

CHAPTER 224: WHAT DOES IT MEAN FOR CONSUMERS?



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THE POTENTIAL FOR MORE AFFORDABLE HEALTH CARE

Consumers will be the ultimate beneficiaries of success in moderating the growth of health care spending in the Commonwealth, since they ultimately pay for much of the increase in health spending, through higher taxes, premium contributions, and out-of-pocket spending, as well as slower wage growth.

A STRONG CONSUMER VOICE IN NEW STATE POLICYMAKING BODIES AND PROVIDER ORGANIZATIONS

Consumers will be represented on many of the new bodies created by the law, including having a seat on the board of the Health Policy Commission, the most powerful entity created by the new law. Accountable Care Organizations (ACOs) will also be required to include a patient or consumer representative in their governance structures.

ENCOURAGEMENT OF PATIENT-CENTERED MEDICAL HOMES AND OTHER NEW CARE DELIVERY MODELS

Many provisions of the law are designed to encourage the development of new delivery models that seek to improve access to and quality and affordability of care for patients. These range from provisions promoting Patient-Centered Medical Homes (PCMHs) and ACOs to expanding the scope of practice for nurse practitioners and physician assistants and encouraging the use of limited-service clinics.

MORE RESTRICTIONS ON CHOICE OF PROVIDER

While many of the new care models have the potential to improve access to care, particularly primary care services; enhance coordination and integration of care; and improve quality and outcomes, one means of achieving these goals will be to reduce patient choice of provider. ACOs that assume substantial financial risk will, for example, have strong financial incentives to manage care more tightly, including limiting patient access to providers that are not part of the ACO. The continued push for limited network and tiered network health insurance products will also limit provider choice, either by the use of narrower networks or through financial incentives that encourage consumers to use certain providers.

STRENGTHENED CONSUMER PROTECTIONS IN MANY AREAS, INCLUDING NEW MODELS OF CARE

Along with encouraging the growth of new models of care, the law also greatly strengthens consumer protections by establishing tougher regulatory oversight in many areas, including for ACOs, PCMHs, and risk-bearing provider organizations.

INFORMATION, INFORMATION, INFORMATION ... MORE TRANSPARENCY

Consumers will have access to more reliable information about care outcomes and quality and also easier access to information about the price of medical care, including real-time information from health insurers about the out-of-pocket costs they will incur if they obtain specific health care services from specific providers.

A RENEWED COMMITMENT TO FUNDING PUBLIC HEALTH AND COMMUNITY HEALTH

The law has a focus on prevention and wellness, including \$60 million for the Prevention and Wellness Trust Fund. Small businesses that implement wellness programs will receive tax credits and premium discounts. ACOs will also be encouraged to promote community-based wellness programs and to form partnerships with community health workers.

MORE COUNSELING ON PALLIATIVE AND END OF LIFE CARE

Providers, including hospitals, physicians, skilled nursing facilities, community health centers, and assisted living facilities, have new obligations to provide information and counseling on palliative and end-of-life care to patients.

STRONGER ENFORCEMENT OF FEDERAL AND STATE MENTAL HEALTH PARITY LAWS

The Division of Insurance is given express authority to enforce the provisions of federal and state laws regarding parity for mental health.