

Health Policy Shaping System Change & Access to Care

Kelly Kruse Nelles MS RN APRN-BC
Lead Faculty



National Registered Nurse Case Manager Certificate Program

1

Learning Outcomes

1. Identify drivers of health policy as it relates to access to health care.
2. Describe the significance of the ACA specific to access to care and health outcomes.
3. Describe new models of care implemented since the passage of the ACA.
4. Recognize the role of the RNCM as it relates to health policy, advocacy and role development.



National Registered Nurse Case Manager Certificate Program

2

Understanding Health Reform

Key words: Health Reform, Affordable Care Act, American Rescue Plan, Accountable Care Organization (ACO), Patient Centered Medical Home (PCMH), National Health Insurance, Socialized Medicine, Universal Health care



National Registered Nurse Case Manager Certificate Program

3

U.S. Spending & Health Care

U.S. compared to other industrialized countries:

- Spends the most with the poorest outcomes

- Organisation for Economic Cooperation and Development 2019)

• Most at Risk:

- Low-income individuals
- People of color
- Residents of rural areas



Gap growing since before the Affordable Care Act and exacerbated by the COVID-19 pandemic



National Registered Nurse Case Manager Certificate Program

4

In the U.S. two groups experience health problems more intensely and frequently:

- People with intense health care needs who use a lot of services
 - Multiple chronic conditions
 - Functional limitations
 - Behavioral health concerns
 - Complicated by social needs
- Vulnerable Populations
 - Poor access to health care
 - Receive poor quality care
 - Experience poor care outcomes
 - Often resulting from health inequities

5

Access to Health Care

Needed:

- Promoting and maintaining health
- Preventing and managing disease
- Reducing unnecessary disability and premature death



Includes:

- Health Insurance Coverage
- Availability of health care providers and services

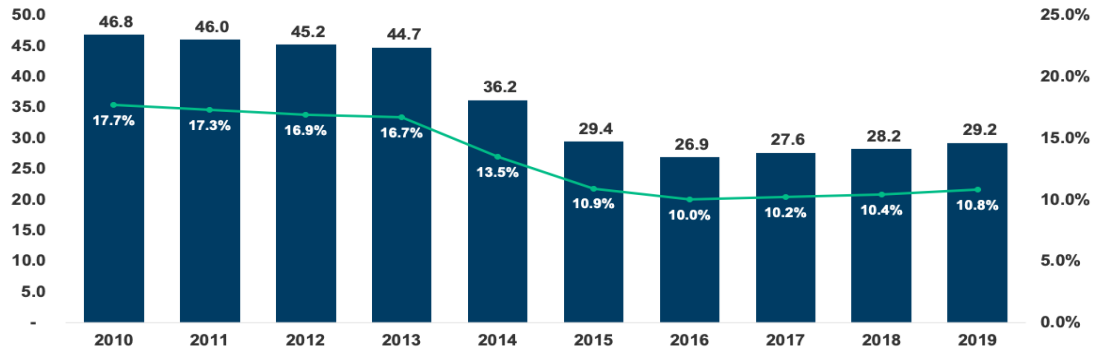
Lack of Health Insurance directly linked to poor health outcomes and economic hardship.

6

Figure 1

Number of Uninsured and Uninsured Rate among the Nonelderly Population, 2010-2019

(Number of uninsured in millions)



NOTE: Includes nonelderly individuals ages 0 to 64.

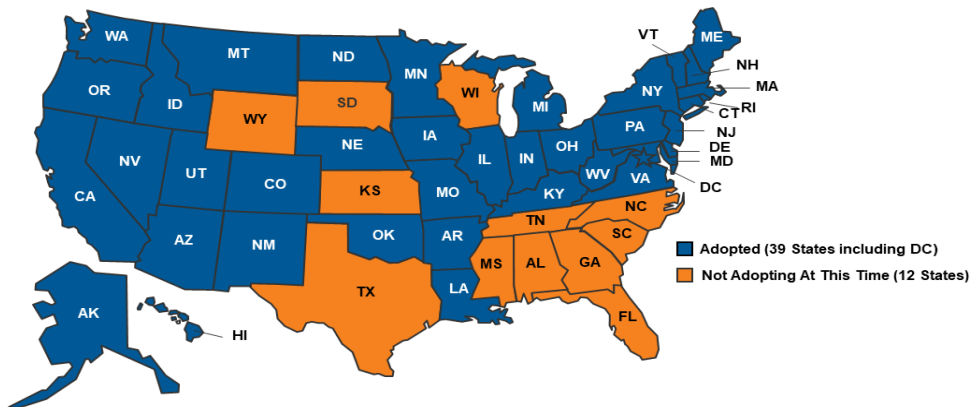
SOURCE: Katherine Keisler-Starkey and Lisa N. Bunch, *Health Insurance Coverage in the United States: 2019*, US Census Bureau, September 15, 2020.



National Registered Nurse Case Manager Certificate Program

7

Status of State Medicaid Expansion Decisions



NOTES: Current status for each state is based on KFF tracking and analysis of state activity. See link below for additional state-specific notes.

SOURCE: "Status of State Action on the Medicaid Expansion Decision," KFF State Health Facts, updated June 29, 2022. <https://www.kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/>



National Registered Nurse Case Manager Certificate Program

8

Access to Health Insurance Matters (KFF 2020)

- Most unemployed people have a least one worker in the family more likely to experience health care disparities and low income
- 3 in 10 adults went without needed health care due to cost and were more likely to accumulate medical debt
- 85% of uninsured are non-elderly adults

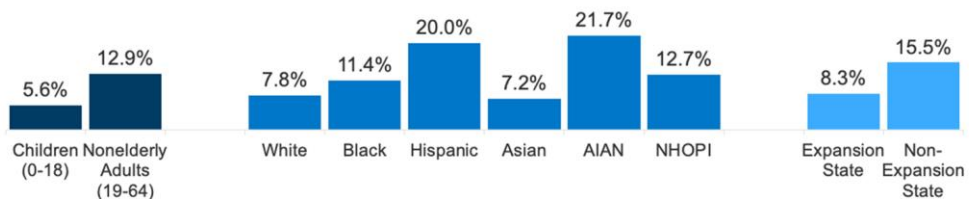


National Registered Nurse Case Manager Certificate Program

9

Figure 5

Uninsured Rates among the Nonelderly Population by Selected Characteristics, 2019



NOTE: Includes nonelderly individuals ages 0 to 64. AIAN refers to American Indian/Alaska Native. NHOPI refers to Native Hawaiians and Other Pacific Islanders. Hispanic people may be of any race but are categorized as Hispanic; other groups are all non-Hispanic.
SOURCE: KFF analysis of 2019 American Community Survey, 1-Year Estimates.



National Registered Nurse Case Manager Certificate Program

10

1/3 of Americans are concerned about their ability to pay for health care in the coming year

The pandemic has exacerbated these challenges

(Rambur, B. & Pulcini, J. (Jan 2022) – Understanding the language of health reform. AJN, 122:1, 48-53.)



National Registered Nurse Case Manager Certificate Program

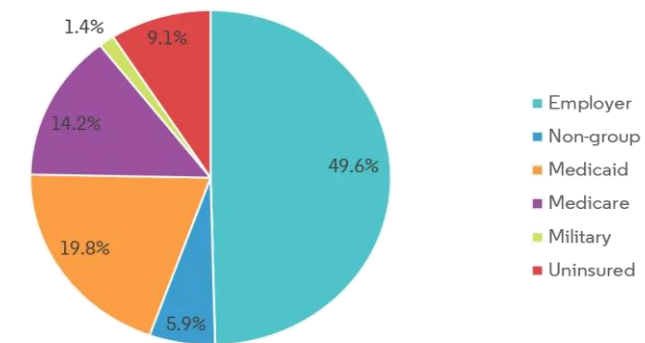
11

How People Access Health Insurance

Different Payors for Different Segments of Society

- Private, non-governmental health insurance (2/3)
- Governmental (1/3)
 - Medicare and Medicaid
 - Veterans Health Administration, Military Insurance

Health insurance coverage of the total population 2019

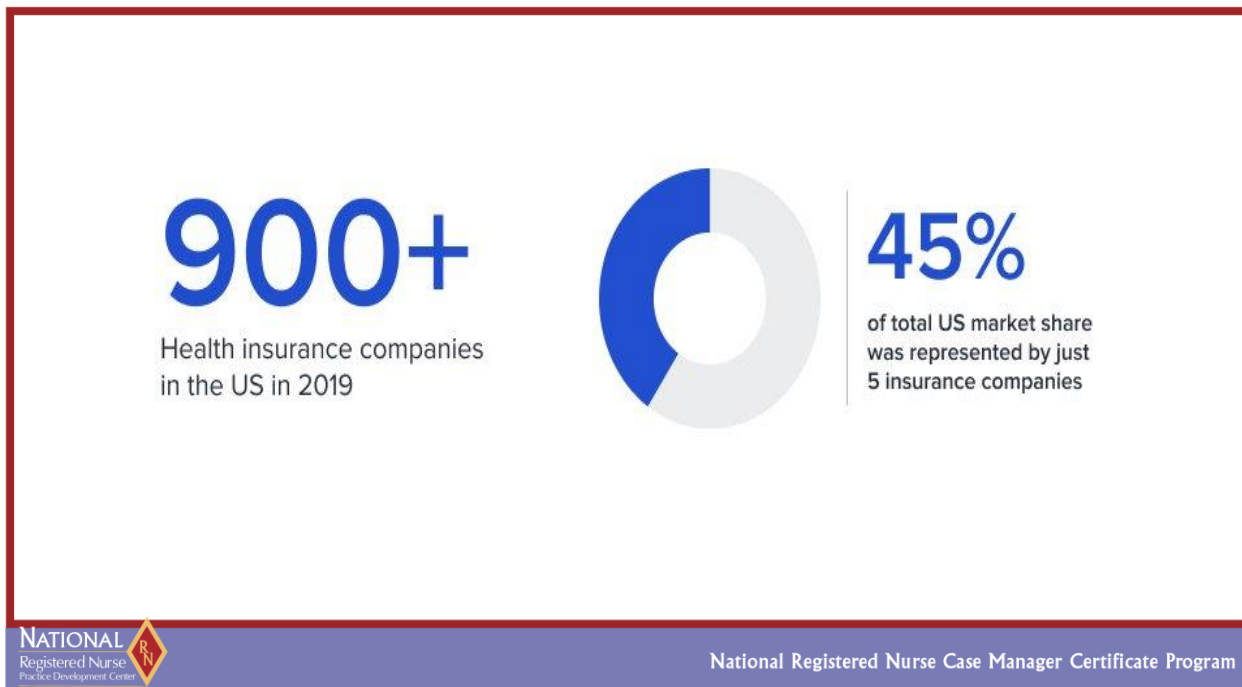


Mordor Intelligence

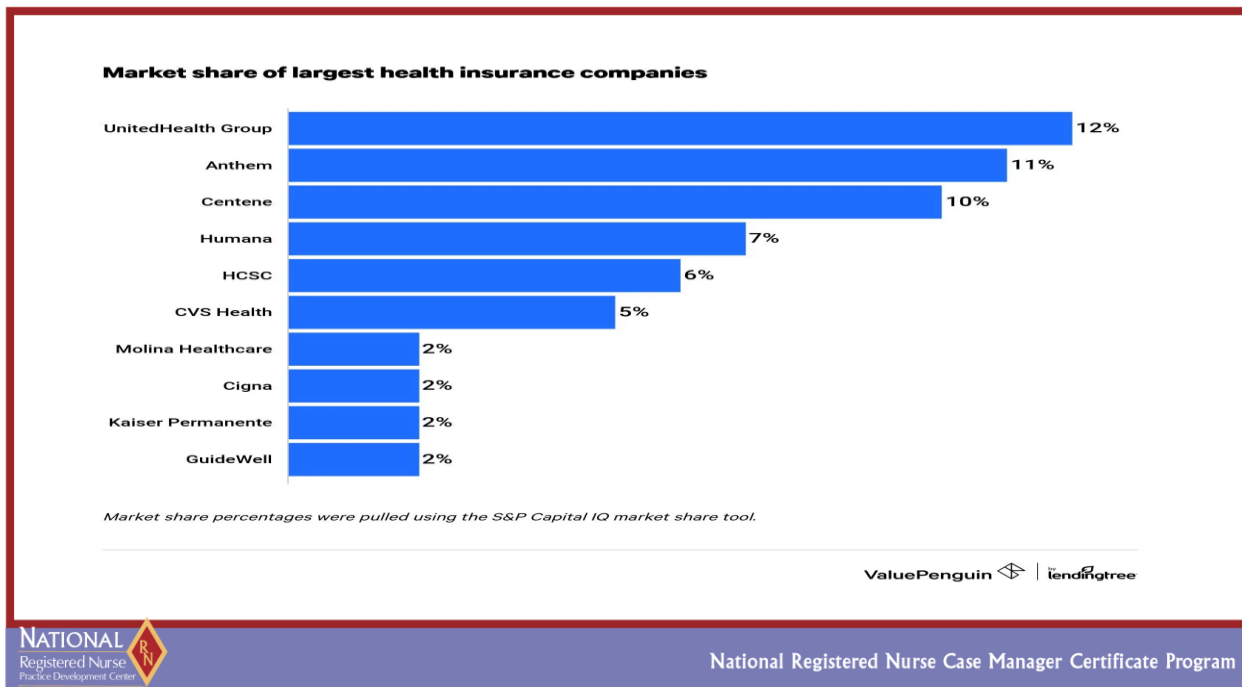


National Registered Nurse Case Manager Certificate Program

12



13



14

Government Involvement in Healthcare

American Satisfaction with Governmental Insurance is High

- 75-78% Satisfaction with:
 - Medicare
 - Medicaid
 - VA Health Care



Universal Health Coverage

“All people having access to the health services they need, when and where they need them, without financial hardship. It includes the full range of essential health services from health promotion to prevention, treatment, rehabilitation and palliative care.” – The World Health Organization

The United States

- Other wealthy nations achieve this aim to varying degrees (Ex: The Netherlands, Switzerland, Germany)
- Use:
 - More stringent price controls
 - Negotiations
 - Capitated (fixed) salaries for providers
 - Global budgets that support affordability
- Medical debt and bankruptcy due to health care costs a uniquely American phenomenon

Differentiating Between National Health Insurance and Socialized Medicine

- National health insurance paid for by taxes termed social insurance
- Often confused with socialized medicine which is different
 - Government owns the building where care is provided (i.e., hospitals, primary care clinics, nursing homes) and employs staff who provide the care
 - Ex: Great Britain's National Health Service
- In the U.S., the Veterans Health Administration represents a socialized approach
 - Financed by taxes
 - Care is delivered by governmental employees in government owned facilities

- Canadian system is an example of Universal Health System
 - Financed through taxes
 - Care delivered mostly in nonprofit hospitals rather than government owned facilities
 - Providers are not government employees
- Represents national health insurance with a single-payer approach
 - Basic care is financed by the government through taxes
 - Options for supplemental insurance coverage are paid for by citizens who elect to purchase it
- In the U.S., Medicare offers a single payer form of national health insurance for selected populations and conditions
 - Access to health insurance is guaranteed to those eligible
 - Financed through taxes and payments by those covered by Medicare

19

How Universal Health Care Works



20

U.S. History of Efforts to Achieve Universal Health Insurance

1935 President Roosevelt's initial plan for Social Security included universal coverage through national health insurance

1948 President Truman unsuccessfully attempted to enact

World War II increased the number of Americans with employer-based health insurance

1960s The population most likely to be living in poverty was the elderly

1965 President Johnson's Great Society Vision included amendments to the Social Security Act to provide national health insurance for those over 65 (Medicare), poor or disabled individuals without access to health insurance (Medicaid)

Early 1970s President Nixon's comprehensive health insurance plan to provide national health insurance expected to pass into law but was stopped by the Watergate scandal.

1993 President Clinton unsuccessfully attempted to reform health care through managed competition

2010 President Obama included national health insurance with a public option in early drafts of the Affordable Care Act removed by the final bill before adoption by Congress

Affordable Care Act

The Patient Protection and Affordable Care Act Health Care Law (2010)



National Registered Nurse Case Manager Certificate Program

23

The ACA Law has 3 Primary Goals:

- 1) Make affordable health insurance available to more people
 - Provides consumer subsidies that lower costs for households with incomes between 100% and 400% of the federal poverty level
- 2) Expand the Medicaid Program
 - Cover all adults below 138% of the FPL
- 3) Support innovative medical care delivery
 - Reduce health care costs



National Registered Nurse Case Manager Certificate Program

24

Federal Poverty Levels for 2022 Health Coverage



This is an outline of the Federal Poverty Level (FPL) income ranges that will qualify for financial assistance for enrollment in 2022 coverage On Marketplace.

* Updated for new rules under the American Rescue Plan

Household Size	100% FPL	150% FPL	200% FPL	250% FPL	400% FPL
1	\$12,880	\$19,320	\$25,760	\$32,200	\$51,520
2	\$17,420	\$26,130	\$34,840	\$43,550	\$69,680
3	\$21,960	\$32,940	\$43,920	\$54,900	\$87,840
4	\$26,500	\$39,750	\$53,000	\$66,250	\$106,000
Each additional person	Add \$4,540	Add \$6,810	Add \$9,080	Add \$11,350	Add \$18,160

- Florida did not expand Medicaid. Therefore, tax credits may be available as listed above for people with incomes above 100% of FPL
- Household incomes below 100% FPL do not qualify for federal financial assistance to obtain health insurance coverage¹
- Household incomes above 100% FPL may qualify for **Advance Premium Tax Credits** to offset premium costs
- Household incomes between 100 – 250% FPL may also qualify for **Silver with Cost-Sharing Reductions** (lower out-of-pocket costs)
- Access to Silver Cost Share Reduction plans is not affected by federal decisions to fund the Cost Share Reduction program
- Applicant cannot be enrolled in or eligible for government sponsored Minimum Essential Coverage (e.g. certain Medicaid or Medicare)
- Applicants eligible for group plans through their employer, or through a household family member who is offered employer coverage, may still qualify for a financial assistance on the Marketplace if the group plan is not affordable (the employee's contribution for self-only coverage exceeds 9.66% of the employee's household income) or if the group plan does not meet the Minimum Value requirements.

For example: Bob is married with two children, and they have a household income of \$40,000 (155% FPL). They have the opportunity to enroll in group coverage through Bob's job. Bob's self-only coverage from his employer costs \$1,200, or 3% of the household income. However, family coverage costs \$12,000, or 30% of the household income. *Affordability* of employer coverage is based on whether the employee's self-only coverage costs are less than 9.78% of the household income. Since this employer coverage satisfies that requirement, Bob and his family would not be eligible for financial assistance on the Marketplace.

¹ Non-citizens who are legally present may qualify for federal financial assistance.



The ACA addresses:

- Pre-Existing Conditions
- Young adult Coverage
- Cancellations & Appeals
- Lifetime & Annual Limits
- Preventive Care



Accountable Care Organizations (ACOs)

- Shared Savings Programs Offered by Medicare
 - Reduce costs of care
 - Improve quality and safety
- Implemented as part of the PPACA (2010)
 - Managed under the CMS Center for Innovation
 - <https://innovation.cms.gov/innovation-models/aco>



ACO Models of Care

Groups of physicians, hospitals, independent practice associations, integrated healthcare delivery networks and other health care providers that voluntarily join together as one entity to provide coordinated, high-quality, patient-centered care to Medicare patients.

- Take responsibility for the total costs of care for their patients
- Aim to reduce total costs and improve health outcomes for their patient population
- Receive a share of the savings with the payer

Care Coordination Central to the ACO Model

- Avoiding unnecessary duplication of services
- Preventing medical errors
- Enhanced communication through maximized use of HIT
- Patient and family engagement in their care

Ensure patients with one or more chronic condition has access to the right care, at the right time, in the right place

Links to Value Based Purchasing

- Drives a Focus on the whole person as well as populations of patients
- Requires a focus on coordination of services & resources among healthcare organizations and providers of all types
- Move out of traditional siloed views and adoption of a collaborative model of care delivery



ACO Models at CMS

<https://innovation.cms.gov/innovation-models/aco>

Medicare Shared Savings Program

- Helps Medicare fee-for-service providers become an ACO

ACO Investment Model

- For Medicare Shared Savings ACOs to test pre-paid savings in rural and underserved populations

Advance Payment ACO Model

- Supplementary incentive program for selected participants in the Shared Savings Program

Next Generation ACO Model

- For ACOs experienced in managing care for populations of patients

Pioneer ACO Model

- Program designed for early adopters of coordinated care. Only for health care organizations and providers already in this program experienced in coordinating care across care settings.

Population Specific ACO Programs

- Comprehensive ESRD Care Initiative –For beneficiaries receiving dialysis
- Vermont All-Payer ACO Model – Effort to transform healthcare for Vermont’s population

Evaluating ACO Success

Quality Measure Domains:

- Patient Experience
- Care Coordination
- Preventive Health
- At Risk Populations



The higher the quality-of-care providers deliver, the more shared savings ACOs may earn

Number of ACOs Increasing

Since the passage of the ACA:



- > 1,000 ACOs covering almost 33 million patients across the country
- Value based reimbursement expected to increase participation

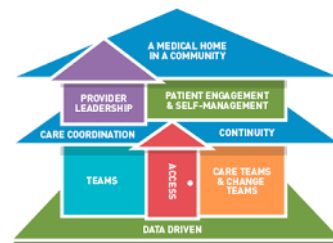
Patient Centered Medical Home

<https://www.ahrq.gov/ncepcr/tools/pcmh/defining/index.html>

AHRQ defines medical home

....."not simply as a place but as a model of the organization of primary care that delivers the core functions of primary health care"

- Comprehensive Care
- Patient Centered
- Coordinated Care
- Accessible Services
- Quality and Safety



Patients have access to the right care, at the right time, in the right place

National Commission of Quality Assurance (NCQA)

- Provides PCMH Recognition (accreditation/certification)
 - More than 13,000 practices (with more than 67,000 clinicians) are recognized by NCQA (retrieved July 2022)
- A growing body of scientific evidence shows that PCMHs are saving money by:
 - reducing hospital and emergency department visits
 - mitigating health disparities
 - improving patient outcomes

ACOs and PCMHs Interface with the Tripe Aim



Health Reform Policy and RNCM Practice

Informed Practice = More Effective Role Development



National Registered Nurse Case Manager Certificate Program

37

Dept of Health and Human Services

<https://www.hhs.gov/about/agencies/hhs-agencies-and-offices/index.html>

- [National Institutes of Health](#)
- [Centers for Disease Control and Prevention](#)
- [Indian Health Service](#)
- [Food and Drug Administration](#)
- [Agency for Toxic Substances and Disease Registry](#)
- [Health Resources and Services Administration](#)
- [Agency for Healthcare Research and Quality](#)
- [Substance Abuse and Mental Health Services Administration](#)
- [Office of the Assistant Secretary for Health^{\[4\]}](#)
- [Office of the Assistant Secretary for Preparedness and Response](#)
- [Office of Global Affairs](#)
- [Centers for Medicare and Medicaid Services](#)
- [Administration for Children and Families](#)
- [Administration for Community Living](#)

Department of Veterans Affairs/Veterans Health Administration

- <https://www.va.gov/>



National Registered Nurse Case Manager Certificate Program

38

On Going Debates: Universal Coverage Through a Public Option or Medicare

It Depends:

- Medicare Part X
 - Not “Medicare for All” or “Medicare for More”
 - Establishes a new Medicare-like program single payer option
- Lowering Medicare eligibility to age 60
- Expanding benefits to Include dental, hearing and vision services
- Some State-based public option versions have already received legislative approval:
 - Ex: Colorado, Nevada, Oregon, Washington

New Legislation: The American Rescue Plan Act COVID Relief and Access to Health Insurance

- Passed March 2021 to provide COVID relief and access to health insurance
- Expands on limitations of the ACA
- Provided provisions to address health care system challenges exacerbated by the COVID-19 pandemic
 - COBRA coverage for those who lost their jobs or had reduced hours resulting in loss of insurance
 - Expanded Medicaid and CHIP
 - Subsidies to existing Medicaid enrollees in states that had not previously expanded Medicaid
 - Extended post-partum Medicaid coverage for 12 months
 - Additional Medicaid support for home and community-based services

The Inflation Reduction Act of 2022 (August)

- Lowers energy costs, increases cleaner production, and reduces carbon emission by 40% by 2030
- Allows Medicare to negotiate drug prices and caps out of pocket costs to \$2000
- Lowers ACA health care premiums for millions of Americans
- Closes tax loopholes, enforces the tax code and raises taxes to 15% for big corporations and ultra wealthy

PACT Act signed into Law August 9, 2022

- Expands health care benefits for veterans who developed illnesses because of their exposure to toxic substances from burn pits on U.S. military bases during their service in Iraq and Afghanistan
- Largest expansion of health care benefits for veterans exposed to toxins in > 30 years
- Expected to extend eligibility for medical care to 3.5 million veterans potentially impacted by toxic exposure
- Removes the burden on certain veterans and their families to prove service connection if diagnosed with one for 23 specific conditions including 11 respiratory-related conditions, several forms of cancer and brain cancer
- Have You Ever Served? (American Academy of Nursing)
<https://www.haveyoueverserved.com/>

Well Informed RNCMs are Better Patient Advocates

- Able to define key terms and relevant history related to the current health system and recognize the relationship between the many moving parts of the U.S. health care systems and patient access to care
- Provide nonpartisan education to our colleagues and patients to correct misinformation and disinformation
- Critically evaluate and advocate for those health policies that have the potential to impact health outcomes more positively for patients
- Better positioned to participate in professional activities to more effectively accomplish system changes put forth by legislation

43

Next Steps

- Watch the videos that accompany this lecture
- Review the posted Resources. Download any you would like to keep.
- Complete the Practice Development Activity
- Take the Test Your Knowledge Self-Assessment Quiz
- When you're ready move onto the next topic
- Questions? Let me know:
 - Kelly.kruse@nationalrn.com
 - (608) 437-6035 CST



44