

Five Things You Don't Know About Health-Care Reform

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Insurance sign-ups are just around the corner for millions of Americans under health-care reform, yet there's still much people don't know about this landmark legislation, particularly those changes occurring over the next decade inside hospitals, clinics, and doctors' offices.

It's a workforce thing. All the attention is on politics, or who will receive what benefits and where the money will come from. But the most important question is who will deliver the care and how it will be done. Most of the change will be accomplished by the health-care workforce. Transforming health care is a huge management challenge. Many clinicians and staff will have to fundamentally change their professional

objectives and standards, daily routines, compensation, patient relationships, and employer relationships. The scope of health-care reform and current market pressures are unparalleled in any other industry; the re-engineering of health-care workforce roles now underway may completely change relationships between patients and clinicians in the next decade.

Biggest long-term problem: clinician shortages. An additional 30 million Americans will receive health-care coverage by the end of the decade, during a time when a further 15 million patients will become eligible for Medicare. Who will take care of all those people? By 2020, a shortage of 91,500 primary care and specialist physicians is predicted. Shortages of nurse practitioners and physician assistants, who could help fill in the gaps in primary care, also are predicted. Without enough clinicians, effective health-care reform could be stifled.

Getting paid to keep you well, rather than cure your illness. Changes in compensation for doctors and nurses will dramatically transform from quantity of work to quality of work. Until very recently, compensation and reimbursement were entirely based on the volume of patients and treatments. Now they're beginning to reflect value-based benchmarks that will increase every year. Some of these include patient satisfaction, readmission rates, health risk assessments, and patient wellness, among other benchmarks. For hospitals, making sure patients are satisfied will become a pocketbook issue. For clinicians, careful disease management and preventive care to keep patients out of the hospital could directly affect how much they are paid.

Independent doctors' practices are quickly fading. Physicians who hang a shingle outside a private office are becoming rarer. A recent survey showed that 55 percent of practicing physicians work for someone else, usually a hospital or a practice owned by a hospital or health system. That figure grew 8 percent in one year. Meanwhile, nearly 40 percent of physicians younger than 45 have never worked in private practice. Doctors are moving to employed positions in hospitals and health systems in search of greater stability in the rapidly changing health-care environment.

Your doctor may not be a doctor. One of the most striking changes for consumers may be team-based care, with physicians, nurse practitioners, physician assistants, psychologists, pharmacists, and others working

together to improve quality of care and lower costs. If your health-care provider employs a team approach, when you make an appointment with your doctor you may instead see a nurse practitioner or physician assistant, depending on a quick assessment of your health status. In more than a dozen states, nurse practitioners can diagnose, treat, or prescribe with no physician involvement. Laws and regulations on the scope of practice for these clinicians are changing rapidly.

Health-care reform isn't just about getting coverage for millions of people who don't have it. It's also about changing the way health care is delivered to reduce costs and improve patient care. Unless we can accomplish those two goals, increasing coverage will become prohibitively expensive. Transforming health-care delivery requires the active participation of America's 16-million member health-care workforce