NOW

HOW

WHAT’S NEXT?
Emergency Medical Treatment and Labor Act

1. Medical Screening Exam
2. Stabilization
3. Transfer
GOVERNMENT HOLDS THE PURSE & THE POWER
HIGH COST –
National total

$3.5 T

Federal ($+280 B tax exemptions)

$1.1 T

GDP

18%
$ per person

GDP per capita
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HIGH COST – LOW QUALITY on average
VALUE = \frac{QUALITY}{COST}
LOW VALUE
NOW

HOW

WHAT’S NEXT?

Medical Students | Residents | Fellows | Alumni
16,000 Strong!
PATCHWORK,
NOT DESIGNED
History of Health Insurance

By @CLEAVON_MD
MEDICARE = 15% FEDERAL SPENDING

- Medicare
- Social Security
- Nondefense discretionary
- Defense
- Medicaid, ACA, and CHIP
- Other
- Net interest
MEDICARE vs MEDICAID

They look very similar but are different
Not Adopting At This Time (14 States)

Adopted (37 States including DC)
WHERE'S THAT MEDICAID MONEY GOING?

Medicaid enrollment:
- Blind and disabled: 13%
- Aged: 8%
- Children: 43%
- Adults: 36%

Medicaid spending:
- Blind and disabled: 34%
- Aged: 14%
- Children: 19%
- Adults: 32%
DID YOU KNOW?

CHIP helps nearly 9 million children per year

Children enrolled in CHIP are 25% more likely to get checkups than uninsured children

The rate of uninsured children dropped 15% since CHIP’s creation

CHIP provides:
- Routine check-ups
- Immunizations
- Doctor visits
- Prescriptions
- Dental and vision care
- Inpatient and outpatient hospital care
- Laboratory and X-ray services
- Emergency services

FINANCE.SENATE.GOV
AFFORDABLE CARE ACT (ACA)

Aims
• Increase coverage
• Protect patients
• Essential health benefits including ED
• No exclusions for pre-existing conditions
• No lifetime limit

Status
• Uninsured rate
  ~17% → 10% (2016) → 14%
• Decreased uncompensated care by $7.4 B
• Decreased ED visits?
MOST ACA REPEAL EFFORTS WOULD ↑ UNINSURED, ↓ MEDICAID
MOST ACA REPEAL EFFORTS WOULD ↑ UNINSURED, ↓ MEDICAID
MACRA
MEDICARE ACCESS & CHIP REAUTHORIZATION ACT

Up to 9% reimbursement reduction by 2022
Lags 2 years, can follow you to your next job

MIPS Composite Performance Score

Quality + Resource Use + Clinical Practice Improvement Activities + Advancing Care Information (MU) =

EMRA
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...SOLUTION OR DÉJÀ VU?

From
VOLUME
to
VALUE

Managed care
Capitation
Bundled payments

HMO  PPO  P4P  HSA  VBP
Managed care
Capitation
Bundled payments

P4P  PCMH  ACO  APM  MIPS
THERE IS NO PANACEA
GOVERNMENT ➔ PURSE & POWER
LOW VALUE
PATCHWORK
NO PANACEA
# Policy & Advocacy Happens at All Levels

<table>
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<tr>
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<th>Legislative</th>
<th>Regulatory</th>
<th>Professional</th>
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<tr>
<td>Federal</td>
<td>ACA</td>
<td>Sepsis metrics (CMS)</td>
<td>ACEP &amp; NEMPAC</td>
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<td>Balance billing</td>
<td>Medicaid work requirements</td>
<td>State medical board</td>
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<tr>
<td>Local</td>
<td>SF Health Care Ordinance</td>
<td>NYC Care</td>
<td>Hospital protocols</td>
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$\text{Data, Clinical practice, Payment, ...}$
IF YOU ARE NOT AT THE TABLE THEN YOU ARE ON THE MENU.
FIND YOUR AVENUE
Stay Involved!