

IMPLEMENTING HEALTH REFORM

Innovation Center to Focus on Pilot Projects

Next year, the federal government will launch the Center for Medicare and Medicaid Innovation, a new department to oversee the portfolio of payment pilot projects called for under the Affordable Care Act. As part of its charge, the innovation center will develop and evaluate pilot projects for new and old payment ideas that include accountable care organizations, patient-centered medical homes, bundled payments, and capitated payments. Officials at the new center, one of



the Centers for Medicare and Medicaid Services (CMS), will have the authority to extend or expand projects that show the potential to improve quality or cut costs.

Stuart Guterman, who studies payment policies for the Commonwealth Fund, explains the potential and the challenges for officials leading the new innovation center.

CLINICAL PSYCHIATRY NEWS: Why did lawmakers create this innovation center as part of the Affordable Care Act? Is it necessary?

Mr. Guterman: I think it is necessary. I think, in fact, it may turn out to be one of the most important provisions in the law. It focuses the attention of the CMS, which runs the two biggest health pro-

grams in the country, on the notion of innovation. It emphasizes the idea that we need to try new approaches to both payment and delivery of health care to get out off the path that we're on, which is leading to ever-growing health care costs and more pressure on the health care system.

'We need to bring together all of the health care system's stakeholders' to make the center successful.

MR. GUTERMAN

ly getting rid of it and making the health care system work better for people. That's what this innovation center was intended to do – to focus the attention of the federal government on that issue and to bring in the other parts of the health care sector to collaborate on better ways of providing care and better ways of paying for care.

CPN: Some of the concepts – such as medical homes and capitated payments – have been tested before. What makes this effort different?

Mr. Guterman: Capitation was tried in the 1990s, but the world was a different place then. In the 1990s, we didn't have the kinds of measures of health system

We already spend 50% more than any other country in the world on health care. Everybody points to the amount of waste in the system. But it's harder to identify ways of actual-

performance that we have now. Also, the notion of capitating payments so that you provided a strong incentive to reduce costs got separated from the notion of providing care in an effective, efficient way. So we started out with a managed care movement that was focused on providing coordinated care for patients and we ended up with a movement that was focused primarily on reducing the costs, sometimes in arbitrary ways. Today, I think we have the tools to avoid going off that track. We may not get all the way to capitation, but there are bundled payments and other strategies that get us away from the current fee-for-service system.

In terms of the medical home, models are being tested by various private payers, Medicare is developing a demonstration project, and Medicaid is testing several models. But those efforts are fragmented, just like the rest of our health care delivery and financing systems. If we conduct these pilots individually, they are much less effective.

CPN: What are the keys to making the innovation center successful?

Mr. Guterman: We need to bring together all of the health care system's stakeholders. We are currently projected to spend between \$30 trillion and \$35 trillion on health care over the next 10 years. The issue is not what to cut, it's how to use some reasonable amount of money to buy the kind of health care we think our system should produce. That

requires the involvement of everyone – providers, patients, and public and private payers.

CPN: What challenges will officials at the innovation center face in rapidly testing new payment concepts?

Mr. Guterman: It's easy to say that everyone ought to be involved, but right now people tend to look at change as something that threatens them. We need to overcome that. We also need to have patience. A lot of these projects will take time to develop and implement. But Congress and the American public also need to have patience and realize these strategies will take awhile to unfold.

CPN: Is the innovation center's work likely to have a significant impact on lowering costs?

Mr. Guterman: Yes, though it's hard to predict just how much. You've got a system now that pays for more care, more complicated care, and more invasive care, but not more appropriate and efficient care. So you've got to figure that if you change the focus from more to better and from more invasive to more appropriate, that you can make some difference in lowering costs. ■

MR. GUTERMAN is vice president for payment and system reform at the Commonwealth Fund in Washington, a private foundation that supports research on the health care system.

Take Preventive Steps to Protect Your Online Reputation

BY SHERRY BOSCHERT

EXPERT OPINION FROM THE ANNUAL MEETING OF THE AMERICAN SOCIETY FOR MOHS SURGERY

MONTEREY, CALIF. – Have you searched for your name on the Internet? Your patients have.

"Your patients are Googling you," and some of them probably are rating your performance as a doctor on one of the many physician-rating sites or generic rating sites, Dr. Clifford Warren Lober said.

Here's the problem: The patients most likely to rate you are those who are angry with you, or those who think you walk on water. And it's not just patients who are posting comments about you, but previous patients, ex-employees, former spouses, or anyone else who knows you, said Dr. Lober, a dermatologist and attorney in Kissimmee, Fla.

Online comments might be made anonymously, persist for years on the Internet, be accessed by anyone with a computer, and be replicated on other Web sites beyond the original. If you discover comments about you that you think are harmful to your reputation, your attempts to remedy the situation may backfire and instead "optimize" the content by bringing more attention to the posted statement, amplifying its negativity, he said.

Legal remedies are few and complicated. "There is a morass of legal defenses and privileges that protect the offending person," Dr. Lober said.

So what is the best way to manage your online reputation? One strategy is to minimize the impact of negative online information through search-engine optimization, he suggested.

In practice, this means blitzing the Web with your own content to crowd out comments by others. "You want to occupy the first three pages of the rating sites" and the search-engine results pages if possible, Dr. Lober said, adding that most people don't look beyond the first three pages of results.

This can be done by establishing multiple Web sites, each with numerous internal page links, external high-traffic links, significant content on each of your home pages, and other features that make these the sites that show up when someone searches your name.

Establishing a deep social network presence helps, too. Create accounts on Facebook, Twitter, LinkedIn, ZoomInfo, Connectbeam, Yahoo Profile, Google Profile, MSN Profile, Wetpaint, Naymz, Jigsaw, Ning, and others, he suggested. Ideally, get on sites that feature RSS (Really Simple Syndication) feeds so that information posted on one site transfers to others.

Other prongs in this strategy include issuing press releases by using Internet publication sites, establishing one or more blogs in your name, and using pay-per-click advertising.

Sound overwhelming? Innovative entrepreneurs thought that it might, so several Internet reputation-management companies have formed to do some of this work for you – for a fee, of course. These include companies such as Reputation Repair & Management, Internet Reputation Management, and ReputationDefender, Dr. Lober said.

If, instead, you want to try to get a specific offensive statement removed from the Web, seek legal counsel to guide you, he advised.

First, the statement must be determined to meet the legal definition of defamation. If it does, the next step is to determine whether the person who wrote it is covered by any one of several standard legal defenses. If that's not an issue, check the terms and conditions listed by the Internet service provider (ISP) of the site where the comment appeared, to see if the ISP made any promises or assurances about the content on the site. If you contact the ISP, it might take the comment down.

Normally, ISPs are immune from lawsuits over statements made by others on its service; they resemble telephone companies more than newspapers in that respect, he said.

You or your lawyer can request that the courts issue a subpoena to try to compel the person who made the statement (even an anonymous poster) to remedy the situation, but this process is time consuming and expensive, and the person who posted the comment may be difficult to locate, Dr. Lober cautioned.

And if you sue, the defendant may try to frame your action as a SLAPP (strategic litigation against public participation) suit intended to muzzle critics and restrict freedom of speech.

Some states have anti-SLAPP laws that could leave you paying the defendant's attorney fees and costs, and make you vulnerable to a countersuit by the defendant.

Better to try to "manage" your online reputation than to try to legally defend it, he suggested. ■

Disclosures: Dr. Lober reported having no pertinent conflicts of interest.