

# Health Care Access, People, and Policy in a COVID World: A Discussion with Healthcare Industry Leaders

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## Abstract

**What is the message?** The annual conference of the University of Miami Center for Health Management and Policy identified key issues concerning healthcare access during the COVID era, many of which will continue post pandemic.

**What is the evidence?** The insights draw on the knowledge of executives, policy makers, and scholars with a deep base of experience in U.S. healthcare.

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**Insights from the Ninth Annual Business of Health Care Conference at the**

## **University of Miami**

The University of Miami Center for Health Management and Policy recently held its ninth annual Business of Health Care Conference. This year's theme was "Health Care Access, People and Policy, COVID-19 and Beyond." Participants focused on some of the most pressing issues of the year, including the financial impact of the pandemic on providers and patients, as well as the social determinants of health, disparities in access to care and the importance of public sector support.

One of the sessions at this year's conference included a panel made up of Matt Eyles, president and CEO of America's Health Insurance Plans; Joseph Fifer, president and CEO of the Health Care Financial Management Association; Hallee Fischer-Wright, M.D., president and CEO of the Medical Group Management Association; Ernest Grant, president of the American Nurses Association; Barbara L. McAneny, M.D., former president of the American Medical Association; and Richard Pollack, president and CEO of the American Hospital Association. As such, nearly all the major sectors of the healthcare industry were represented in the discussions. Given the diversity of industry representatives, it is noteworthy that there was significant agreement on the numerous areas of policy discussion.

### **Access and the social determinants of health**

Among the areas focused on by the panel and its moderator, Pat Geraghty, president and CEO of Florida Blue and its parent company, Guidewell, was on the theme of access, and in turn, the interrelationship with the social determinants of health. Access reflected both geographic access and financial access. As Dr. Grant of the American Nurses Association indicated, "Nurses can help address the social determinants of health and alleviate the burdens of doctors and hospitals." Dr. Grant went on to indicate that underserved communities have been particularly vulnerable to death and serious illness during the COVID-19 pandemic. In addition, many are essential workers living paycheck to paycheck who cannot afford insurance and might not see a doctor.

A number of other aspects of access were discussed, many associated with COVID. As per Pollack, hospitals are having significant funding issues, limiting their ability to provide safety net services. Further, their costs have increased significantly. Non-COVID revenue is down and there are significantly more uninsured patients due to job loss. From an insurance perspective,

Geraghty noted there is a need for comprehensive planning at the national level – not just with respect to COVID, but with other aspects of healthcare provision as well.

### **Challenges to physician practices**

The physician sector has also been impacted significantly by the pandemic. Dr. McAneny and Dr. Fischer-Wright noted that physician practices have been facing higher costs with fewer specialty patients seeking care due to COVID-19 fears. Smaller medical practices continue to have problems accessing personal protection equipment. Further, with their lower census, smaller practices are also experiencing difficulty in accessing capital resources, an issue not experienced to as great an extent by larger medical practices. Those difficulties are of particular concern to inner city and rural areas where communities are reliant on their local physicians. Add to this is the long-term impact of having more than 20 million Americans infected by COVID. Although hospitals provide the acute care associated with the coronavirus, it will be physician practices that will be providing longer term care for a growing number of patients exhibiting chronic conditions associated with COVID such as lung disease, heart disease, and blood clotting issues.

### **Looking forward**

#### ***Transparency in prices and quality***

As we go forward, what can we expect? There was again relative consensus. Fifer spoke about the continued movement toward consumer-focused healthcare with an eye toward value, and hospitals will have to be a part of this process. But for this to work, Eyles said that there must be transparency regarding prices and quality. Pollack noted that the relevant cost figure for consumers is the out-of-pocket price, not the rate negotiated between the hospital and the insurance company. The value proposition, i.e., value equal to quality divided by cost, also reflects the need to look at alternatives to in-hospital care, including home care. As Eyles said, “There is always a need for acute facilities and personal care, but a shift to in-home services would help meet the social needs that drive so much of our healthcare costs.”

#### ***Changing roles for hospitals***

And so, what is the role of the hospital going forward? As Pollack indicated, the hospital will always be needed for emergencies and surgical procedures, but it may be much more important to access other types of healthcare from more convenient locations. As Dr. Fischer-Wright said, there must be a focus on prevention, keeping people healthy. The aspect of social determinants of health again becomes quite important and the panel shared reflections on multiple aspects of it.

As the panelists indicated, hospitals continue to have significant financial issues in small towns and rural areas. Dr. McAneny reflected on the implications of the loss of such facilities, including the loss of basic and emergency services in the community, as well as the economic impact as healthcare facilities are oftentimes the most significant local employer. It was suggested that perhaps these facilities should have tax-supported emergency rooms, much like fire-rescue and police departments are tax-supported. This could become even more important, as per Eyles, as millions have lost their employer-based health insurance coverage. The Emergency Medical Treatment & Labor Act (EMTALA) requires emergency departments to provide emergency care regardless of the patient's ability to pay. But with the unemployed uninsured population growing by the millions given the COVID-induced economic plight, the financial impact on already stressed facilities is enormous as a result of bad debt and the provision of charity care.

### ***Continued need for the Patient Protection and Affordable Care Act***

As the session and discussion came to a close, other timely issues were discussed. Regarding the Patient Protection and Affordable Care Act, the panelists agreed unanimously that the law be retained and built upon. Further, given the sheer enormity of the task and the logistics, they agreed that it will be well into the latter part of 2021 before vaccine distribution will be widespread and be able to demonstrate its effectiveness from a public health perspective.

### **Next Conversation: April 16**

We will reconvene this panel, a featured aspect of our yearly conference, on April 16. It will be interesting to see where we are at that point in time as the theme will be, "The Business of Health Care: Post Elections."