



Greetings to all of our Readers!

In this issue we will explore the increasing demand and response to consumer transparency and the ongoing need for health equity. We will also share with you some of Project Patient Care's activities over the past few months.

We know that consumers, patients and families are at the center of healthcare and yet sometimes the environment surrounding them greatly effects the processes and outcomes of their care. We also know that the voices of consumers, patients and families can effect change in their own care as well as in their community and our nation.

In this issue we will be covering:

- Health Equity
- Healthcare Cost and Transparency
- CMS 2019 Quality Conference
- Opportunities for Patients, Families, and Caregivers to participate in measurement and research initiatives

“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.” Reverend Dr. Martin Luther King, Jr.

Health Equity

Within federal, state, and local governments there are offices of minority health all with a goal of addressing health equity. Within the Centers for Medicare and Medicare Services (CMS), the Office of Minority Health's mission is dedicated to improving the health of racial, ethnic, and other minority populations through the development of health policies and programs that will help eliminate health disparities. The CMS Office of Minority Health (OMH) "offers a comprehensive source of information on eliminating health disparities and improving the health of all minority populations, like racial and ethnic minorities, people

with disabilities, members of the lesbian, gay, bisexual, and transgender community, and rural populations." Link to **OMH**

At the CMS 2019 Quality Conference, Cara James, Ph.D., Director of CMS Office of Minority Health, announced the recipients of the Health Equity Awards to HealthPartners and Centene Corporation. The award recipients are closing gaps in health care quality, access, and outcomes among minorities and other underserved populations. In order to achieve health equity for all, we need to address social factors and determinants that are preventing everyone to be successful in their health.

Often times PPC is asked about the difference between health equity and equality. Equity is giving everyone what they need to be successful in their health and healthcare. Equality is treating everyone the same in health care. Equality aims to promote fairness, but it can only work if everyone starts from the same place and needs the same help.

One of the ways to think about equality versus equity is in terms of possibility versus probability. Yes, it is possible we all have access to health care but the probability is we don't if we do not have health insurance; live in healthcare deserts; etc.

To better understand the difference between possibility and probability, there is a short video by Xavier Ramey, an entrepreneur from Chicago's Lawndale community and CEO of Justice Informed. When Dr. Martin Luther King, Jr. launched the 'action phase' of his agenda, he and his family moved to Lawndale, an impoverished community. Xavier recently spoke in front of 30,000 people at a Rotary International Convention about possibility, probability, and intentionality. [Link to Video](#)



**For More Information -
click below:**

[CMS Office of Minority
Health](#)

[HHS Office of Minority
Health](#)

Healthcare Cost and Transparency

Project Patient Care has highlighted in the past newsletters the increasing concern of the cost of care by consumers and patients. These concerns are only increasing and we are finding that patients and families are not able to follow agreed upon care plans, schedule follow-up visits, or treatments, as they cannot afford the cost of care.

Healthcare Cost

In an August 2018 poll of Medicare beneficiaries by eHealth, they found 37% of the beneficiaries said they skipped or delayed medical care or did not fill a prescription due to costs of care. For additional survey results, [click here](#)

A recent study in the February issue of Health Affairs has found that during the time period from 2007 to 2014, hospital inpatient care prices grew 42% and physician prices grew 18%. During that same time period, hospital outpatient care prices grew 25% while physician outpatient prices grew 6%. (Zack Cooper, Stuart Craig, Martin Gaynor, Nir J. Harish, Harlan M. Krumholz, and John Van Reenen, "Hospital Prices Grew Substantially Faster Than Physician Prices For Hospital-Based Care In 2007-14" Health Affairs, VOL. 38, NO. 2 FEBRUARY 2019.)

Consumers are concerned about the cost of care, regardless of whether they are on a commercial health plan or Medicare. The increase in costs are reflected in the premiums, deductibles, co-pays, and co-insurance changes that have occurred as consumers bear greater financial responsibilities for these costs. Given the shift of formerly inpatient services to outpatient services, consumers also have had to take on the increase in co-pays and co-insurance for outpatient services including diagnostic testing and treatment,

emergency department services, and observation care.

Too often we don't think of the patient as a payer, and yet, for approximately 67% of all Medicare beneficiaries, they are considered payers under the Fee For Service Medicare Plan. Many commercial health plans also have their beneficiaries as payers and most model their beneficiary co-pays and co-insurance off of Medicare Fee for Service.

Balance Billing. Often times confusing for consumers is the amount being billed to a patient due to wide variations in balance billing laws. Providers can bill a patient off of the full charge amount or the negotiated health plan depending upon state laws on balance billing. Medicare and only nine states have comprehensive laws prohibiting balance billing. Balance billing allows a provider to bill a patient the difference between what the patient's health insurance chooses to reimburse and what the provider chooses to charge. Balance billing situations can also occur with the patient not knowing they are being serviced by providers outside of their network. Out of network situations most often occur with outpatient referrals but also occur in hospital settings where a particular clinical area may utilize an outside network such as for emergency department or anesthesia services.

According to the Commonwealth Fund, 25 states have some legislation on balance billing with nine of the 25 states having comprehensive laws prohibiting balance billing. For a comprehensive view of state balance billing status, [click here](#)

Surprise Medical Billing. Most often, surprise medical bills occur when a patient thinks a particular test or service is covered by their insurance health plan. Most often the instances of the surprise bill occurs when a patient is referred by their covered provider for a service or to another provider, only to find out later on that the service or provider they were referred to is not in their network. Surprise billing also occurs in their in-network hospital setting when an out of network clinician provides a service such as emergency care, diagnostic testing, anesthesia, and other services.

According to a survey conducted in August 2018, by NORC (National Opinion Research Center) at the University of Chicago, 57% of American adults have had a surprise medical bill. Of those surveyed, while most of the surprise bills involved physician services, survey respondents blamed insurers and hospitals for the surprise bills. For more information on the NORC survey and results, [click here](#)

Congress. Congress is fully aware of the impact of balance billing, surprise medical bills, and the rising costs of care and is currently working to resolve these issues. Additionally, the Department of Health and Human Services, which includes the Centers for Medicare and Medicaid Services (CMS), are actively engaged in discussions and initiatives to address these issues.

Transparency

Hospital Charge Transparency. As of January 1, 2019, hospitals are required to display their chargemaster information on their public hospital web site. The information is required to be in machine useable format and readily available for downloading.

The Chargemaster is a complete listing of charges for services and items used in inpatient services. Sometimes items will be bundled, but for the most part, they are individual items used in creating a patient bill. Some hospital chargemasters include several thousand items depending upon the breadth and depth of services they provide. All hospitals are required to have this information accessible on their web site. Some hospitals have it on their front page of their web site and others have the information on their billing or customer service web site pages.

The chargemaster information is viewed by many as the first step in hospital price transparency. CMS Director Seema Verma urged hospitals to go beyond the itemized chargemaster information and provide more usable information as there are no laws prohibiting hospitals from sharing data and information.

All Payer Claims Databases. 20 states have legislation requiring the establishment of state based "All Payer Claims Database (APCD)" that covers all claims from every commercial and public health plan within their state. Some states have used the information for designing state health policies and identifying gaps in services and access

to care. Others have made the information publicly available for all services or select high cost or high volume services. In New Hampshire, one can compare costs of care for many outpatient services across different providers and adjust for health plan. To view the New Hampshire cost comparison web site, [click here](#)

In order to reduce financial burdens to health plans in reporting data, the APCD Council has established a standard format for reporting of data to the states. The APCD Council was formed and is lead by a joint effort of the National Association for Health Data Organizations (NAHDO) and the Institute for Health Policy and Practice (IHPP) at the University of New Hampshire. (In full disclosure, Pat Merryweather of PPC serves on the Board of NAHDO, a not-for-profit organization). For more information on the APCD Council, [click here](#)



CMS 2019 Quality Conference

Approximately 3,000 patients, families, caregivers, providers, and CMS leadership attended the 2019 CMS Quality Conference in Baltimore during the last week in January. The Conference provided an opportunity for everyone to learn and share with each other - and to partner with patients, families, and caregivers in hearing about exemplary practices through the Transforming Clinical Practice Initiative.

CMS Director Seema Verma addressed all of the attendees in a major plenary session. She asked attendees to charge ahead and keep the focus on three key areas in the year ahead:

- Empower Patients
- Focus on Results
- Unleash Innovation

Attendees all left the conference excited about the opportunities ahead to make a difference in the lives of so many people and communities.

PPC staff worked at meetings of the Hospital Innovation Improvement Network and the Transforming Clinical Practice Initiative (TCPI) - all of which had many sharing and learning experiences. One of the highlights of the TCPI program was the innovative session, Marketplace, where practices and their patients shared qualitative and quantitative information on why their practices are exemplary to potential purchasers including health plans and patients. TCPI had 24 patients, families, and caregivers participate in the Marketplace along with over 50 practices.

Opportunities for Patients, Families, Caregivers and Consumers to be Involved

PPC often times hears about opportunities for patients, families, and caregivers to get involved in research, measurement development, or sharing their story. We would like to make you aware of these opportunities as they become available.

Research Match and NIH There are many opportunities at academic hospitals and medical schools. If you live near one, you can always go to their web site as often they will post their research needs. Also, there is a web site entitled Research Match that includes 164 institutions and many research initiatives - www.researchmatch.org This website is a not-for-profit and is funded in part by the National Institutes for Health (NIH).

Starting January 25, 2019, any research proposals or grants for the National Institute on Health now fall under their "Inclusion Across the Lifespan" policy which requires representation from all ages based upon the disease or condition under study. While women and racial and ethnic minorities have been included in research requirements since 1989, NIH has found that they are often times under-represented. Researchers will now be

required to document their efforts to include various populations and NIH will decide if it meets their standards of inclusion. There is also a focus on age, especially those 65 and older, because of their high avoidable death rates.

CMS Technical Expert Panels. CMS has two Technical Expert Panels (TEP) they are recruiting for and are interested in having patient participants on the TEP. The two TEPs are focused on Development and Maintenance of Quality Measures for Skilled Nursing Facility Quality reporting Program (SNF QRP) and Measuring Outcomes in Orthopedics Routinely (MOOR). As a member of the TEP, you will be involved in the design of measurements and be an active participant. There will be a period of orientation to the TEP and the subject matter to be discussed. CMS values the voice of the patient in the TEPs. To find out more about the CMS TEPs and how to apply to be a patient participant, [click here](#)

So.....what have we been up to

It was an extremely busy 2018 as we were engaged in many short and long term projects working with patients, families, and caregivers to have their voice heard and to work in partnership with providers, health systems, community and faith-based organizations, not-for-profit research and disease based organizations, international organizations, and federal agencies and their contractors. We are looking forward to another year of forming and advancing partnerships so that we can all work together to improve outcomes of care, improve population health for all, reduce avoidable costs, and support innovation!

We also continued our commitment to volunteer work locally and globally.....here are some pictures from work in developing countries and peacebuilding in Chicago....



Working with Rotary International, chaired a Rotary-UN Model Conference in Chicago focused on violence and school safety. 150 students attended at no cost from low income communities.



Participated in a Chicago-wide artistic peace expression program for youth in communities with Collaboraction.



Co-Chaired Homeless Veterans Stand Down Day Winter Coat Collection and Store in Chicago in collaboration with VA and other veteran organizations.



Chaired Rotary Peacebuilding International Conference with 500 International attendees in Chicago. Honored Chicago Civil and Human Rights



Collaborative development and dedication of women's cancer screening center and blood bank and mobile blood unit in Andhra Pradesh and Hyderabad Deccan, India



Illinois Human Rights Award for the "Build the Peace" annual Peace Day program with the United Nations started 40 years ago in Chicago.



We Love to Hear From You!

We are always happy to hear from you - please feel free to contact us at any time.

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Thank you