



Medicare Slowdown at Risk

White Paper Makes Recommendations for Fixing ACOs

February 26, 2015

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WASHINGTON, DC – Improving both the financial model of accountable care organizations (ACOs) and patient engagement in those ACOs are the two main recommendations of a new white paper to be presented to Congressional leaders in Washington next week. The reforms outlined would save taxpayers at least \$100 billion over the next ten years, with the potential for far more.

[“Medicare Slowdown at Risk: The Imperative of Fixing ACOs”](#) is the collaborative work of researchers at The Dartmouth Institute for Health Policy & Clinical Practice (TDI), the Dartmouth-Hitchcock health system, and the Campaign to Fix the Debt. The recommendations in the report are the result of a conference at Dartmouth College in September 2014, in which some of the nation’s top health care policy experts and practitioners considered ways to reform Medicare, the federal insurance program for Americans age 65 and over and for younger Americans with disabilities.

[Click here to read the white paper.](#)

“Medicare Slowdown at Risk” will be unveiled at 10 a.m. Thursday, Feb. 26, in the Agriculture Committee Hearing Room, room 328A, of the Russell Senate Office Building in Washington. Discussing the paper and its findings will be former U.S. Sen. Judd Gregg (R-NH), co-chair of the Campaign to Fix the Debt; Dr. James N. Weinstein, CEO and President of Dartmouth-Hitchcock, and Dr. Elliot Fisher, director of TDI. Also speaking at the event is Dr. Patrick Conway, Deputy Administrator for Innovation & Quality and Chief Medical Officer of the Centers for Medicare and Medicaid Services (CMS).

“The Dartmouth Summit brought together some of the best minds in health care,” said Gregg, former chairman of the Senate Budget Committee. “Our next step is to put these ideas into action. Doing so will help reduce the financial strain on Medicare and give beneficiaries a role in their care. Both of those steps are crucial to the long-term success of Medicare.”

The paper identifies two broad strategies: The first aims to more fairly address ACO performance goals, encouraging more organizations to participate in ACOs. The second involves improving patient engagement, better utilizing data to assign patients to ACOs and modifying supplemental insurance design to discourage overutilization of care.

EDITORS NOTE: The full white paper “Medicare Slowdown at Risk: The Imperative of Fixing ACOs” is available [here](#).

“Reform of our Medicare system is one of the great challenges facing health care today,” noted Weinstein. “As we move away from fee-for-service medicine to value-based payments, stabilizing the performance goals of accountable care organizations, better utilizing the data gathered from payment reform models like ACOs and getting our patients more engaged in the process are necessary steps to help us reach our goal.”

In September, participants in “The Dartmouth Summit: Medicare Reform Strategies to Create a Sustainable Health System” heard from Gregg, former Office of Management and Budget and Congressional Budget Office Director Peter Orszag, former CMS Deputy Director Jon Blum, and others. The participants then broke into three working groups, which proposed a series of priorities in the areas of policy for the community, policy for those delivering health care, and policy for the individual Medicare beneficiary. Among the top recommendations: greater incentive for patient engagement, creation of policy that incentivizes the concept of shared decision making, changes in policy for the design of high-value health care, the creation of a claims clearinghouse for clinical and social service data, and revisions to supplemental Medicare restrictions. The conference was a joint effort by the Campaign to Fix the Debt, the Dartmouth-Hitchcock health care system, and Dartmouth College.

“At the Summit, we heard from many in the field about their experiences in accountable care. ACOs are still in their first years of operation, and it will be critical to the success of our overall delivery system reform goals to improve the model,” Fisher said. “Along with our white paper, it is exciting to see so many strong voices – like the Health Care Transformation Task Force, the Brookings Institution, and others – align around the importance of making several high-leverage changes to the ACO model, as was seen in our recent comments to CMS in response to the Medicare Shared Saving Program Notice of Proposed Rulemaking.”

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ABOUT THE CAMPAIGN TO FIX THE DEBT – The Campaign to Fix the Debt is a nonpartisan movement to put America on a better fiscal and economic path. We have come together from a variety of social, economic and political perspectives, around the common belief that America's growing national debt threatens our future and that we must address it now with a comprehensive, bipartisan plan. The Campaign mobilizes key communities – including leaders from business, government, and policy – and people all across America who want to see elected officials step up to solve our nation's long-term fiscal challenges.

ABOUT DARTMOUTH-HITCHCOCK – [Dartmouth-Hitchcock](#) (D-H) is a nonprofit academic health system that serves a patient population of 1.2 million in New England. Anchored by Dartmouth-Hitchcock Medical Center in Lebanon, NH, the system includes the [Norris Cotton Cancer Center](#),

one of only 41 Comprehensive Cancer Centers in the nation; the [Children's Hospital at Dartmouth-Hitchcock](#); affiliate hospitals in New London, NH, and Windsor, VT; and 24 Dartmouth-Hitchcock Clinics that provide ambulatory services across New Hampshire and Vermont. D-H provides access to more than 1,000 primary care doctors and specialists in almost every area of medicine. In partnership with the [Audrey and Theodor Geisel School of Medicine at Dartmouth](#) and the [White River Junction VA Medical Center](#) in White River Junction, VT, it trains nearly 400 residents and fellows annually, and performs world-class research.

ABOUT TDI – The [Dartmouth Institute for Health Policy and Clinical Practice](#) (TDI) brings together researchers, educators, clinicians and policy makers to identify the underlying causes of poor performance in health care and to develop and spread practical approaches to achieving a sustainable, patient-centered, high-quality health care system.

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