Article Review:

Payment Incentives and Integrated Care Delivery:

Levers for Health System Reform and Cost Containment

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The topic for Leadership class this week is Health Care Delivery Systems. The article "Payment Incentives and Integrated Care Delivery: Levers for Health System Reform and Cost Containment" fits this topic well as it delves into some changes in health care systems that are currently taking place. The Affordable Care Act (ACA), implemented in 2010, provided some incentives to promote changes in the health care system such as how it is delivered, organized, and financed (Korda & Eldridge, 2012). Korda and Eldridge explore the integrated care delivery models emphasized by the ACA, how they work, and how they support a growing and transforming health care system.

Integrated care delivery is the idea that interdisciplinary teams all work together to manage patient care. Integrated care systems include patient-centered medical homes (PCMHs) and accountable care organizations (ACOs) (Korda & Eldridge, 2012). To elaborate, "Accountable care organizations, currently in the concept stage under health care reform, are networks or groups of providers, such as primary care physicians and nurses, specialists, and hospitals, that have collective responsibility for a population's health care quality and costs" (p. 278). PCMHs, however, have already been in place providing care on a more personal level, setting up patients with primary care providers (Korda & Eldridge, 2012). These primary care providers coordinate care for the individual and guide the interdisciplinary team (Korda & Eldridge, 2012). PCMHs are meant to accompany ACOs and function within the ACO framework (Korda & Eldridge, 2012). Because these systems are newly implemented, only a few studies have been done to really analyze their effectiveness and cost.

In regards to payment, new options have been explored in the new ACO and PCMH system that have been used in coordination with the typical payment methods. The standard fee-for-service payment simply pays providers according to their service volume (Korda & Eldridge,
New models with monthly fees, for example, are used to related to performance and accountability for patients (Korda & Eldridge, 2012). The powerpoint for Leadership includes information about Integrated Delivery Systems, complementing the article's statements. One example that I've learned about the hospitals is that, under the new ACA, if a patient returns to the hospital with the same illness within a certain amount of time, the hospital does not get reimbursement for that visit. This concept is known as a "payment incentive" (Korda & Eldridge, 2012, p. 279). Payment incentive models include bundled payments, pay-for-performance, and gain-sharing (Korda & Eldridge, 2012). Bundled payments simply involve payments "for all services related to a specific treatment, condition or individual" (Korda & Eldridge, 2012, p. 280). Pay-for-performance is similar to a bonus for health care providers when they reach a standard level of care (Korda & Eldridge, 2012). Gain-sharing is another bonus that rewards care providers when they lower cost by saving on supplies and procedures when unnecessary to the patient (Korda & Eldridge, 2012). Incentives are "expected to play a key role shaping provider performance in integrated care delivery models" (Korda & Eldridge, 2012, p. 279).

The authors then explore how new technology can assist with controlling cost and increasing the effectiveness of health care administration. One example of this technology is the implementation of Electronic Medical Records (EMRs). As I have been to various hospitals, I have definitely seen the spectrum of EMRs and how they really do successfully prevent many patient errors and allow for easy access to needed information regarding the patient's care. Even the simple use of coloring with lab values or simple notifications to inform a provider that a task is due makes a huge difference when a provider is caring for multiple patients.
While these systems are still being implemented and studied, the goal is to revolutionize health care by making it smoother across the health care team and by controlling costs which will ultimately allow for easier access for the patient.
References