



## **Medicare Working Group Statement**

**Mission:** To empower Medicare beneficiaries by increasing their control over their own decisions and finances while improving health outcomes and lowering costs.

### **Guiding Principles / Core Values:**

- Patients are best positioned to determine the value of health care services, working with their health care providers.
- Prices are best for patients when determined by economic value rather than political power and when they are known in advance of receiving services.
- Patients benefit from increased options of doctors, hospitals, and insurance plans.
- Governments' use of non-market based methods to determine reimbursement leads to significant amounts of spending on low-value services and products and underpayment for high value services and products, stifles beneficial innovation, and, because of Medicare's size, distorts payments throughout the health care system.
- Intermediate entities that can manage financial risk and ensure quality of care are important to the transition to value-based care within the Medicare program.

### **Strategic Action Items to Achieve Goals:**

*Goal 1: Increase Medicare Beneficiaries' Control Over Their Health Care.*

- Remove regulations that restrict choice of coverage and care.
- Permit seniors to control more of the program's financing.
- Improve the accessibility and quality of information important for beneficiaries' decisions.

*Goal 2: Enhance the Doctor-Patient Relationship.*

- Eliminate regulatory burdens that raise costs for health care providers without benefitting patients.
- Permit plans and providers to take on greater accountability for care, while maintaining beneficiary choice.

*Goal 3: Ensure Sustainability and Value for Beneficiaries and Taxpayers.*

- Slow Medicare's cost growth.
- Reduce waste, fraud, and abuse in the program.