

## H.R. 4878 - Better Care, Lower Cost Act

*Rep. Erik Paulsen (R-MN) & Rep. Peter Welch (D-VT)*

**Author Intent:** To amend title XVIII of the Social Security Act to establish a Medicare Better Care Program to provide integrated care for Medicare beneficiaries with chronic conditions, and for other purposes.

### Medicare Better Care Program

This bill amends title XVIII the Social Security Act by adding to the end of the section provisions establishing the Medicare Better Care Program, an integrated chronic care delivery program (no later than Jan 1, 2019) with the goal of doing the following:

- Focus on long term cost containment and better overall health of the Medicare population by implementing through qualified Better Care Programs (BCPs) strategies that prevent, delay or minimize the progression of illness or disability associated with chronic disease.
- The Secretary will certify qualified BCPs throughout the country, giving priority to areas that do not have a concentration of accountable care organizations and with a high burden of chronic conditions (chronic diseases at or greater than 125 percent of national average).

#### Specific Program Elements:

1. A health plan or group of providers of services and suppliers, or a health plan working with such a group that meets specific criteria related to managing chronically ill populations.
2. Payments to qualified BCP is made by the Secretary through prospective monthly payments of a capitation amount for each BCP eligible individual enrolled.
3. Implementation of the program focuses on physical, behavioral and psychological needs of BCP eligible individuals.
4. Quality and cost containment are considered interdependent goals of the program.
5. The calculation of long term cost savings is dependent on qualified BCPs delivering the full continuum of covered primary, post-acute care and social services using capitated financing.

#### Patient-Centered Chronic Care Plans

Not later than Jan. 1, 2018 the Secretary will publish minimum guidelines for qualified BCPs to develop individual patient-centered chronic care plans for enrollees which include (among other elements) technologies that enhance communication between patients, providers and communities of care, such as telehealth, remote patient monitoring, smartphone applications and other such enabling technologies that promote patient engagement and self-care while maintaining patient safety.

The Secretary must work with the Office of the National Coordinator for Health Information Technology and Department of Health and Human Services Chief Technology Officer to develop a streamlined pathway for the use of mobile applications and communications devices that enhance patient safety and cost-effectiveness.

## BCP Requirements

BCPs are required to complete many specific tasks to ensure quality, cost and overall care of BCP individuals (see text for full list). BCP may develop a collaborative partnership that supports the mission of the BCP with each of the following:

- A regional or national Chronic Care Innovation Center (created by this bill – see below)
- A regional or national Center of Innovation of the Department of Veterans Affairs Health Services Research and Development Service to identify and implement best practices
- A regional or national Telehealth Resource Center to create an interactive online resource for qualified BCP professionals who may need additional training or assistance in managing the needs of complex patient populations including:
  - ▶ Continuing training and education and mentoring for qualified BCP professionals at any level of licensure
  - ▶ Clinician support for complex patients by an expert panel
  - ▶ Remote access to regional, national and international experts in the field
  - ▶ Forums for best practices to be discussed among qualified BCP professionals
  - ▶ Inter-professional education supporting optimal communication between members of a chronic care team
  - ▶ Continuing training on the use of telehealth, remote patient monitoring and other such enabling technologies.

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## Chronic Care Innovation Centers

Not later than October 1, 2018 the Secretary, acting through the Agency for Health Care Research and Quality must designate and provide core funding for not less than three Chronic Care Innovation Centers with sufficient geographic representation.

Among its main objective, the Center is to “evaluate new technology to enhance access to, and quality of care (such as telemedicine) and assessing the use of patient self-management and behavioral interventions as a means of improving outcomes for Medicare beneficiaries with complex chronic conditions.”

See bill text for additional requirements.

## Curricula Requirements for Direct and Indirect Graduate Medical Education Payments

The Secretary is also required to engage with the medical community and medical schools in developing curricula that is forward thinking and evidence-based; addresses the need for team-based care and chronic care management and includes palliative medicine, chronic care management, leadership and team-based skills and planning and leverages technology as a care tool.

### Analysis

Recognizing the need to improve the management of chronic diseases in the US, this bill creates the Better Care Program, which would encourage participating entities to develop new and innovative solutions to effectively manage chronic diseases, while leveraging (among other components) technology. However, the bill does not provide for a waiver of any of the existing limitations to utilizing telehealth in the Medicare program. For example, currently Medicare only provides payment for live video telehealth when the patient is located at a specified list of originating sites and in a rural health professional shortage area or non-metropolitan statistical area. Federally qualified health centers and rural health clinics may be a part of a BCP but these entities face their own barriers in utilizing telehealth such as a requirement by Medicare that a visit take place face-to-face, which eliminates the ability to utilize store-and-forward and remote patient monitoring (RPM). Additionally, RPM, a centerpiece of chronic disease self-management, is currently not reimbursed under Medicare (except on a limited basis under Medicare's chronic care management codes). Any BCPs that offered telehealth services beyond the limited scope of Medicare reimbursement would not be able to be reimbursed. Medicare also limits the provider type and services eligible for reimbursement. The utilization of telehealth in the program would also be subject to other barriers to telehealth utilization, such as cross state licensure.

The bill also states that BCPs can engage with Telehealth Resource Centers (TRCs) for additional training. Many of the services listed in the bill that BCPs can access through TRCs, such as continuing training on the use of telehealth, TRCs already provide and could be readily supplied to BCPs. Others, such as clinician support for complex patients by an expert panel, may require additional resources for some TRCs as there is no mention of additional funding.

Additionally, among the tasks listed under the Chronic Care Innovation Centers created under this bill, it lists evaluating new technology (such as telemedicine). This task is already covered by the National Telehealth Technology Assessment Resource Center (TTAC) funded under the Health Resources Services Administration's TRC grant. In order to reduce duplicative work, it may be beneficial to consult with TTAC's findings on applicable telehealth technology.