California Medical Association

Health Care Reform 2010

Impact on Physicians

Elizabeth McNeil
Vice President
Federal Government Relations

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- Universal Access to Care
- Assistance for Low-income Families to Afford Health Insurance
- Health Insurance Exchange
- Choice, Competition, Insurance Reform
- Broad-based Financing
- Medicare Delivery Reform

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CMA Survey Supports

CMA – 43% Support, 43% Oppose

Insurance Coverage Expansions

Insurance Industry Reforms

Increasing Affordability of Insurance

Health Insurance Exchange

90 – 100% Federal Financing of Medicaid

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Health Reform CMA Supports

Investments in Primary Care

Medicare Primary Care Rate Increase

Medicare General Surgery Rate Increase

Medi-Cal Primary Care Rate Increase

Investments in Prevention & Wellness

Investments in Growing the MD Workforce and its Diversity

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Health Reform: CMA Opposes

HR Provides Expanded Coverage But Does NOT Improve Access to Doctors

IPAB – Independent Medicare Payment Board

No SGR repeal

No SGR update

No Medi-Cal rate increase for All Physicians

No CA GPCI update

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Medicare SGR

June 1 – November 30, 2010

Stopped 21% Cut

2.2% Payment Update

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Medicare Reform

10% Primary Care Bonus 2011 -- 2016

For internal medicine, family practice, geriatrics and pediatrics

For office visits, home visits, nursing facility visits

60% of Part B Charges

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Health Reform

Medicaid Rates

Increases Medi-Cal rates for primary care up to Medicare levels 2013 -- 2014

Family practice, internal medicine, pediatrics

E & M services and immunizations

100% federally financed

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Health Reform

Insurance Industry Reforms 2010/2014

85% Medical Loss Ratio

Adequate Provider Networks

No Bans for Pre-existing Conditions

No Rescinding Coverage

Community Rating with Limits

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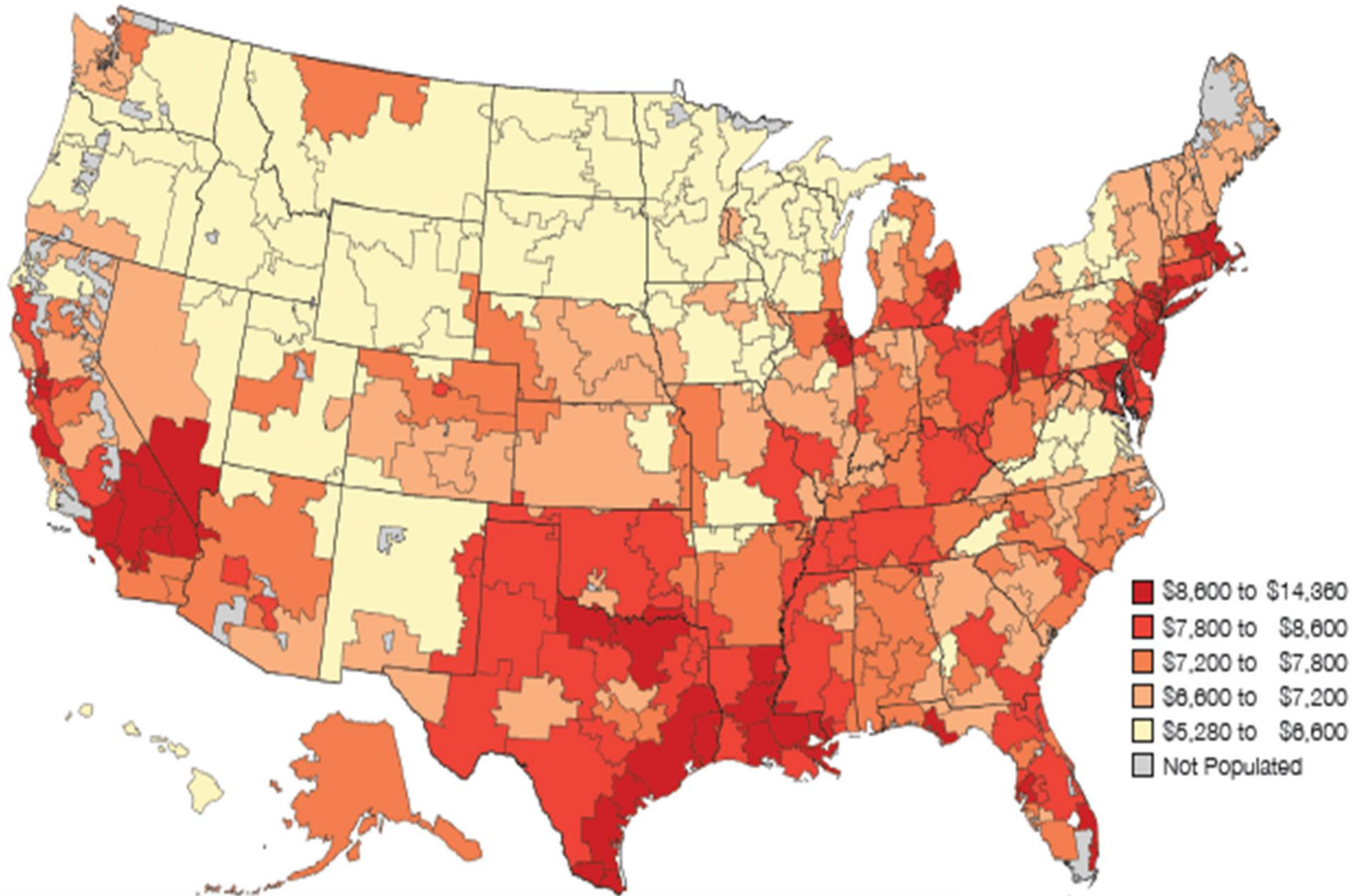
Medicare Spending per Beneficiary, 2005



Dartmouth Critics

Several studies show that Dartmouth researchers did not take into account socioeconomic/health status of patients.

Dartmouth researchers did not factor in regional practice costs – rent and wages.

NEJM & MedPAC studies show these variables may account for all the geographic variation in spending.

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CA DATA

For instance, CA monthly rents are twice as high as rents in Midwest states:

San Mateo, CA $1,658

San Diego, CA $1,418

Marshfield, WI $586

Des Moines, IA $579

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LA County vs. Minnesota

UCLA researchers show socioeconomic differences which impact costs:

LA County/Inner-city LA	MN
Average income: $24,705	*$37,373*
Below FPL: 38%/56%	*11.6%*
Black/Latino: 57%/80%	*9%*
Uninsured: 24%/41%	*8.8%*

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Health Reform

Medicare Reform

Accountable Care Organizations

Physician-led; No hospital involvement required

Loose affiliation, large medical groups, integrated systems

Coordinate care & report on quality

Shared savings to ACO for reducing Part A & B expenditures in region: Benchmark

Pathway to anti-trust relief

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ACO

Education Briefs and Webinars

Legal and Financial Models

Policy for Regulations

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THEY MUST FULFILL THE PROMISE OF UNIVERSAL COVERAGE BY ENSURING THAT EVERYONE HAS A DOCTOR

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CMA Helping Physicians

Control Their Destiny

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