physician payment by uniformly decreasing it in instances where fee-for-service payments surpassed the SGR. Since the physician community was penalized as a whole, it mobilized aggressively as a unified political force to attain "doc fixes" to overturn any payment decreases. In lieu of the SGR, MACRA mandates that physicians participate in either the Merit-based Incentive Payment System (MIPS) or Advanced Alternative Payment Models (APMs).

Most providers are paid based on MIPS, and for the sake of brevity, I will highlight the following major point regarding that system: unlike the SGR, which impacted physicians uniformly, MIPS is a zero-sum system. Based on reporting measures encompassing the four categories – Quality, Cost, Improving Activities and Advancing Care Information – a physician's overall Medicare payments can increase or decrease by nine percent (an 18 percent swing) by 2021. And for every provider garnering an increase, there will be a provider incurring a concomitant decrease.

MIPS is the next evolution of value-based care that creates an additional dimension of competition. Doctors will now not only compete for patients and procedures, but also for how they manage costs and quality on those patients. Providers will not only have to practice the "bedside" art of health care, but will also be tasked to act like pseudo-insurers, requiring the capacity to identify population health, mitigate those risks via practice/system transformation (more team-oriented versus being doctor-centric) and implement provider-based population health management.

The passage of the Social Security Act Amendments in 1965 established Medicare and Medicaid as government-based health insurance which, in conjunction with the rise of employer-based health insurance, led to 50-plus years of massive growth in both the health care industry and physician income. To put that growth into perspective, U.S. health care grew at 5.8 percent in 2015, reaching $3.2 trillion, or $9,990 per person, and was the largest percentage of U.S. Gross Domestic Product (17.8 percent). By itself, U.S. health care would be the world's eighth largest economy and is 2.5 times bigger than the entire GDP of Russia. Most Americans have no idea the health care sector is so massive and unsustainable.

As the oldest son in an Asian family, I did not have control of my own destiny. My parents mandated that I go into medicine. Left to my own accord, I would have entered straight into business and entrepreneurship. So that field chose me. However, over time, I came to appreciate the profound privilige to save another human being's life as an emergency physician. And as an entrepreneur, I see enormous opportunities to bring innovation and efficiency into a slow, backward industry.

Just as medicine found me, I arrived in West Virginia by happenstance. I sold

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The State of Obamacare: Efforts to Repeal and Replace Leaving Employers in Limbo

Jill E. Hall

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sure, Republican efforts to repeal and replace Obamacare are not over. Even bipartisan efforts to improve on Obamacare are already underway. Until such time as new legislation is passed, however, the only certainty is that employers must continue to comply with the ACA, including the employer mandate, employer information reporting requirements (deadlines for which are fast approaching), and all other provisions governing the scope of health benefits to be offered to employees. Failure to comply with employer obligations under the ACA could result in steep penalties. Employers who ignore their obligations under the ACA in hopes of an eventual reprieve do so at their own risk.

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my first startup in 2012 and wanted to resume practicing when I got recruited to Plateau Medical Center in Oak Hill. I started Care 24/7 while practicing there, recognizing a need to provide 24/7 patient access to virtual management and care coordination as part of automating population health management. In fact, I first met with Tom Heywood, John Moore and the Bowles Rice team because I wanted West Virginia Medicaid and the Bureau of Public Health to consider our services. Even back in 2013, Tom and I foresaw that Medicaid expansion, as afforded by the ACA, would eventually come under threat, and that the state would have to look for cost-effective, innovative and proactive means to drive quality and control costs.

Unfortunately, the bureaucracy was too preoccupied then with the initial thrall of Medicaid expansion and enrollment. Regardless, Medicare in 2015 began to reimburse providers for chronic care management, so our business has grown rapidly, helping providers and practices derive unfulfilled, new revenues. Care 24/7 currently has 50-plus clients in 20-plus states. In West Virginia, we have contracted with Mon General, Plateau Medical Center, Boone Medical, Coplin Health, Change Inc. and Minnie Hamilton Health System to facilitate provider-based population health management. As part of our growth, I have relocated the business to Nashville, but Care 24/7 and I will always have a bit of history in West Virginia.

The health care challenges in West Virginia can be a burden, but they can also be an opportunity. As the state with the largest per capita expansion of Medicaid, it must look for means and policies to sustain that expansion, and, if the bureaucracy can be open minded, there are plenty of innovators and entrepreneurs within the state who can pilot new approaches. Furthermore, if properly nurtured, these public-private collaborations can also generate new enterprises that will help West Virginia diversify from its traditional industries.

The paradigm shift from fee-for-service to value-based care presents an enormous pressure, hence a once-in-a-generation opportunity to achieve the Triple Aim. So, again I ask… (What's So Funny 'Bout) Better Care, Healthier Populations, and Lower Cost?