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Three Major Provisions of the Patient Protection and Affordable Care Act (PPACA)

The Patient Protection and Affordable Care Act (PPACA) is a comprehensive health insurance reform that passed by Congress and then signed into law by the President on March 23, 2010. The major goals of this mandate are to improve healthcare quality and reduce care cost, improve equal access to healthcare for all individuals and provide consumer protection (hhs.gov). The three major provisions that I like to address are: (1) provision for rebuilding primary care workforce (2) provision for providing free preventive care, and (3) provision for value based purchasing.

(1) *Provision for rebuilding and increasing primary care workforce*: The U.S. will require 52,000 additional primary care doctors by 2025 because of rapid population growth and insurance expansion due to the passage of PPACA. One of the goals of PPACA policies is to increase primary care workforce capacity across the country. Effective October 1, 2011, the primary care workforce expansion provision introduced several policies to combat the shortage of primary care practitioners (PCPs). These policies include increased payment reform for PCPs who participate in Medicare and Medicaid programs, support for primary care training in academics, increased and expanded primary care residency programs, providing scholarships to students planning to practice primary care, and loan forgiveness and direct financial incentives for PCPs. Medical students who enter into programs that focus more on primary care will most likely practice in underserved areas after their graduation. Although an increase in medical school recruitments may require more investment, it will yield a little outcome if the residency programs are also not expanded at the same time. Though the provision does not have any clear policy to train foreign doctors who are interested in primary care residency program. I believe that foreign physicians should be allowed to enter such a program if they are willing to practice medicine in underserved areas. Expanding the primary care residency training sites for the interested foreign doctors will help to improve fill in the gap for the PCP shortage. In addition, the provision can be modified to allow physician's assistants, nurse practitioners and other non-physician healthcare professionals specialized in primary care to take in a physician's role so they can provide necessary care such as patient check ups, prescribe medication and order tests where physicians are unavailable.

2) Provisions for Free Preventive Care: Effective January 1, 2011, coverage of Preventive services provision requires all insurance plans to cover preventive services and immunizations

without an additional cost. However these preventive services must be recommended by the U.S. Preventive Services Task Force and the care provider must be a part of the plan's network. The provision does not require grandfathered insurance plans to offer this free service although most of these old plans started to offering free preventive service to their consumers. Some of these services including blood pressure and cholesterol test, mammograms, colonoscopies, cervical cancer screening and so on (kp.org). The provision also allows women to receive additional free preventive care.

Sometimes it can be difficult for the care provider specifically for the billing and coding department to distinguish between a preventive service and diagnostic service. That is, to figure out when to charge and when no to charge and what billing code to use for that matter. For example, if the patient should be charged if a polyp is removed during a regular colon screening. So there should be clear policies if a patient will be charged for a necessary procedure during a preventive screening service to prevent a surprise bill for the patient.

(3) *Provisions for paying care provider based on value not volume:* One of the major objectives of PPACA is to improve the quality of care provided by the providers. PPACA's payment reform provisions including value-based purchasing (VBP), accountable care organizations (ACO), and bundled payments will help the largest payer of the U.S. healthcare system namely Medicare and Medicaid to reduce the federal healthcare cost as well as to improve patient care quality and patient safety. The first hospital VBP performance period started on July 1, 2011 (cms.gov). A performance period in VBP is used to collect patient data that indicates how well a hospital is performing based on an established set of quality measures. CMS assesses each hospital's total performance by comparing its achievement and improvement score based on two fundamental methodologies - clinical process of care and patient experience of care. Last year CMS adopted 13 quality measures as part of VBP processes. Three of those guidelines are mentioned below to show some examples and types of metrics :

- A patient with acute myocardial infarction should receive fibrinolytic therapy within 30 minutes of hospital arrival

- Blood cultures should be performed in the ED before an pneumonia patient receives an initial antibiotic in the hospital and
- Discharge instructions should be given to the heart failure patients.

A qualified hospital receives VBP incentive payments from the Medicare through its Diagnosis Related Group system. Information about a hospital's performance determined through VBP is made available to the public including its performance on each measure, performance with respect to each condition or procedure and the total performance score. The information is then posted periodically on the hospital compare website at www.hospitalcompare.hhs.gov.

While the goals of VBP are clear, its implementation to achieve these goals faces many challenges. Quality data collection and reporting require additional resources which can be challenging for small provider group or those serving lower income communities. Electronic Health Record (EHR) and Health Information Technology can greatly facilitate these efforts but with a cost. The funding from CMS for providers meeting meaningful use criteria of EHRs, which includes report performance measures to CMS will encourage smaller providers to participate into the VBP program.

References:

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Three provisions of PPACA