

Healthcare Leaders Reflect on the Business of Healthcare Today

Steven G. Ullmann, PhD and Richard Westlund, MBA, University of Miami Business School

Contact: Steven G. Ullmann, sullmann@bus.miami.edu

Abstract

What is the message?

What issues are top of mind for leaders in the U.S. healthcare and life sciences sector

What is the evidence?

Discussion among industry, clinical, and policy leaders at the University of Miami's annual "Business of Health Care" conference on topics ranging from healthcare policy to the opioid epidemic.

Submitted: May 18, 2018; accepted after review: July 20, 2018.

Cite as: Steven G. Ullmann, Richard Westlund. 2018. Reflections by Health Care Leaders on the Business of Health Care. *Health Management Policy and Innovation*, Volume 3, Issue 2.

The Center for Health Management and Policy at the Miami Business School, University of Miami, recently hosted our seventh annual conference on "The Business of Health Care." Our objective

at each conference is to understand how the different sectors of the health care industry are impacted by changes in government policies, as well as technology, finance, and consumer trends. Most generally, we want to understand how the health care sector is impacting business and society as a whole.

This year's conference theme, "What's Next?", drew more than 700 business executives, health care professionals, and students, including regional, national, and global leaders in their fields. The focus was on how the failed Congressional effort to repeal and replace the Affordable Care Act (ACA) would affect the health care sector, healthcare access, cost, and quality, as well as business in general.

This year's panel consisted of Pamela Cipriano, President of the American Nurses Association; Joseph Fifer, President and CEO of the Healthcare Financial Management Association; Richard Pollack, President and CEO of the American Hospital Association; Marilyn Tavenner, President and CEO of America's Health Insurance Plans; and Halee Fisher-Wright, M.D., President and CEO of the Medical Group Management Association. The panel was moderated by Patrick Geraghty, CEO of GuideWell Mutual Holding Company, the parent company of Florida Blue.

Discussion initially focused on healthcare policy developments in Washington, D.C. The consensus was that with the midterm elections looming, little legislative action was expected from Congress. Rather, there have been policy changes from the executive branch through adjustments to regulations and tweaks to the Medicaid system. Two key areas of change were federal approval for health plans that are not totally compliant with the Affordable Care Act, and the movement away from national policy to state policy with respect to Medicaid access and coverage.

Access to private insurance was another point of discussion. High premiums, copays, and deductibles are impacting and implicitly challenging the concept of healthcare as a right in the United States. To address limitations in access to healthcare, the panelists discussed allowing nurses to practice at the highest levels of their education and training. While licensing policies differ from state to state, this could help address the access issue, both financially and geographically.

There was significant discussion concerning the value proposition:

Value= Quality/Cost,

and the movement from volume- to value-based reimbursement. Hospitals are seeing the move from fee-for-service to fee-for-value. Value is being addressed with focus on such aspects as readmissions, non-compliance with reform experiments, and shared-risk CMS programs for physician practices and other provider organizations. However, population management and capitation methodologies are still not widespread. The panelists also examined the many pilot projects associated with the creation of value, such as the 80 payment reform experiments underway in one large healthcare system alone. Further, the Accountable Care Organization trend has had mixed success, although it may be helping to bring some care teams into alignment.

One of the items on panelists' minds was the opioid epidemic in the United States. It was indicated that the nursing profession is on the front line of pain management. There have been in excess of 50 bills discussed in Congress (though that has narrowed down to one). At the same time that there has been a crackdown on prescription opioids. Indeed panelists indicated that, because of the attention paid to the issue, that there has been a 30-40 percent drop in opioid prescriptions.

It was made clear, however, that there is a role for opioids in the management of pain in both the hospital and home care environments. Unfortunately, now we are in a situation where those who prescribe opioids are "being blamed." The panelists also noted that while much attention has been paid to the opioid epidemic, issues associated with alcoholism and alcohol-related deaths have not been discussed in depth, although they are also a very serious public health issue.

Returning to the theme of value-based purchasing (Quality/Cost), the panelists quickly came to agreement that an area of significant opportunity was in the management of chronic conditions. Given the aging of Americans, a focus on wellness, patient compliance, care at home, and human contact can all significantly improve quality of life without adding significantly to the cost side of the equation. This is an area where Congress is in need of education as to effective spending especially given the limited federal budget to attain the most effective patient and population health outcomes.



HEALTH MANAGEMENT,
POLICY & INNOVATION



Reflecting the diversity of the panelists – who represented medical group management, nursing, hospital and health care systems, financing of these systems, and providers, as well as the insurance sector – the closing remarks centered on the need for teamwork to improve the quality of medical care and patient outcomes in the U.S. and globally in a cost-effective manner.