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## **Panel 1: Current and Future Impact of Policies on Health Care Sectors**

After the failure of the move to “repeal and replace” the Affordable Care Act (ACA), states are playing a more active role in health care policy-making, according to leading industry participants in the day’s first panel discussion, “Current and Future Impact of Policies on Health Care Sectors.”

Moderator Patrick J. Geraghty, CEO, GuideWell Mutual Holding Corporation, Florida Blue’s parent company, kicked off the session by asking panelists what was happening in Washington now.

“It is very difficult to get bipartisan support for health care issues, although there has been some encouraging work around opioids and substance abuse,” said Marilyn Tavenner, president and CEO, America’s Health Insurance Plans. “We are seeing more leadership by the states on Medicaid programs, individual markets and mandates, due to inaction in Washington. I think we are too close to the midterm elections for significant legislative action in Congress, but we will see continued regulatory efforts to pick apart pieces of the ACA and stabilize Medicare.”

Halee Fisher-Wright, M.D., president and CEO, Medical Group Management Association, agreed with that assessment, adding, “We are seeing small tweaks in the regulatory arena. But the shift from a national to a state perspective on Medicaid has caused stress and anxiety for medical practices, because of the uncertainties in the future.”

Joseph Fifer, president and CEO, Healthcare Financial Management Association, also pointed to uncertainty as a real issue for executives making decisions on pricing. “There needs to be a great focus on quality, transparency and particularly interoperability, which is a huge barrier in terms of addressing the cost issue,” he said.

Richard Pollack, president and CEO, American Hospital Association, pointed to disruption, as well as uncertainty, as key themes in Washington. “We are redefining what the hospital of the future will be, but don’t know how this will all end up,” he said. “With the ACA, have we moved to a new stage of refine and repair, or is Washington still in a mode of undermining the ACA? We have seen action on both aspects, such as allowing health plans that are not compliant with ACA standards.”

Along with physicians and hospitals, nursing professionals are concerned about dysfunction in Washington, according to Pamela Cipriano, president, American Nurses Association. “While most nurses are not directly concerned with

insurance, they want people to get the care they need from professionals who can best provide it," she said. "They don't want people to be excluded from coverage, either directly or from expensive premiums, co-pays and deductibles."

Cipriano added that affordable quality health care should be accessible to everyone, so no patients are turned away due to lack of coverage. "We should treat health care as a universal right," she added. "It's good for individuals, families and for businesses, because keeping people healthy preserves the workforce."

Asked about the movement to allow nurses to practice at the top of their license, Cipriano said about half the states now allow nurses to draw on the full scope of their training and education in delivering patient care. "This is a major step forward to improve access to healthcare," she added. "It's not just about nurses. Every member of the care team should practice to the full extent of their education and training."

### **Volume to value care**

Next, Geraghty asked panelists about the change from volume to value in reimbursement models. "The shift from volume to value is real, but there is so much experimentation going on that the environment is very confusing," said Fifer. "At one large health care system, there are 80 payment reform experiments underway, making things very confusing."

Fischer-Wright has seen general alignment on goals, but not processes. "You can see the move to value-based care in closed systems like Kaiser, but not in other settings," she said. "We also haven't looked at the interpersonal aspects of care, which were highlighted by Dr. Frenk in his talk."

Tavener noted that the Medicare Advantage market is seeing a shift in payment models. "There is greater stability among these older consumers and a higher degree of chronic diseases, so you can gain improvements," she said. "Maybe we can learn from this sector and go from 80 experiments to a dozen or so."

While there will always be some fee-for-service care, every hospital today is using some form of fee for value, according to Pollack. "They are being dinged for readmissions, non-compliance with meaningful use rules and other issues," he said. "To date, ACOs (accountable care organizations) have been a mixed experience, although they have been successful in bringing care teams together."

### **The opioid epidemic**

Nurses are on the front lines of the opioid epidemic, and Geraghty asked Cipriano about her perspective on the issue. "Right now there are more than 50 bills being debated in Congress," she said. "While we need to revise the rules to keep people safe, we also have to look at what alternatives are available to relieve pain."

Today, providers' prescriptions are being tracked and durations are being reduced, she added. "Prescribers feel like they are being blamed," she said. "But the bigger issue is how do we adequately care for people in pain. Nurses can deliver the right drugs and dosages, and assess patient needs as well as the home environment. We can also identify law enforcement issues based on what we observe from the patient."

In the urgent rush to deal with this national crisis, a greater regulatory burden has been placed on providers, added Fischer-Wright. “There has been a transition in policy that is causing issues on the practice level,” she said. “Providers are asking how they should retrain their staff and educate their patients.”

On the positive side, Tavenner said there has been a 30 to 40 percent drop in opioid prescriptions because of greater attention to the issues. But Fifer cautioned that across the nation there are far more deaths related to alcohol abuse than opioids. “Substance abuse is a broader issue than opioids, and alcohol abuse is being ignored.”

### **Best opportunities**

When asked about the best opportunities for managing care in a cost-effective manner, the panelists offered a consistent perspective. “Most of the money is spent in managing chronic conditions,” said Fifer. “Much of that can be done outside the hospital by other providers.”

Fischer-Wright said about 84 percent of Medicaid spending today is for chronic conditions. “Our payment system hasn’t kept up with Americans’ longer life spans, and we need to focus more on wellness rather than simply treatments,” she added.

Robust care coordination by nurses can lower costs, improve patient compliance and result in a higher quality of life, said Cipriano. Providing care in the home can do all of those things, while that human contact can also improve patients’ mental health, she added.

“We need to educate Congress and our communities about where the money is being spent,” said Tavenner.

For his last question, Geraghty asked about reducing stress and finding rewarding career paths for clinicians. Physicians are trained to be competitive, rather than collaborative, and that contributes to their daily stresses, said Fischer-Wright. She noted that situation is changing with today’s medical students, who are more in tune with the coordinated care approach.

“For all professionals, health care is an emotional form of labor,” said Cipriano. “As the pressures rise, it becomes more difficult for nurses and other clinicians, so we have to put support systems in place for them.”