US Health Reform and Its Impact on Caregivers

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National Alliance for Caregiving

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New Frontiers in Caring: 2010 and Beyond

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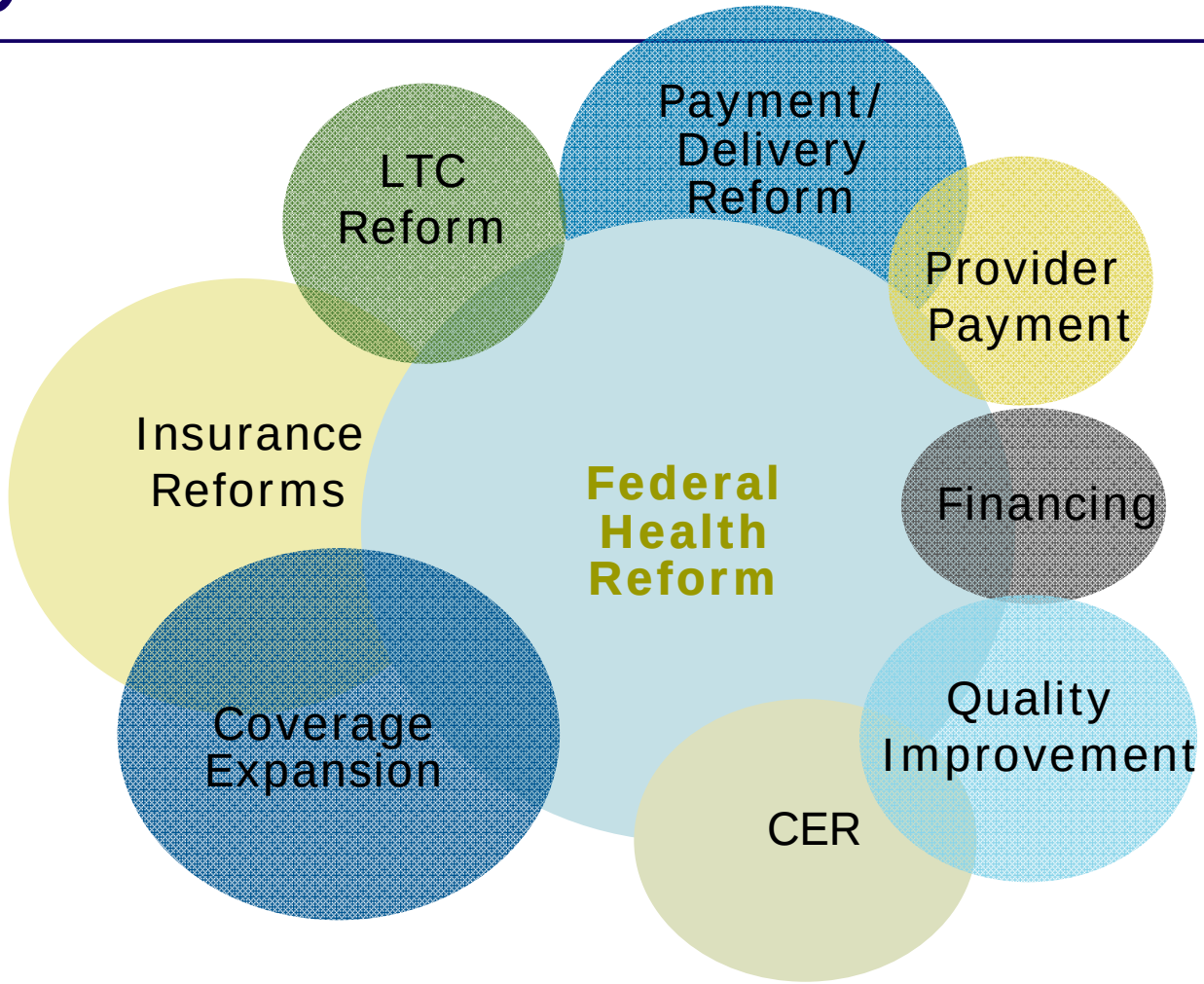
The Affordable Care Act Changes Many Areas of Healthcare



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Health Care Reform for Caregivers

There are 17 sections in the bill that specifically require family caregiver involvement in:

- Decision making
- Training
- Evaluation and satisfaction surveys

In addition family caregivers and/or consumers are required participants on 3 advisory boards and committees that will be established over the next few years as implementation moves forward.

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Health Care Reform: Impact for Caregivers

CLASS Act

Rx Doughnut Hole Fix

Home/Community Based Services & Coordinated Care

Prevention and Wellness

Coverage for Dependents

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US Aging and Disability in Healthcare

- 35 million people 65+ (12% of population)
- 14.3% of adults have a disability
- 80% of long-term care in US is provided by family and friends
- Healthcare currently is:
  - employer based private sector insurance
  - Medicare
  - Medicaid
- Millions of people uninsured
- Concept of Social Justice

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CLASS Act

The Community Living Assistance Services and Supports (CLASS) Act provides for a national voluntary long-term care insurance program

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CLASS Act

After five years of contributing premiums into the program, individuals who become disabled will receive a cash benefit—without regard to income—of at least $50 a day, depending on the degree of impairment.

Approximately $123 monthly average premium

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Help for Caregivers on Medicare – Expanded Prescription Drug Coverage

The gap in prescription drug coverage – called the “doughnut hole,” will be closed gradually over the next 10 years

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Home & Community Based Services (HBCS)

Increased federal funds for states to adopt "best practices" through Medicaid HCBS programs, including:

Community First Choice Option: works to "re-balance" Medicaid to offer more home-based services to people who would otherwise be in nursing homes

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Prevention and Wellness

This set of services only for Medicare initially, but ultimately everyone, including:

- a general wellness physical
- help with quitting smoking
- cancer and cholesterol screenings
- bone density tests
- diabetes testing and control
- mammograms
- cognitive decline

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Extends Coverage

Includes a requirement that health plans offer health coverage for dependents until age 26, including adult children with special needs.

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Patient/Provider Care Restructuring

Coordination of Care Incentives encourages hospitals to be more cost-effective; Creates new Federal Coordinated Healthcare Office

Creates "Innovation Center" to evaluate & expand Medicare & Medicaid payment structure; focuses on prevention, care coordination and family caregiver education

- Bundled payments
- Pilot programs
- Quantity over quality

Accountable Care Organizations: providers responsible for overall care; e.g., paying doctors a salary instead of fee for service

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Patient/Provider Care Restructuring

Rehospitalization balancing – establishes penalties for hospitals with high rates of readmissions

Additional safeguards to emphasize quality of care and to discourage denial of care that was evident in the managed care of the 1990s

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Caregiver Education

Geriatric Education Centers shall offer at least two courses a year to family caregivers, designed to provide practical training for supporting frail elders and in individuals with disabilities.

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Comparative Effectiveness Research

The new law also creates a nonprofit institute to engage in Comparative Effectiveness Research (CER) which will compare different treatments for the same disease (such as prostate cancer)

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Committees and Advisory Boards

A nonprofit institute to engage in Comparative Effectiveness Research (CER)

- Governing Board – 3 consumer seats

CLASS Act

- Independence Advisory Council – 15 seats.
- FCGs specifically mentioned

Payment Reform

- Independent Payment Advisory Board -15 seats include reps of consumers and the elderly
- Consumer Advocacy Council – 10 seats

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Thank you!

For more information, please contact:

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