

The Business of Health Care: Technology and Access

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What is the message? The annual conference of the University of Miami Center for Health Management and Policy addressed the impact of technology and access on patients and providers, workforce shortages, value-based care, and the substance abuse epidemic.

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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The University of Miami Center for Health Management and Policy at the Miami Herbert Business School held its 11th annual Business of Health Care Conference on April 1, 2022 with the theme, “Technology, Access, and The New Normal.” The audience, with more than 1,000 registrants

from the region, the nation, and around the globe, reflected a wide geographic and sector diversity.

A key, unique feature that distinguishes this conference is a panel discussion among leaders of the major professional healthcare organizations who represent a broad spectrum of the sector. This year's panel participants included Joseph Fifer, president, and CEO of the Healthcare Financial Management Association (HFMA); Matthew D. Eyles, president and CEO, America's Health Insurance Plans (AHIP); M. Michelle Hood, executive vice president and COO of the American Hospital Association (AHA); Rachel Villanueva, MD, president of the National Medical Association (NMA); and Ernest Grant, PhD, president of the American Nurses Association (ANA). Patrick J. Geraghty, president and CEO of Guidewell – Florida Blue, moderated the discussion, and answered pressing questions as well.

There were four areas of discourse and insights within the conference theme of technology and access: the impact of technology and access on patients and providers, workforce shortages, value-based care, and the substance abuse epidemic.

Technology and Access: Impact on Patient and Provider

Telehealth was the initial point of discussion, with a focus on the positives and negatives regarding access to care. The greatest benefits seen by the panelists were the beneficial impacts on primary care and behavioral health, and access to those services. It was mentioned that this was particularly important for the purposes of increasing access to care in rural areas.

Ernest Grant (ANA) indicated that nurses have been using telehealth very effectively to help monitor patients. Further, telehealth can be used as a vehicle to bring together the entire care team. Joseph Fifer (HFMA) indicated, it was an “amazing step” to see the sudden growth of telehealth in an industry not known for making quick changes. But with all the positive aspects of telehealth as discussed by the panelists, there were also several caveats indicated, and even warnings. Fifer indicated that his organization's members are evaluating processes and workflows to focus on best practices, adding, “we need to be sure that our processes center on the consumer rather than organizing around ourselves.” Matthew Eyles (AHIP) indicated that his member insurance providers want reimbursement allowances for different structures under telehealth. He indicated that “mandates would be harmful to innovation in telehealth.” All of this

discussion may be irrelevant if Congress does not extend federal reimbursement for telehealth, currently scheduled for expiration on December 31, 2022.

The panelists noted tensions between the benefits and drawbacks of telehealth as it relates to access. Dr. Villanueva (NMA), representing the professional association for Black physicians, noted there is the strong feeling of the benefits of telehealth from the provider community, but there are barriers to providing access to residents in underserved communities. She stressed that “patients in underserved communities may not have computers, smartphones, access to broadband or the digital literacy needed to access telehealth services.” Rachel Villanueva added that physicians need to look at meeting healthcare needs from the patient’s perspective and in communities with limited access, this may mean audio rather than video telehealth services.

Workforce Shortages

Workforce shortages are impacting the ability of patients to access care, provider ability to maintain or improve the quality of care, as well as the costs and revenue streams associated with the provision of care. The issue of nursing shortages has existed for decades but has been exasperated by the COVID-19 pandemic, said Dr. Grant. He noted that the combination of nurses taking retirement – a reflection of the aging nursing workforce – at the same time that the Baby Boomer generation is also retiring, is putting stress on the healthcare system and causing a critical situation. Dr. Grant suggested that another contributing factor causing nurses to leave the profession is many do not feel safe in their working environment, nor do they feel valued for their contribution.

Looking ahead, one of the issues impacting the future of the nursing workforce is a shortage of clinical nursing faculty members, as well as clinical or educational space to train. As such, applicants to nursing schools who would meet admission criteria must be turned away. Michelle Hood (AHA) indicated that this is another area where technology could help by utilizing simulation in combination with clinical and didactic education at academic institutions. Hood mentioned cross-training of skills for current professionals, as well as utilizing artificial intelligence and other technologies, and adjusting and updating care models as possible interventions. Noting that collaborative teams are critical to appropriate provision of care, Dr. Villanueva indicated that workforce diversity is important as well. “Only 5 percent of physicians

today are Black, and medical education and policy leaders need to address that disparity in order to improve health outcomes for all Americans.”

Value-Based Care

Opening the discussion on value-based care, Pat Geraghty (Florida Blue) noted the importance of an alignment of incentives on behalf of patients, providers, and health plans. For instance, keeping patients physically and mentally healthy can reduce the overall cost of care, while providing incentives for providers. This approach can support appropriate technological innovations as well as greater equity in delivery of health care services.

Despite all the potential benefits of value-based care, the panelists agreed that there has been a slow growth of adoption of value-based healthcare systems, especially compared with the pervasiveness of traditional fee-for-service models. Noting that fee-for-service models still make up 82 percent of all plan types, Eyles said that providers who relied on fee-for-service models during the pandemic generally had worse financial outcomes than those with value-based arrangements. He emphasized the importance of examining how a health plan model connects to the provider payment model and how it interrelates with workforce reimbursement issues.

The uncertainty of costs and reimbursement models in today’s healthcare environment is another issue impacting value-based arrangements, according to Fifer. He said, “there is fear of taking a financial risk. When an organization is losing money, careers are at risk.” As costs in healthcare increase, financial risks also increase. He said there has been a 30 percent increase in overall hospital expense per adjusted discharge since February 2020, mostly due to the increased cost of hospital staffing. It was noted that for a 500-bed hospital that would mean \$17 million of additional labor expenses since the pandemic. Hood indicated that providers serving larger Medicare and Medicaid populations have different financial risk profiles compared to facilities whose patients typically have commercial insurance. Indeed, Dr. Villanueva noted that in underserved communities, where patients tend to have a greater incidence of chronic disease, doctors tend to be in solo or small group practices and find it very difficult to move to a shared risk value-based model.

The Substance Abuse Epidemic

Regarding the epidemic of substance abuse in this country, the panelists initially focused on the opioid epidemic, both prescription-related issues and the deadly synthetic drug fentanyl. Dr. Villanueva indicated that “opioid use is a pandemic that has gotten worse in our community,” referring to the underserved Black population. “We see this as a chronic condition as well as a matter of policy,” she added.

Eyles noted the importance of analyzing prescriptions within a health plan network. He indicated the power of providing data to a clinician who is overprescribing as well as delivering information to plan members. The panelists agreed that there is indeed a significant purpose for prescribing opioids for pain management. It is not that opioid usage should be halted, but rather prescribed and managed appropriately for each patient.

The substance abuse epidemic is broader than just prescribing patterns and patients. Hood indicated that the American Hospital Association has a behavioral council for the issue of opioids in the workforce, as well as substance abuse in general. In fact, several panelists noted that the healthcare workforce itself is at increased risk due to ongoing stresses that can lead to anxiety and depression. However, the panelists noted that there are other forms of substance abuse that should also be addressed, such as alcohol. As the panelists agreed, the stigma associated with addiction is a major issue with alcohol and other forms of substance abuse. Therefore, they said it is vital to destigmatize abuse and allow it to be seen for what it is – a medical and behavioral health issue.

As the University of Miami Center for Health Management and Policy begins to plan for the next Business of Health Care Conference in 2023, we anticipate continuing the discussion with valuable insights from the leaders of these professional associations as we have done for the past decade of this conference’s history.