

Health Care Reform

Preparing for practice in an evolving system

This is a pivotal time to be a medical student. The 2010 Patient Protection and Affordable Care Act (ACA)—now in implementation—refocuses the health care system to make primary and preventive care more accessible and affordable to all Americans.

The U.S. health care system is currently undergoing major modification for the first time since Medicare was introduced in 1965, with elements of the ACA to be implemented through 2015. The reforms aim to improve health care quality, lower costs, increase access to care, and provide new consumer protections—all of which align with a health care system centered on primary care and care coordination.

The U.S. health care system currently ranks first in the world in cost, but 38th in quality and performance, according to the World Health Organization. The current U.S. health care system doesn't actually function as a system. It's uncoordinated, it delivers fragmented care, and it emphasizes intervention rather than prevention and comprehensive health management. Health care in the U.S. has unsustainable, rapidly increasing costs, and it is suffering a decline in access to care.

A high-functioning health care system:

- Provides coverage for all
- Has patient-centered medical homes for everyone
- Shares responsibilities among individuals, employers, governments, and private and public sectors

The Patient Protection and Affordable Care Act:

- Features comprehensive health care reform
- Places primary care in a more prominent, in-demand role
- Includes measures to:
 - Insure at least 30 million of the 60 million Americans projected to be uninsured by 2022
 - Increase access to affordable care
 - Improve care quality and lower costs

Health Insurance Marketplaces

Health insurance marketplaces provide coverage for the previously uninsured and those who are no longer able to afford their current health insurance. This means many patients will enter the health care system for the first time with health insurance—good news for patients, and good news for physicians. These patients will look to a family physician to help them navigate their health care.

Family medicine has been the highest recruited specialty since the mid 2000s and demand for primary care physicians will only increase with changes to the health care system. As a medical student, you have the opportunity to choose your specialty and choose the role you will play in this new system.

In the next few years, primary health care will change:

- Demand for family physicians will increase steeply, highlighting undersupply of family physicians
- Programs and policies, both new and already existing, will focus on producing more family doctors
- Care will focus on prevention and disease management, saving costs
- The patient-centered medical home model of care, which focuses on team-based care, centered on the patient, will continue as the model for care optimization

Primary care provides a better patient care experience, better population health outcomes, and lower care costs.



ACA Timeline

- 2010** **Signed in to law on March 23, the ACA proposes:**
- New funding for scholarships and loan repayments for primary care physicians working in underserved areas
 - Tax incentives for primary care physicians working in underserved or health professional shortage areas
 - Increased payments for rural health care providers
 - New funding for community health centers
 - \$15 billion Prevention and Public Health Fund
 - Patients can:
 - Conveniently compare coverage options
 - Appeal insurance company decisions
 - Access customer assistance for enrollment, education, and appeals from their states
 - Stay on their parents' insurance until the age of 26
 - Access preventive care services such as mammograms and colonoscopies without charge
 - Retire early and maintain coverage
 - Receive coverage through Medicaid expansion
 - Insurance companies cannot:
 - Deny children's coverage based on pre-existing conditions
 - Rescind coverage for an error or technical mistake
 - Impose annual limits or lifetime dollar limits on coverage
 - Unjustly hike rates

- 2011**
- For seniors:
 - Prescription drug discounts
 - Free preventive care
 - Improved post-hospitalization care and coordination
 - Funding for home and community-based care, rather than institutional care, for disabled seniors covered through Medicaid
 - Test new care delivery models that highlight care quality and cost control to propose a new national strategy
 - Regulations to control insurance premiums and overpayment

- 2012**
- Payment linked to quality outcomes through the Value-Based Purchasing Program in Traditional Medicine
 - Incentives for creation of Accountable Care Organizations (ACOs) to coordinate patient care
 - Standards for billing and electronic health record (EHR) use
 - Increased information gathering on health disparities

- 2013**
- Increased Medicaid payments for primary care doctors
 - Open enrollment in Health Insurance Marketplace begins
 - Payment bundling to incentivize provider coordination and improve quality of care
 - New funding for state Medicaid to cover preventive services

- 2014**
- Health Insurance Marketplace coverage begins
 - Expanded Medicaid (in states that choose)
 - Uninsured Americans who are not exempt pay a fee to help offset the costs of caring for uninsured Americans
 - Tax credits for middle class to afford insurance
 - Prohibit insurance discrimination due to pre-existing conditions or gender
 - Eliminate annual limits on insurance coverage
 - Ensure coverage for individuals participating in clinical trials

- 2015**
- New provision to tie physician payment to care quality

Find more information about health care reform for you and your future patients at www.aafp.org/marketplace.

