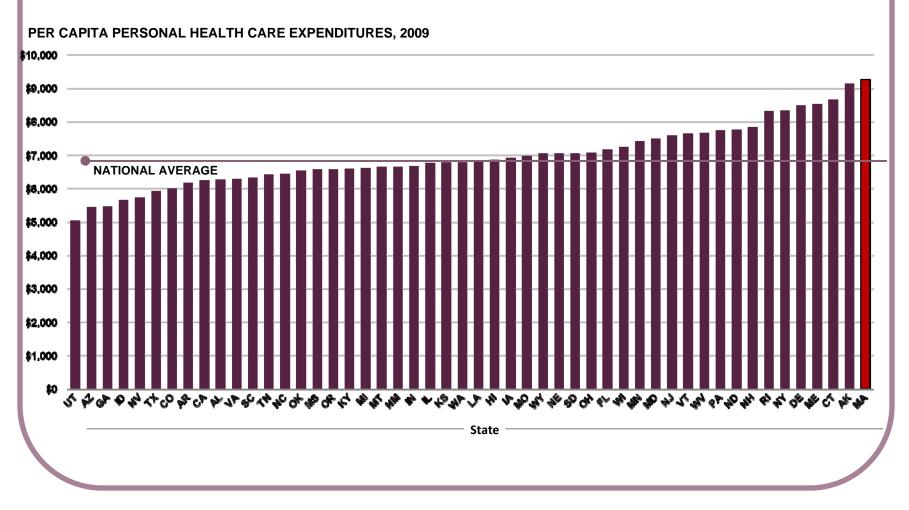
Can Consumers Organize for Delivery Reform?

The Massachusetts Campaign For Better Care November 2013

Health Care for

Brian Rosman rosman@hcfama.org

Massachusetts Spends More on Health Care than Any Other State



NOTE: District of Columbia is not included. SOURCE: Centers for Medicare & Medicaid Services, *Health Expenditures by State of Residence*, CMS, 2011.

2008: Cost / Quality Bill

"Special Commission on the Health Care Payment System"



Caring. Health You Can Afford.



Who Are Our Natural Allies?

<u>Access</u>

- Hospitals
- Physicians
- Religious groups
- Seniors
- Low income

Cost and Quality

- Insurers
- Business
- Religious groups
- Seniors
- Mental health
- Disabilities







Our 10 Principles (1-5)

- 1. Patient-Centered Care
- 2. Protect Vulnerable Consumers
- 3. Consumer Voice
- 4. Patient Activation and Empowerment

5. Public & Community Health

Our 10 Principles (6-10)

- 6. Shared Savings
- 7. Patient Choice & Accessibility
- 8. Consumer Protections
- 9. Transparency
- 10. Evaluation and Monitoring

Our Dilemma:

How Do We Organize Consumers Around Delivery System Reform?

"the average person looking at your fact sheet would not understand a single word"

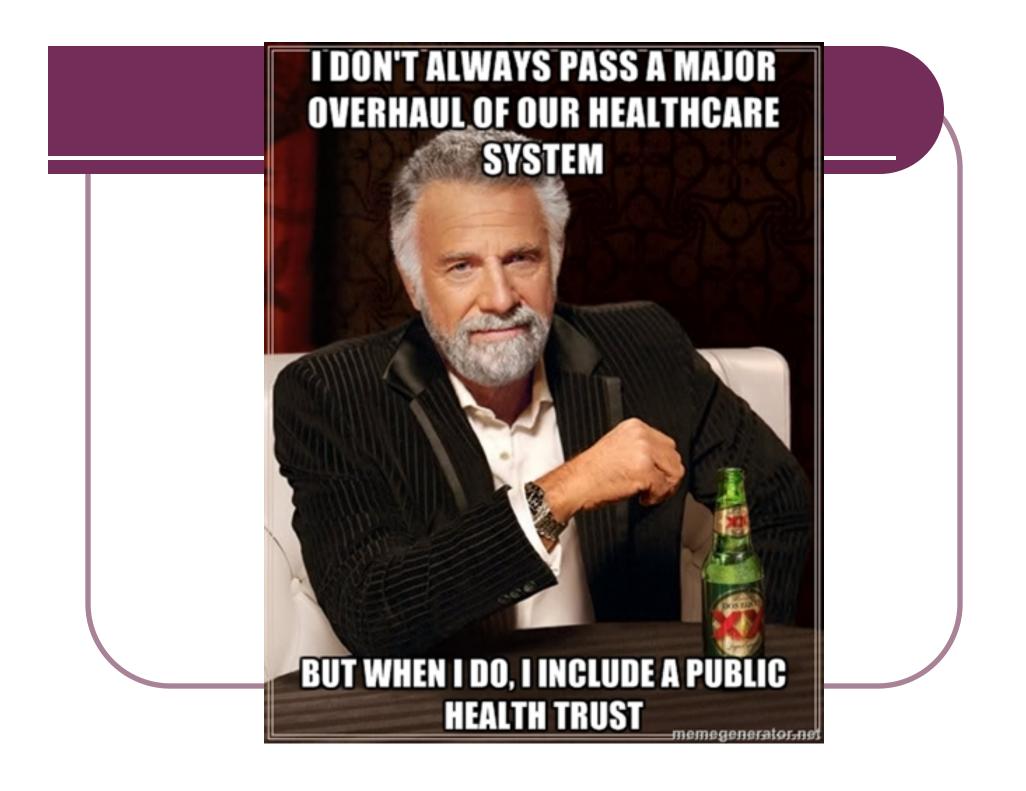
Simplify Message (!)



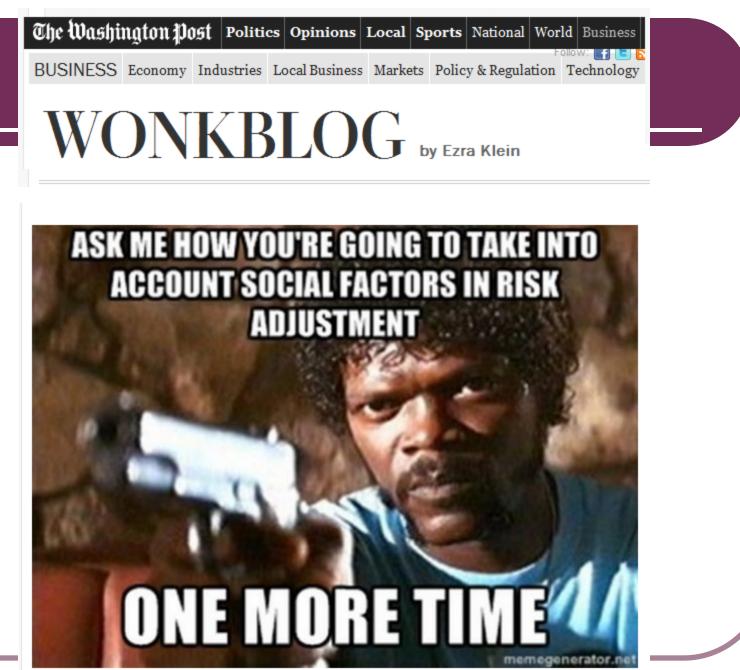
Grassroots



PaymentReformMadeMeme. tumblr.com







(Payment Reform Made Meme)

Attention, wonks: We may have stumbled onto the world's wonkiest Tumblr.

New Fact Sheets





1. Patient-Centered Care | Payment reform legislation should align incentives so that patients are at the center of our health care system. The payment system should support teams that can deliver culturally-competent, coordinated preventive and primary care that focuses on the patient's physical and behavioral health.

- 2. Protection of Vulnerable Consumers
- 3. Consumer Voice
- 4. Patient Activation & Empowerment
- 5. Promotion of Public and Community Health
- 6. Shared Savings
- 7. Patient Choice and Accessability
- 8. Consumer Protections
- 9. Transparency
- 10. Evaluation and Monitoring



- Require payment levels to be tied to patient outcomes.
- Payment should be reduced to providers with higher rates of potentially preventable events.
- Payment should reward those who deliver high quality, comprehensive care that keeps patients well.







Now What?

Implementation – way more complex

- Organizing led to new issues:
 - Copays and Deductibles
 - Limited and Tiered Networks

Can WE Organize Consumers For Delivery Reform?

- Yes!
- Very challenging
- Focus on cost to you
 - quality of care issues hard
 - systemic issues very hard
 - but not impossible