

University of Miami's Business of Health Care Conference: Managing Through Uncertainty

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Abstract

What will you learn? The University of Miami held its 12th annual Business of Health Care Conference. Panelists discussed post-pandemic financial challenges, patient confidence in and access to care, AI and telehealth, and other key issues shaping the health sector.

What is the evidence? The authors summarize the discussion at the panel.

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"Managing Through Uncertainty" was the theme of the University of Miami Center for Health Management and Policy's 12th annual Business of Health Care Conference. Returning to an in-person venue with nearly 700 registrants on February 24, 2023, the conference focused on revenue models, technology, equitable access to care, and other relevant issues in the nation's

health care sector.

One of the highlights of the University of Miami's annual conference is the convening of high-level panelists from the various sectors of the healthcare industry. This year's panel included Matthew Eyles, president and CEO of America's Health Insurance Plans; Halee Fischer-Wright, MD, president and CEO of the Medical Group Management Association; Ernest Grant, PhD, immediate past president of the American Nurses Association; Rachel Villanueva, MD, immediate past president of the National Medical Association; Lori M. Reilly, Esq., chief operating officer of the Pharmaceutical Research and Manufacturers of America; and Molly Smith, group vice president, Public Policy, American Hospital Association. The panel was moderated by Patrick J. Geraghty, president and CEO of Guidewell and Florida Blue.

Dr. Fischer-Wright started off the dialogue by emphasizing the need to sustain the practice of medicine in the face of uncertainty. "The pandemic showed the shortcomings of the fee-for-service model, as revenue came to a halt when patients stayed home to avoid COVID," she said. "Only action by the federal government saved many practices. Now, we must put in safeguards so patients can get the quality care they need everywhere in the country."

Hospitals are also wrestling with post-pandemic financial issues, including rising costs and staffing shortages, said Smith. "We need to look at new staffing models for healthcare and how different professionals can work together," she said. Dr. Grant agreed, adding that nurses need to be at the patient's bedside with the ability to practice to the full limits of their licenses. Dr. Villanueva noted that the pandemic highlighted structural issues of inequity relating to access to care. "Going forward, we need to be sure that health equity is as important as access to high quality care and make evidence-based decisions to support that goal rather than 'feel-good' programs," she said.

Eyles pointed out that one of the few positive aspects of the pandemic was the increase in healthcare coverage to more than 300 million Americans, with a corresponding drop in the uninsured rate. However, there is still a need to close the gaps in care and deal with high costs in the healthcare system. "The pandemic showed the healthcare system could innovate and change more quickly than anyone thought possible," he said. "Now, the question is whether we can sustain that change and address issues like a deep mental and behavioral health crisis throughout America."

A significant question brought up by both Drs. Villanueva and Fischer-Wright was the impact from the end of the federally designated COVID special emergency period in April. Concerns include providers leaving the workforce, healthcare facilities having financial difficulty, and the effect of those trends on access and quality of care for patients.

Technology and Care

When Geraghty asked the panelists about the role of technology in addressing the uncertainties of healthcare, Dr. Fischer-Wright said it can augment relationships between providers and patients. She noted that telehealth visits increased from 1 to 90 percent of all consultations during the pandemic. The trend was driven by patient and provider concerns, as well as a policy shift enabling Medicare reimbursement for telemedicine, followed by private insurance companies. While this augmented the provider-patient relationship, the number of telemedicine consultations has now dropped down to 10 percent of all medical visits.

Both Dr. Fischer-Wright and Dr. Villanueva spoke to the unevenness of adoption of telehealth due, in part, to the uneven distribution of broadband, wireless, and smartphones. Dr. Villanueva added that “race” is a social concept that impacts how patients access care and the services they receive. “We have to find a way to overcome these biases and ensure everyone receives equally high-quality care, and treat each patient as an individual.”

Interoperability continues to be an issue affecting multiple sectors of the health care industry. Dr. Fischer-Wright indicated integrated electronic health record (EHR) data could lead to better patient outcomes and greater understanding of community needs. But she stated that there was growing patient concern regarding security and privacy, adding, “We may be going backwards.” In any technology field, Eyles indicated the need for high standards in data management as well as data sources that can be trusted.

Concerns about Distrust

This issue of rising distrust in science and medicine was another important discussion topic for the panelists. Geraghty brought up the need for educational conversations with patients and family members regarding science and healthcare data at a time when imminent care needs are not being experienced. Dr. Grant agreed, adding, “Year after year, nursing is the most trusted healthcare profession. We are part of the community, and we need to lead the charge when it

comes to education.”

As Dr. Villanueva pointed out, trust is impacted negatively when patients don’t have the educational background or health literacy to understand medical issues and instructions, and it is incumbent upon the physician to take the time to explain things in a manner that the patient can understand.

Other aspects of patient and family distrust, as noted by Smith, include the difficulty of navigating the healthcare system. She noted that individuals who find it difficult to make appointments and access appropriate care are less likely to have positive feelings towards providers.

Reilly indicated that the COVID pandemic did bring about pharmaceutical industry partnerships with community organizations and emphasized the importance of maintaining and furthering these relationships, including clinical trials that include participants from undeserved communities.

The panelists agreed that the timely development of COVID vaccines and medications was a global success for the pharmaceutical sector. But they emphasized the importance of avoiding complacency and being prepared for the next pandemic. Reilly was also concerned about an increase in secondary infections that are resistant to antibiotics. “In our lifetime, it is possible that we might not survive strep throat,” she said.

Reilly added that pharmaceutical companies have stewardship programs regarding antibiotics, but there is a need for support from the federal government. It was noted that antibiotics are more difficult to make than other medications, and new therapies may need to be held in reserve for future use. Smith agreed and indicated that the costs of developing new expensive medications need to be built into the healthcare system.

The Potential for AI

A discussion of Artificial Intelligence (AI) also ensued. Geraghty and Eyles indicated that AI can create opportunities for innovation but there are also challenges regarding effective implementation. For example, AI systems can provide guidance for better outcomes for patients,

providers, and payers, but personal privacy protections are limited.

Dr. Fischer-Wright also indicated that AI can be helpful in many ways and is especially helpful in mental and behavioral health. Reilly added that AI tools are also useful in pharmaceutical development and can improve the success rate by searching a library of compounds more quickly in the early process of development.

Smith indicated that AI can help address the nationwide issue of workforce shortfalls. But she and Dr. Villanueva agreed that AI will not replace personalized care for the nation's diverse patient population.

As was evident in the discussions, the issues involving patients, providers and payers are complex. While much has been learned as a result of the pandemic, the future is uncertain. But it is clear that strong leadership will be critical in managing the ongoing uncertainties of the nation's healthcare system.