Patient Protection *and* Affordable Care Act

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WITH ALL OF the recent discussion around the Patient Protection and Affordable Care Act (PPACA), and recognizing that on March 31, 2011, the Centers for Medicare and Medicaid Services (CMS) published more than 400 pages of proposed regulations for accountable care organizations (ACOs) — which have been met with lukewarm reception from the provider industry — it may be useful to ask a very basic question: When it comes to physicians, can accountability be measured and, if so, how will it be measured?

In the current context, the term "accountability" seems to have all to do with the requirement of stakeholders in the health care delivery system to obtain greater value from their health care expenditures.

Considering the term "accountability," as distinct from an ACO, one of the leading commentators in the health care industry noted the following:

More specifically, the sweep of new reimbursement models — enhanced, value-based purchasing, readmission penalties, bundled payments and shared savings programs, among others — reflects a great risk shift from the financiers of care to the providers of care. This transfer of additional responsibility will challenge every hospital, health system and physician to achieve higher levels of performance and confront disruptive strategic choices about future organizational direction.

So, notwithstanding what may be the failure of the provider industry to embrace ACOs, all commentators predict there will be shift in emphasis from reimbursement and payment based on volume to reimbursement and payment based on value. In such a paradigm shift, one wonders how value will be measured and, just as importantly, whether the health care delivery system is ready to have "value" measured in any systematic manner.

With PPACA's emphasis on value-based purchasing, as opposed to volume-based payment systems, one intuitively understands the connection between PPACA and the earlier Health Information Technology for Economic and Clinical Health Act. As many commentators have noted, the redesign of patient care and the communication and collaboration required among providers to meet the requirements of PPACA will depend, in large measure, on the ability of health care delivery systems to make "meaningful use" of systems and data.

Here are a few examples of the detailed criteria that will determine whether meaningful use is occurring:

+ Provision of clinical summaries for each office visit. An eligible professional will meet this objective if he or she is able to provide clinical summaries for more than 50% of office visits within three business days.

+ Generating and transmitting prescriptions electronically. This objective is met if greater than 40% of the prescriptions written by an eligible professional are transmitted electronically by means of an EHR.

+ Use of computerized provider order entry (CPOE) for medication orders. To meet this objective, greater than 30% of an eligible professional's patients must have at least one medication order placed through CPOE.

+ Implementation of drug formulary checks. This objective is met if the professional has access to at least one drug formulary (internal or external) for each reporting period.

+ Providing care reminders to patients. This objective is met if greater than 20% of patients who are either 65 years old or older or 5 years old or younger are sent a care reminder during the reporting period.

+ Demonstration of the capability to exchange clinical data electronically with other providers by performing at least one test of EHR capacity to exchange clinical information electronically.

What does this really mean for large and small physician practices?

First, it means that more than ever, health care delivery systems will want and need to engage physicians in the process of performance improvement through the use of more sophisticated and targeted information technology. Those health care delivery systems that can collect, process and present data to their aligned physicians in a credible and actionable way will stand the greatest chance of success under accountable payment systems.

Second, the collection and

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utilization of credible and actionable performance data will only serve to improve health care if the result is a reliance upon evidence-based medicine.

Third, physicians must actually utilize the data provided to improve both clinical outcomes and the bottom line. Receiving reams of data will be of no use unless, in every physician office, someone is charged with the responsibility of analyzing the data and taking action upon it.

Finally, providers in the coming accountable care organization model will find themselves with more responsibility for managing populations of patients, and so they must have information technology capable of allowing them to provide continuing advice to patients with acute and chronic conditions, thereby benefiting patients clinically and providers financially by targeting required care and reducing the opportunities for unnecessary care.

In summary, while there remains debate about PPACA and while the health care industry generally has been phlegmatic in its acceptance of ACOs, there is little doubt that government and private payors will insist upon value for their purchases. The most important and effective means by which physicians and other providers can demonstrate value is the enthusiastic embrace of smart information technology designed to improve patient care, make meaningful use of patient health data and thereby reduce expense.

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Reference

"Health Care's Accountability Moment," Health Care Advisory Board (2010) at p.3.

WHAT'S NEW IN *Area Hospitals*

SACRED HEART HOSPITAL OPENS EXTENDED CARE UNIT

Driven by both economic factors and clinical concerns over the needs of consumers, Sacred Heart Hospital opened the Extended Care Unit, an estimated $1.8 million project, in May 2011. The unit primarily serves patients who resided at the state hospital, which the state closed in December 2010.

Because Allentown State Hospital discharged about 200 people, there was a need to provide consumers with longer-term care in a unit designed to have a positive impact on their recoveries. The goal of the unit is to serve 19 patients with an average stay of 120-180 days. In addition to the 30 new hospital employees who have been hired for the unit, the project has also netted about 40 new jobs for construction workers.

LEHIGH VALLEY HEALTH NETWORK COMMUNITY HEALTH AND WELLNESS CENTER

Lehigh Valley Health Network (LVHN)'s new Community Health and Wellness Center is a unique place for patients to learn how to stay fit and healthy and manage chronic illnesses like diabetes, heart disease and asthma. Through funding secured from then-Gov. Edward G. Rendell's state Redevelopment Assistance Capital Program, the hospital obtained $700,000 to help open the center.

The Lehigh Valley Hospital (17th St. Center), which opened in April, provides group and individual health programs in English and Spanish, coaching in self-management of chronic diseases, education and support for caregivers, promotion of healthy lifestyles, and instruction in health-risk reduction. Exercise and healthy eating classes also are provided.

"Many Americans and minority groups suffer unnecessarily as a result of low health literacy," says Edgardo Maldonado, M.D., LVHN's Medical Director of Internal Medicine Community Practices and Patient programs. "It is the strongest predictor of poor outcomes and high health care costs in the United States. The goal of the Community Health and Wellness Center is to stop that vicious cycle. We want to improve health literacy, keep our patients healthier and ultimately reduce health care costs."

LEHIGH VALLEY HEALTH NETWORK RECEIVES MAGNET RE-DESIGNATION

Lehigh Valley Health Network (LVHN) announced that it has been re-designated as a Magnet Hospital — receiving for the third time the highest honor for nursing excellence from the American Nurses Credentialing Center (ANCC). The Magnet seal of approval helps identify hospitals where community members can expect to receive outstanding nursing care. The announcement was made during the health network's 24th Annual Friends of Nursing Awards Celebration.

"We congratulate all of our colleagues for taking their passion and making Magnet designation happen not once, not twice, but three times," says Chief Nursing Officer and Senior Vice President of Patient Care Services Anne Panik, R.N. "This is quite an accomplishment."

Less than 7% of hospitals in the country hold this honor, and Lehigh Valley Health Network is the only Magnet hospital in the region. "Studies show Magnet hospitals have higher patient satisfaction, better quality outcomes and the right nurse-to-patient ratios," says Ronald W. Swinfard, M.D., Lehigh Valley Health Network's President and Chief Executive Officer.

AMERICAN HEART ASSOCIATION RECOGNIZES POCONO MEDICAL CENTER

The American Heart Association recently recognized Pocono Medical Center (PMC) for becoming a Gold Start! Fit-Friendly Company. "The American Heart Association Fit Friendly Companies program recognizes Pocono Medical Center, which champions the health of its employees and works to create a culture of physical activity in the workplace! Well done Pocono Medical Center," notes Jinx Perszyk,