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## Prescriptions

Making Sense of the Health Care Law

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### Will the Law Decrease Overtreatment?

Q. *Overprescribing and overtesting run rampant through our health care system. What will the bill do to decrease such wasteful practices as prescribing antibiotics for virus infections and doing CT scans on anyone with a headache, chest pain or abdominal pain who goes to an E.R.?* — Thomas G. Smith, M.D.

A. As a physician, you know that our medical system currently pays doctors, hospitals and other medical providers a la carte — for individual procedures performed and tests administered, rather than for improving a patient's condition over time.

The new health law contains more than a dozen pilot projects, many of them in the Medicare program, that are intended to organize care differently and encourage coordination between providers by shifting the financial incentives toward broader patient health goals.

A number of the new payment models focus on bundling provider payments together, said Stuart Guterman, assistant vice president for payment system reform at the Commonwealth Fund.

For example, if a patient is hospitalized and subsequently goes into a rehabilitation center or home health care, under the current system there's no financial incentive for the hospital to keep tabs on the patient after discharge and to ensure that he's recovering as expected. But suppose you bundle the payments to the hospital and the post-acute care facilities together based on an "episode of care" that starts before a patient is admitted and continues until 30 days after discharge. Then everyone has an incentive to work together to reduce unnecessary tests and procedures, and to make sure the patient is getting the follow-up care he needs.

The accountable care organization is another shared savings model described in the law. In this setup, primary care doctors, hospitals and other providers agree to take joint responsibility for providing coordinated care to an assigned group of Medicare beneficiaries and to keep them healthy. Providers share in any savings that result from their efforts.

The law also creates a new innovation center within the federal Centers for Medicare and Medicaid Services to test different payment models and evaluate their effectiveness at improving the quality of care while keeping a lid on costs. This research could be significant for the whole health care system, said Mr. Guterman, because Medicare can serve as a lab of sorts

for developing new approaches that may then be adopted systemwide.

*Got a question about the new health care law? Send it to [health\\_feedback@nytimes.com](mailto:health_feedback@nytimes.com).*