Strategic Goal 1: Reform, Strengthen, and Modernize the Nation's Healthcare System

Strategic Objective 1.1: Promote affordable healthcare, while balancing spending on premiums, deductibles, and out-of-pocket costs

Strategic Objective 1.2: Expand safe, high-quality healthcare options, and encourage innovation and competition

Strategic Objective 1.3: Improve Americans' access to healthcare and expand choices of care and service options

Strategic Objective 1.4: Strengthen and expand the healthcare workforce to meet America's diverse needs

---

For a nation to thrive, its population must be healthy. Poor health reduces one's ability to attend school, care for one's family, or work. Without healthcare services—including physical, behavioral, and oral healthcare—to help improve health, Americans are at greater risk of poor health and human services outcomes.

To improve the health of our Nation, the Department is working with its public and private partners to make healthcare affordable, high quality, and accessible for the people it serves. The Department also is making investments to strengthen and expand the healthcare workforce. This goal seeks to improve healthcare outcomes for all people across the lifespan, including the unborn, children, youth, adults, and older adults, across healthcare settings.

According to the U.S. Census Bureau - PDF, 91.2 percent of people carried health insurance coverage or received medical assistance for all or part of 2016. Although most people with health insurance coverage get that coverage through private plans (67.5 percent), such as employer-sponsored insurance or direct-purchase insurance, government-sponsored plans and medical assistance such as Medicare, Medicaid, Children's Health Insurance Program (CHIP), and military healthcare pay for health services for 37.3 percent of Americans.

Yet national health spending is expected to rise between 2017 and 2026, at an average rate of 5.5 percent per year, driven by growth in medical prices. Healthcare spending by Federal, State, Tribal, local, and territorial governments will be greater than that of private businesses, households, and other private payers due to growth in Medicare enrollment and continued government funding dedicated to subsidizing premiums for lower-income enrollees of health insurance exchanges under current law.

Per-person personal healthcare spending in 2012 was $18,988 for adults older than age 65, more than five times higher than the spending per child ($3,552). Compared with other Organisation for Economic Co-operation and Development (OECD) member countries, the United States ranks the highest in

healthcare spending per capita, measured as a share of Gross Domestic Product (GDP). However, health outcomes do not always reflect this.

The effort to improve healthcare quality and patient safety in many ways has been an American success story. Average life expectancy at birth - PDF has increased by nearly 30 years from the turn of the last century (47.3 years in 1900) to the beginning of this century (76.8 years in 2000). A child born in 2015 will live on average 78.8 years. However, preventable medical errors potentially take 200,000 or more American lives each year and cost the United States about $19.5 billion in additional medical costs and lost productivity from missed work.

Improving access to healthcare is not just a matter of making it more affordable; services—including specialized services—are often not available within a person's geographic area, or do not offer culturally responsive care, or are available only after delays. Inadequate access to healthcare can exacerbate health problems, increasing costs and preventing better health outcomes. For example, in 2014–2015, 17.3 percent of adults aged 18 to 64 had no usual source of healthcare. In 2016, only 84.7 percent of children age 2 to 17, and fewer than 65 percent of adults aged 18 and over, had a dental visit in the past year. And although 14 percent of Americans live in rural areas, only 9 percent of the Nation's physicians practice there, despite the fact that rural residents are more likely than their urban counterparts to have higher rates of cigarette smoking, high blood pressure, and obesity.

To improve health in the United States, the Department is working to strengthen and expand the healthcare workforce. In 2010, the U.S. primary care workforce - PDF comprised nearly 295,000 primary care professionals, including more than 208,000 physicians, more than 55,000 nurse practitioners, and more than 30,000 physician assistants. Yet the United States lags behind more than 25 other countries in the number of doctors per capita, with only 2.6 physicians per 1,000 people. While the number of physician assistants is projected to grow by almost 72 percent by 2025, the growth rate may not provide a sufficient number of providers to address the projected primary care physician shortage.

Within HHS, the following divisions are working to reform, strengthen and modernize the Nation's healthcare system: Administration for Community Living (ACL), Agency for Healthcare Research and Quality (AHRQ), Centers for Disease Control and Prevention (CDC), Centers for Medicare & Medicaid Services (CMS), Food and Drug Administration (FDA), Health Resources and Services Administration (HRSA), Indian Health Service (IHS), Office for Civil Rights (OCR), Office of the National Coordinator for Health Information Technology (ONC), and Substance Abuse and Mental Health Services Administration (SAMHSA).

Back to top

Strategic Objective 1.1: Promote affordable healthcare, while balancing spending on premiums, deductibles, and out-of-pocket costs

Affordability is a key component of accessible healthcare. For individuals and families, high costs of care create economic strain. Americans often have to choose between spending a higher proportion of wages on healthcare and paying for other household essentials. Without timely access to healthcare services, Americans risk worsening healthcare outcomes and higher costs. Yet for many, costs make healthcare out of reach.

In 2016, the Federal Government accounted for 28 percent of healthcare spending - PDF; households, 28 percent; private businesses, 20 percent; and State and local governments, 17 percent. National Health Expenditure data show that growth in spending is due to expanded coverage and increased utilization of healthcare.

HHS is committed to lowering healthcare costs for Americans to affordable levels and minimizing the burden of government healthcare spending. By increasing consumer information, offering lower-cost options and innovation in payment and service delivery models, and promoting preventive care and market competition, HHS is working with its partners to reduce the burden of higher healthcare costs.

HHS is providing guidance, resources, and flexibility for States to enable them to construct competitive, affordable insurance options that best meet the needs of their citizens.

Through the Quality Payment Program authorized by the Medicare Access and CHIP Reauthorization Act of 2015 (Pub. L. 114–10), the Department has new ways to provide incentives to pay physicians and other practitioners for providing cost-effective, high-quality care to Medicare beneficiaries, and to provide incentives for physicians to participate in alternative payment models, which reward value over volume. HHS tests and evaluates alternative payment models that bring together private payers, healthcare providers, State partners, consumer groups, beneficiaries, and others. These models aim to reduce costs and improve the quality of care for beneficiaries, including those in at-risk populations. In 2016, data on 245.4 million people, representing 84 percent of the publicly and commercially insured population in the United States, revealed that 57 percent of healthcare spending occurred within some payment structure tied to quality, including care coordination, pay-for-performance, or shared savings. Data and evidence from these innovative models are used to inform State and Federal policymakers of the methodologies that work to reduce healthcare costs and improve quality.

Contributing Operating Divisions and Staff Divisions

AHRQ, CMS, and FDA

Strategies

In 2016, the average household experienced increases in healthcare spending of 6.2 percent, primarily due to increased health insurance expenditures. Out-of-pocket spending - PDF grew 2.6 percent, physician and clinical services expenditures grew 6.3 percent, and prescription drug spending increased 9.0 percent. The Department is promoting higher-value and lower-cost healthcare options through the following strategies:

- Promote the use of high-quality, lower-cost healthcare providers, such as community health workers and community organizations, where appropriate

- Promote better coordination and efficiency in post-acute care by discharging patients to appropriate settings, including home and community-based services and skilled nursing facilities, using site-neutral payment rates

Prescription drug spending growth is projected to grow - PDF an average of 6.3 percent per year through 2025. Spending growth - PDF is attributed to increased spending on new medicine, price growth for existing brand-name drugs, and fewer expensive drugs going off patent. The Department is working to promote greater affordability of prescription drugs through the following strategies:

- Expand access to high-quality, safe, affordable generic medicines by streamlining the generic drug application review process, enhancing the development and review of complex generic drug products, and otherwise facilitating entry of lower-cost alternatives, to increase competition in the market for prescription drugs
- Promote the use and benefits of generics through beneficiary and partner educational campaigns aimed at helping those paying for the medications to better recognize the value they present
- Continue to offer outpatient drugs to eligible healthcare organizations at reduced prices through the 340B Drug Pricing Program

From 2000 to 2015, national health expenditures increased from 13.3 percent to 17.8 percent of the U.S. Gross Domestic Product. Per capita expenditures rose from $4,857 to $9,990 per person. More than 16 percent of people under age 65 reported that their family spent more than 10 percent of total family income on health insurance premiums and out-of-pocket costs in 2014. The Department will continue to collect, analyze, and apply data to improve access to affordable healthcare through the following strategies:

- Provide information on the prevalence, causes, and consequences of high healthcare financial costs, including social factors that exacerbate costs
- Partner with States, community organizations, and the private and nonprofit sectors to educate Americans about their health insurance coverage options and how they can identify the best plan for themselves, and to provide information on how Americans can access and use their benefits
- Track trends in premiums, out-of-pocket payments, deductibles, and out-of-pocket maximums in health insurance plans
- Enhance digital strategies to empower consumers
- Examine regulatory requirements that may differentially burden providers

Chronic diseases, such as heart disease, cancer, and diabetes, are responsible for 7 of every 10 deaths among Americans each year and account for 75 percent of the Nation’s health spending. The Department is working to promote preventive care to reduce future medical costs through several strategies:

- Reduce the need for avoidable medical costs and improve health outcomes of pregnant women and newborns by increasing use of timely prenatal, maternal, and postpartum care

- Promote and implement lifestyle change interventions and intensive case management to reduce risk of diabetes and cardiovascular disease in high-risk individuals

- Provide chronic care management - PDF services to patients with multiple chronic conditions, including comprehensive care management, a care plan, and care transitions

Note: Additional strategies on preventive care are in Strategic Objectives 2.1, 2.2, and 2.3.

In 2015, approximately 20.1 million people in the United States delayed medical care during the preceding year because of worry about the cost, and 14.2 million did not receive needed medical care because they could not afford it. The Department is working to strengthen informed consumer decision making and transparency about the cost and value of healthcare through the following strategies:

- Enhance comparison and decision-making tools, such as Hospital Compare and Nursing Home Compare, to help Americans make informed decisions about healthcare, including coverage options, providers, and treatments

- Build out and broaden models, such as Medicaid's Self Directed Services, that allow beneficiaries the option of managing more of their healthcare dollars, services, and supports

- Support health literacy tools, such as Coverage to Care or the Person and Family Engagement Strategy - PDF, which focus on increasing health literacy and consumer connections to healthcare, as well as partnership efforts to promote understanding of health coverage, costs, and terminology, so that consumers can choose the most appropriate, affordable health plan to receive the healthcare services they need

- Stabilize the market, implement policies that increase the mix of younger and healthier consumers purchasing plans through the individual market, and reduce premium increases

- Streamline eligibility and enrollment processes for community supports so that all populations have access to the services they need

Value-based programs reward healthcare providers with incentive payments for the quality of care they provide. These programs seek to achieve better care for individuals, better health for populations, and lower costs overall. The Department is working to incentivize healthcare quality and value-based care through the following strategies:

- Promote the application of proven clinical preventive services for high-impact risk factors and early-stage disease detection, through Federal guidelines, quality measurement, and partnerships with accrediting and other organizations

- Improve return on investment of Federal and State spending by encouraging development of payment models that reward value over volume

- Incentivize better planning, coordination, and management of services across the continuum of care to improve outcomes for people with chronic conditions

- Build out and broaden models that improve quality and reduce costs

Note: Additional healthcare quality strategies are in Strategic Objective 1.2.

Performance Goals

- Reduce the average out-of-pocket share of prescription drug costs while in the Medicare Part D Prescription Drug Benefit coverage gap for non–Low-Income Subsidy Medicare beneficiaries who reach the gap and have no supplemental coverage in the gap
- Increase the percentage of Medicare health care dollars tied to Alternate Payment Models incorporating downside risk

Back to top

Strategic Objective 1.2: Expand safe, high-quality healthcare options, and encourage innovation and competition

Strengthening the Nation's healthcare system cannot be achieved without improving healthcare quality and safety for all Americans. The immediate consequences of poor quality and safety include healthcare-associated infections, adverse drug events, and antibiotic resistance.

Healthcare safety is a national priority. When the Office of Inspector General examined - PDF the health records of hospital inpatients in 2008, it determined that hospital care contributed to the deaths of 15,000 Medicare beneficiaries each month. Healthcare-associated infections are infections people get while they are receiving medical treatment or undergoing surgery. At any given time, about 1 in 25 patients have an infection related to hospital care. Infections lead to the loss of tens of thousands of lives and cost the U.S. healthcare system billions of dollars each year. Adverse drug events—injuries resulting from medical intervention related to a drug—result in more than 3.5 million physician office visits, 1 million emergency department visits, and 125,000 hospital admissions each year.

Antibiotic overuse has contributed to *Clostridium difficile* infections, the most common microbial cause of healthcare-associated infections, responsible for more than half a million infections and nearly 15,000 deaths in a single year. And each year in the United States, 2 million people become infected with antibiotic-resistant bacteria, directly resulting in the deaths of 23,000 people each year, as well as $20 billion in increased healthcare costs and $35 billion in lost productivity.

Yet these consequences are preventable. Recognizing the unique challenges of different healthcare settings—including acute care hospitals, ambulatory surgical centers, dialysis centers, and long-term care facilities—HHS has developed specific strategies to reduce the incidence and impact of healthcare-associated infections in these settings. Through surveillance, antibiotic stewardship, diagnostic

innovations, and research strategies, HHS is working to combat antibiotic-resistant bacteria. HHS also focuses on three key drug classes—anticoagulants, diabetes, and opioids—to prevent adverse drug events.

HHS investments in prevention have yielded both human and economic benefits. From 2010 to 2014, efforts to reduce hospital-acquired conditions and infections have resulted in a decrease of 17 percent nationally, translating to 87,000 lives saved, $19.8 billion in unnecessary health costs averted, and 2.1 million instances of harm avoided.

Contributing Operating Divisions and Staff Divisions

ACL, AHRQ, CDC, CMS, HRSA, OCR, ONC, and SAMHSA

Strategies

Through the Quality Payment Program authorized by the Medicare Access and CHIP Reauthorization Act of 2015 (Pub. L. 114–10), the Department has new ways to provide incentives to pay physicians and other practitioners for providing cost-effective, high-quality care to Medicare beneficiaries, and to provide incentives to physicians to participate in alternative payment models, which reward value over volume. Through these and other efforts, the Department is working to incentivize safe, high-quality care through the following strategies:

- Develop new payment and service delivery model concepts that aim to reduce healthcare costs by speeding the adoption of best practices, encouraging care coordination, and promoting evidence-based care, and expand opportunities for Medicare and Medicaid alternative payment models to incentivize value-based care options
- Improve provision of, and access to, appropriate preventive services for Medicare beneficiaries, through improved understanding of uptake of preventive benefits, particularly for those individuals who are high risk
- Strengthen the development, implementation, and reporting of measures for reducing health disparities
- Promote research on how to recognize variation in quality of healthcare provision due to circumstances outside the control of the provider

The Healthcare-Associated Infections Progress Report found that rates of central line–associated bloodstream infections declined 50 percent from 2008 to 2014, and rates of surgical site infections declined 17 percent, although the rate of catheter-associated urinary tract infections did not change. The 2016 National Healthcare Quality and Disparities Report - PDF, which tracks a broad range of patient safety indicators, found that about two-thirds of patient safety measures were improving. The Department continues to work to improve patient safety and prevent adverse events such as healthcare-associated infections and medication harms across the healthcare system through the following strategies:

- Support research and innovation to strengthen evidence-based recommendations
- Address quality gaps and safety risks for healthcare-associated conditions

- Develop improved methods and strategies to prevent healthcare-associated infections and combat antibiotic resistance
- Translate knowledge and evidence into practical tools, training, and other resources to accelerate progress to improve quality and patient safety

The 21st Century Cures Act of 2016 (Pub. L. 114–255) provides the Department with authority to advance the interoperability and usability of health information technology. In 2015, 77.9 percent of office-based physicians had a certified electronic health record system. However, in 2015, only about one-third of physicians had electronically sent, received, integrated, or searched - PDF for patient health information with other providers, and only 8.7 percent had performed all four of these activities. In 2015, the Shared Nationwide Interoperability Roadmap was published to enhance the Nation's health information technology infrastructure to support information sharing. The Department will work to leverage technology solutions to support safe, high-quality care through the following strategies:

- Advance interoperable clinical information flows so that patients, providers, payers, and others can efficiently send, receive, and analyze data across primary care, acute care, specialty care including behavioral healthcare, and post-acute care settings
- Promote implementation of understandable, functional health information technology tools to support provider and patient decision making, and to support workflows for healthcare providers

Team-based care is the provision of health services to individuals, families, and communities by at least two health providers who work collaboratively with patients and their caregivers to accomplish shared goals and achieve coordinated, high-quality care. The Department is working to implement team-based approaches to care through the following strategies:

- Collaborate with healthcare systems and community partners to facilitate the spread of evidence-based clinical practices and the appropriate incorporation of innovations that advance patient care
- Promote and implement models that connect primary care, acute care, behavioral healthcare, and long-term services and supports, and that use health information technology effectively, to facilitate transitions between care settings, especially for dually eligible Medicare-Medicaid enrollees
- Implement a collaborative model for behavioral health integration with primary care that is team driven, population focused, measurement guided, and evidence based

Person-centered care is an approach to service delivery that ensures that services are respectful of, and responsive to, the preferences, needs, and values of people and those who care for them. The Department is working to empower patients, consumers, families, and other caregivers to facilitate the delivery and increase the use of person-centered care through the following strategies:

- Expand the engagement of patients, families, and other caregivers in developing and implementing programs that improve the quality of care and increase access to services available to them

- Promote the development, implementation, and use of experience and outcome measures, including patient-reported data and price transparency data, as appropriate, for use in quality reporting
- Support patient, consumer, and caregiver involvement in care planning, as appropriate, to ensure that care is person centered, responding to the needs and wishes of those being served, including their religious or conscience needs and wishes

While patient safety measures have been improving overall, disparities persist. The Department is working to reduce disparities in quality and safety through the following strategies:

- Enhance the use of health information technology among safety-net providers and community-based organizations to inform decision making, better engage people in their care, improve public health outcomes, and increase public health reporting
- Encourage and support a healthcare workforce that delivers culturally appropriate care, across all settings
- Increase capacity to provide person-centered care by promoting geriatric-competent, disability-competent, and culturally competent care through training programs that teach these concepts and require practicing them
- Promote technical training and assistance to disseminate promising practices around geriatric-competent, disability-competent, and culturally competent care
- Provide health information in culturally appropriate and health-literacy-appropriate levels, and in alternative formats, such as in languages other than English, to improve access to health information
- Conduct, fund, and apply research on the role of other risk factors and their impact on health, as appropriate, to improve health outcomes, including access, quality, and safety

Note: Additional strategies to strengthen the healthcare workforce are in Strategic Objective 1.4.

The two primary systems for tracking progress toward safe, high-quality healthcare are the National Healthcare Quality and Disparities Report, which directly tracks measures of healthcare quality, and Healthy People, which tracks measures of health. Both reports noted significant variation in the proportion of healthcare quality measures that were improving in relation to sex, race/ethnicity, socioeconomic status, disability status, and geographic location. The Department will continue to work to collect, analyze, and apply data to improve access to safe, high-quality healthcare through the following strategies:

- Improve quality in healthcare delivery by helping healthcare organizations apply evidence for continuous policy, process, and outcomes improvement, such as through Medicare's Quality Payment Program
- Expand measurement and reporting of stratified performance data to identify health disparities, show gaps in access to safe, high-quality healthcare options, and enable quality improvement

- Collect additional data that will allow HHS to identify barriers to access, facilitate consumer engagement, and promote evidence-based practices, to improve access to physical and behavioral health services

- Measure and report on healthcare quality and disparities at the national, State, Tribal, local, territorial, and individual provider level to facilitate a more complete understanding of the factors that may influence healthcare quality and lead to improvements in the healthcare system

- Support communication and coordination between public health practitioners and clinicians to improve use of data and increase use of evidence-based prevention strategies to address risk factors, and their underlying causes, for disease and health conditions, and implement rapid responses to address outbreaks of infectious disease

Performance Goals

- Reduce the all-cause hospital readmission rate for Medicare-Medicaid enrollees

- Meet the following patient safety goals:

  - Improve hospital patient safety by reducing preventable patient harms

  - Reduce the standardized infection ratio for central line–associated bloodstream infections in acute care hospitals

  - Reduce standardized infection ratio for hospital-onset Clostridioides difficile infections

Back to top

Strategic Objective 1.3: Improve Americans' access to healthcare and expand choices of care and service options

The Department defines access to health services as "the timely use of personal health services to achieve the best health outcomes." It involves gaining entry into the healthcare system, usually through payment; gaining access to diverse options for receiving treatment, services, and products, including physical locations and online options; and having a trusted relationship with a healthcare provider. Efforts to improve access to care are not limited to physical healthcare. Improving access to behavioral and oral healthcare, including through innovative solutions that use health information technology, also is critical, especially for populations experiencing disparities in access.

Lack of access to care presents a myriad of problems with both human and economic costs—including clinically significant delays in care, increased complications, higher treatment costs, and increased hospitalizations. The Department pursues multiple approaches to address barriers to care. Some populations, including American Indians and Alaska Natives, experience unique challenges when attempting to access care, due to factors such as inadequate supply of healthcare providers and geographic barriers. For Tribal populations, the Department plans and constructs healthcare facilities,

youth regional treatment centers for substance abuse, small ambulatory care facilities, and other healthcare resources to eliminate geographic barriers that can prevent people from accessing care. In addition, the Department continues to be committed to implementing Executive Order 13166, Title VI of the Civil Rights Act of 1964, Sections 504 and 508 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, the Age Discrimination Act of 1975, Section 1557 of the Patient Protection and Affordable Care Act to support access to care and prevent discriminatory practices, and authorities that protect religious freedom and the exercise of conscience rights.

In 2014, 86.7 percent of people younger than age 65 had health insurance, including government and private coverage, and 76.4 percent of people had a usual primary care provider. However, more than 10 percent of all people were unable to obtain or delayed obtaining necessary medical care, dental care, or prescription medicines. The 2016 National Health Interview Survey reports that 4.4 percent of people failed to obtain medical care due to cost, with adult women more likely than adult men to have failed to obtain needed medical care due to cost.

To improve outcomes in this objective, HHS is working to address the high cost of care, lack of availability of services, and lack of culturally competent care. Strategies related to promoting affordability and strengthening the workforce are addressed in Strategic Objectives 1.1 and 1.4. This Strategic Objective focuses on how HHS, rather than instituting government mandates, is giving people more control over how they access care, through increasing the spectrum of consumer options and expanding competition among healthcare providers, including by removing barriers to participation in the healthcare sector for religious, faith-based, and other providers.

Contributing Operating Divisions and Staff Divisions

ACL, CMS, HRSA, IEA, IHS, OCR, OGA, and SAMHSA

Strategies

Executive Order 13765, Minimizing the Economic Burden of the Patient Protection and Affordable Care Act Pending Repeal, and Executive Order 13813, Promoting Healthcare Choice and Competition Across the United States, instituted policies intended to improve consumer choices. In support of these Executive orders, the Department will pursue the following activities:

- To the maximum extent permitted by law, waive, defer, grant exemptions from, or delay implementation of any provision or requirement of the Patient Protection and Affordable Care Act that would impose a fiscal burden on any State or cost, fee, tax, penalty, or regulatory burden on individuals, families, healthcare providers, health insurers, patients, recipients of healthcare services, purchasers of health insurance, or makers of medical devices, products, or medications
- Propose regulations or revise guidance, consistent with law, to expand the availability of short-term, limited-duration insurance, which is exempt from certain Federal insurance mandates and regulations
- Propose regulations or revise guidance, to the extent permitted by law and supported by sound policy, to increase the usability of health reimbursement arrangements, to expand employers' ability to offer this option to their employees

The Department is committed to promoting access to high-quality, affordable healthcare for all Americans, increasing patient choices, and lowering premiums. A key component of current healthcare reform efforts emphasizes price transparency of all healthcare providers, allowing consumers to shop more easily for the best prices for their care. Consumers of healthcare should be able to choose the options that make the most sense for themselves, their families, and their budgets. The Department is working to expand healthcare coverage options through the following strategies:

- Expand plan choice in the Medicare Advantage and Part D Prescription Drug programs by reducing administrative, regulatory, and operational burdens, while protecting the integrity and soundness of these programs
- Promote patient access to new and innovative medical products by conducting timely, patient-centered reviews for coverage
- Make information regarding coverage decisions publicly available where possible
- Improve access of Medicare-Medicaid dual enrollees to fully integrated physical and behavioral care options, such as Medicare-Medicaid Plans, Programs of All-Inclusive Care for the Elderly (PACE), and dual-eligible Special Needs Plans, designed to address the unique healthcare needs of dual-eligible individuals
- Allow State Medicaid programs to promote employment, to help improve health outcomes among recipients of medical assistance
- Enhance care quality and efficiency by exploring the effectiveness of new models of care and advancing coordinated and integrated health and long-term services and supports for people living with Alzheimer's disease and related dementias

Healthcare reform will focus on improving quality and affordable care for all Americans. The Department is committed to strengthening consumers' informed healthcare decision making through cost-quality comparisons and tools to reduce individual and overall costs in healthcare. The Department is pursuing the following strategies to improve consumer understanding of healthcare options and consumer-directed healthcare decisions:

- Promote information and assistance that is accessible, transparent, and provided in understandable formats to ensure that care and insurance options meet consumers' needs
- Collaborate across Federal agencies and stakeholders to ensure effective and coordinated implementation and enforcement of mental health and addiction parity laws
- Expand the use of innovative payment and service delivery models, including those to encourage patients to use high-value clinical services and optimize medication use based upon their specific healthcare needs
- Provide information through partners and trusted intermediaries, including Tribes and faith-based and other community organizations, on how to access and use benefits and avoid fraud or abuse

Evidence supports policies of increasing consumer engagement and public awareness as solutions to reducing healthcare costs, but much remains to be done. Americans may be willing to price-shop, but their priorities for maintaining a preferred provider and the challenges of coordinating care across many providers must continue to be studied for their impact on healthcare reform. The Department is designing healthcare options that are responsive to consumer demands, while removing barriers to participation for faith-based and other community-based providers, through the following strategies:

- Engage with global partners to learn about effective healthcare models and best practices that could be used domestically for the benefit of the American people
- Seek ideas, strategies, and best practices from the private sector, Tribes, and faith-based and community organizations that can be introduced to Department-administered programs, to meet evolving consumer needs

Despite the Nation's advancements in health and medicine, care is still not equally available and accessible across communities, populations, socioeconomic groups, and ethnicities. Disparities in access to, use of, and quality of care can lead to disparities in health outcomes. For example, American Indians and Alaska Natives born today have a life expectancy that is 4.4 years less than that of the average U.S. population. The Department is working to reduce disparities in access to healthcare through the following strategies:

- Assess person-centered models of care, including patient-centered medical home recognition and care integration, and support the adoption and evolution of such models that reduce expenditures and improve quality
- Simplify enrollment, eliminate barriers to retention, and address shortages of healthcare providers who accept Medicare or Medicaid and providers who offer specialized care
- Provide consumers more options to shop for coverage in the individual insurance market
- Provide resources and tools to providers and plans to encourage implementation of activities and strategies to help improve healthcare access
- Increase access to preventive services, home and community-based services and social supports, and care management in areas and populations with high chronic disease burdens
- Increase access to preventive services to support women's health, including adaptive mammography equipment in clinics, prenatal/pregnancy care and supports, and lactation accommodations and other breastfeeding supports
- Promote healthy pregnancy by protecting unborn children from harm through proven strategies such as receipt of adequate prenatal care and the identification and treatment of diabetes and hypertension
- Identify individuals and populations at risk for limited healthcare access and assist them to access health services, including prevention, screening, linkages to care, clinical treatment, and relevant support services, including through mobilization of Tribes and faith-based and community organizations

- Remove barriers to inclusion and accessibility for people with disabilities in acute care, post-acute care, and community-based settings

Performance Goals

- Track the number of unique individuals who received direct services through Federal Office of Rural Health Policy Outreach grants, subject to the availability of resources
- Increase telebehavioral health encounters nationally among American Indians and Alaska Natives

Back to top

Strategic Objective 1.4: Strengthen and expand the healthcare workforce to meet America's diverse needs

Whether people access healthcare in a doctor's office, in a health center, in a pharmacy, at home, or through a mobile device, they depend on a qualified, competent, responsive workforce to deliver high-quality care.

Yet population growth and the aging U.S. population, among other factors, are generating increasing demand for physicians, with demand among the older population - PDF expected to grow substantially. From 2014 to 2025, the U.S. population age 65 and older is expected to grow 41 percent, compared with 8.6 percent for the population as a whole and 5 percent for those younger than age 18. Because the elderly have higher healthcare use per capita, compared with younger populations, the increase in demand for healthcare services for older adults is projected to be much greater than the increase in demand for pediatric healthcare.

The U.S. Health Workforce Chartbook - PDF estimated that more than 14 million individuals—10 percent of the Nation's workforce—worked for the healthcare sector in 2010. The largest health occupation groups were registered nurses; nursing, psychiatric, and home health aides; personal care aides; physicians; medical assistants and other healthcare support occupations; and licensed practical and licensed vocational nurses. Employment in healthcare occupations is projected to grow 19 percent from 2016 to 2026 much faster than the average for all occupations, because of the aging population and increased access to health insurance and medical assistance.

HHS regularly produces reports projecting growth or deficits in the supply and demand of various occupations in the healthcare workforce. At a national level, by 2025, demand is expected to exceed supply for several critical health professions, including primary care practitioners, geriatricians, dentists, and behavioral health providers, including psychiatrists, mental health and substance abuse social workers, mental health and substance use disorder counselors, and marriage and family therapists. At a State level, the picture is more complex, with some States projected to experience greater deficits in certain healthcare occupations. For example, rural areas experience greater shortages in the oral and behavioral health workforces.

HHS works in close partnership with academic institutions, advisory committees, research centers, and primary care offices. These collaborations help HHS make informed decisions on policy and program planning to strengthen and expand the workforce.

Contributing Operating Divisions and Staff Divisions

CDC, CMS, HRSA, IHS, OCR, and SAMHSA

Strategies

The Department provides detailed information on 35 healthcare occupations and occupational groupings - PDF, describing variations in age, demographics, work settings, and geographic distribution of the healthcare workforce. The Department will collect, analyze, and apply data to understand opportunities to strengthen the healthcare workforce through the following strategies:

- Conduct monitoring, occupational forecasting, data collection and analysis, and general research on the healthcare workforce to identify the characteristics, gaps, needs, and trends, and determine where to target resources to strengthen the workforce
- Collect data - PDF on ambulatory care services in hospital emergency and outpatient departments and ambulatory surgery locations, to estimate the number of physicians needed to provide care

Training, fellowships, and other opportunities not only strengthen the healthcare workforce, help them learn new skills, and advance their careers, but also result in better care. The Department is supporting professional development of the workforce through the following strategies:

- Increase awareness and promote use of clinical decision support and patient-provider communication tools, and share evidence-based practices and training opportunities to provide safety and scientific knowledge to the workforce
- Expand and transform the healthcare workforce through the training and engagement of emerging health occupations, such as community health workers and promotores de salud, and community partners to enhance the provision of culturally, linguistically, and disability-appropriate services, and increase workforce diversity
- Transform clinical training environments to develop a healthcare workforce that maximizes patient, family, and caregiver engagement and improves health outcomes for older adults by integrating geriatrics and primary care
- Increase access to quality trainings for public health workers that address cross-cutting competencies

Throughout the United States, some geographic areas, populations, and facilities have too few primary care, dental, and mental health providers and services, and are classified as Health Professional Shortage Areas. The Department is working to reduce provider shortages in underserved and rural communities through the following strategies:

- Support the training, recruitment, placement, and retention of primary care providers and behavioral health providers in underserved and rural communities through scholarships, student loan repayment, local recruitment, externships, and other incentives
- Incentivize healthcare providers to work in underserved and rural areas, including Tribal communities
- Assist primary care practices in integrating services for mental disorders, including substance use disorders, to expand access in underserved and rural communities
- Improve access to behavioral and oral health services in underserved and rural communities by supporting the recruitment, placement, and retention of behavioral health, dental health, and primary care providers to address workforce shortages, reduce disparities, and ensure an equitable workforce distribution
- Use telehealth and technology solutions to increase access to and improve quality of care in rural and underserved areas, including for American Indians and Alaska Natives

Executive Order 13798, Promoting Free Speech and Religious Liberty, instituted a policy that protects the freedom of Americans and their organizations to exercise religion and participate fully in civic life without undue interference by the Federal Government. In addition, there are long-standing laws, applicable to HHS and its programs, which protect the religious liberty and conscience rights of healthcare providers and others. In support of religious freedom, and to ensure removal of barriers to participation in healthcare for healthcare providers with religious beliefs or moral convictions, the Department will pursue the following activities:

- Vigorously enforce laws, regulations, and other authorities protecting religious freedom and conscience in HHS-funded, HHS-regulated, HHS-conducted, and/or HHS-administered programs or activities, and engage in related outreach
- Identify and remove undue barriers to, or burdens imposed on, the exercise of religious beliefs and/or moral convictions by persons or organizations partnering with or served by HHS, and affirmatively accommodate such beliefs and convictions, to ensure full and active engagement of persons of faith or moral conviction and of faith-based organizations in the work of HHS
- Promote equal and nondiscriminatory participation by persons of faith or moral conviction and by faith-based organizations in HHS-funded, HHS-regulated, HHS-conducted, and/or HHS-administered programs or activities, including through outreach, education, and capacity building

Performance Goals

- Support field strength (participants in service) of the National Health Service Corps

Back to top

Content created by Assistant Secretary for Planning and Evaluation (ASPE)

Content last reviewed on April 2, 2020