INNOVATE & INSPIRE:

EMERGING TRENDS IN HEALTHCARE AND NURSING

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OBJECTIVES

• Understand the new language of healthcare.

• Analyze the current/future regulations and how they impact your work role.

• Discuss the drivers of the new healthcare environment
  • Economy
  • Demographics
  • Technology

• List what behaviors will be required of nursing leaders and followers
WHAT’S NEW?

• Affordable Care Act 2010 (“Obamacare”)
• Insurance exchange (shopping for insurance)
• Accountable Care Organization (ACO)
• Medical Homes
• Value based purchasing
• HCAPS
  • (Hospital Consumer Assessment of Healthcare Providers and Systems)
• Patient care experience
• Re-admission reduction program
• Electronic Medical Records
THE NEW LANGUAGE OF HEALTHCARE

• The Affordable Care Act ("Obamacare")
  • Two main goals: Insurance reform and health system reform
  • Insure > 94% of Americans
  • will reduce the deficit by $143 billion over the next ten years
  • The Health Care Education and Reconciliation Act followed 2 weeks later
    • will make college more affordable and accessible through a change in student loan programs.
THE AFFORDABLE CARE ACT – BASICS WHY REFORM HEALTHCARE/ECONOMY

• The US healthcare system contributes $2.8 TRILLION, or nearly 18% to the GDP (gross development products – expenses); ↑ federal budget deficit

• Twice as much per person compared to other developed countries; poorer quality outcomes*

• Most expenses come from first 10 days of life and last 10 days of life

• Rise of malpractice lawsuits resulting in over testing

• Less price competition than in other industries

• Curtail the economic costs of health care fraud
$2.8 TRILLION – HEALTHCARE EXPENSES

2.8 trillion = 2.8 000 000 000 000 (12 zeros)

$10,500 per person per year X 350 million people
SPEND TWICE AS MUCH COMPARED TO OTHER DEVELOPED COUNTRIES; POORER QUALITY OUTCOME

Cost-Related Access Barriers in the Past Year

<table>
<thead>
<tr>
<th>Country</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>UK</td>
<td>7</td>
</tr>
<tr>
<td>GER</td>
<td>7</td>
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<tr>
<td>NETH</td>
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<td>SWE</td>
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<td>NOR</td>
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<td>AUS</td>
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<td>CAN</td>
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<td>SWIZ</td>
<td>22</td>
</tr>
<tr>
<td>US</td>
<td>33</td>
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</table>

*Had a medical problem but did not visit doctor; skipped medical test, treatment or follow up recommended by doctor; and/or did not fill prescription or skipped doses

Source: 2016 Commonwealth Fund International Health Policy Survey

U.S. HEALTH CARE RANKS LAST AMONG WEALTHY COUNTRIES

A recent international study compared 11 nations on health care quality, access, efficiency, and equity, as well as indicators of healthy lives such as infant mortality.

Overall Health Care Ranking

MOST EXPENSES: 1ST 10 DAYS OF LIFE/LAST 10 DAYS OF LIFE
RISE OF MALPRACTICE LAWSUITS RESULTING IN OVER TESTING
HEALTH CARE FRAUD

licensed medical professionals, for their alleged involvement in approximately $712 million in false billings. This coordinated takedown is the largest to date, charging and alleged loss amount.

“Wake up! You’ve got to take a new disability test…”
ACA SOLUTIONS: INSURANCE EXCHANGE (SHOPPING FOR INSURANCE/COMPETITION)

Mechanisms of Acquiring Health Insurance Coverage Under the Affordable Care Act (ACA)

- Marketplaces: Consumers can shop for private plans with different cost sharing and premium subsidies available.
- Medicaid: Medicaid eligibility expanded so far in 28 states and D.C.
- Direct Enrollment: Young adults through age 25 can enroll in a parent’s health plan.
- Employees: Most large companies offer health benefits and new small-business marketplaces now open.

Tax Penalty for Not Having Health Insurance

<table>
<thead>
<tr>
<th>Year</th>
<th>Taxable Income</th>
<th>Penalty per Adult and Child</th>
<th>Maximum Family</th>
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<tbody>
<tr>
<td>2014</td>
<td>1%</td>
<td>Single: $95 Child: $47.50</td>
<td>$285</td>
</tr>
<tr>
<td>2015</td>
<td>2%</td>
<td>Single: $325 Child: $162.50</td>
<td>$975</td>
</tr>
<tr>
<td>2016</td>
<td>2.5%</td>
<td>Single: $695 Child: $347.50</td>
<td>$2,085</td>
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ACA SOLUTIONS:

• Pay hospitals based on quality performance (home care, ambulatory care, clinics)

• Medicaid state plan for chronic health conditions

• ACO – accountable care organization networks

• Increase data reporting on disparities
ACA SOLUTIONS: (QUALITY) MEDICAL HOMES

- Greater access to a strong primary care
- Improve care coordination
- Reduce costs
ACA SOLUTIONS:

- Value based purchasing - a demand side strategy/pay for performance
- Goal: to measure, report, and reward excellence in health care delivery
- Considerations:
  - Standardized Performance Measurement –
    - “Is care safe, timely, efficient, effective, equitable, and patient-centered?”
ACA SOLUTIONS: HCAPS

Patient satisfaction/patient care experience

- Communication with doctors
- Communication with nurses
- Responsiveness of hospital staff
- Pain management
- Communication about meds
- Cleanliness and quietness
- Discharge information
- Overall rating

• 30% of reimbursement to hospitals from Medicare if criteria met
ACA SOLUTIONS: RE-ADMISSION REDUCTION

• Re-admission within 30 days from discharge from same hospital – no reimbursement

• AMI, heart failure, pneumonia, COPD, total hip, total knee
ACA SOLUTIONS: EMR

**2. HOW MUCH $$ IS AVAILABLE TO ME?**

**MEDICARE**

$44,000

**MEDICAID**

$64,000

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**Doctors Use Electronic Patient Medical Records**

<table>
<thead>
<tr>
<th>Percent</th>
<th>NET</th>
<th>NZ</th>
<th>NOR</th>
<th>UK</th>
<th>AUS</th>
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<td>94</td>
<td>72</td>
<td>68</td>
<td>46</td>
<td>37</td>
</tr>
</tbody>
</table>

*Not including billing systems.

Source: 2009 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.
But we’ve always done it this way
By the end of **2060**:

- **1:3** U.S. residents will be *Hispanic* compared to **1:6** in **2012**.
- the *African American* population will increase from **41.2 million** to **61.8 million**.
- the *Asian* population is expected to **double**.
- people who identify as *multiracial* will **triple**.

*Phillips & Malone (2014)*
SECOND MAJOR DRIVER OF HEALTHCARE: DEMOGRAPHICS

• An Aging Population
  • The graying of America
  • The aging workforce
  • ↑ co-morbidities, chronic diseases
  • Long term care
  • The need for cultural competency
SECOND MAJOR DRIVER OF HEALTHCARE: DEMOGRAPHICS

- Racial Diversity

- Latinos are the largest ethnic group, followed by African-Americans

- Lack of insurance or less access to health services, predispositions to specific diseases.
RACE/ETHNICITY:

- 0.6% American Indian or Alaskan Native
- 1.4% two or more races
- 3.6% Asian
- 7.5% Hispanic
- 23.6% Black or African American
- 75.4% White
SECOND MAJOR DRIVER OF HEALTHCARE: DEMOGRAPHICS

- Cultural and Religious Differences
- Immigration
Third major driver of healthcare: Technology

• Technological advances
  • Big data: nanosensors/nanothings → artificial intelligence

Bra that detects breast cancer
Third major driver of healthcare: Technology

- Technological advances
  - Clinical genomes/genetics
Third major driver of healthcare: Technology

- Technological advances
  - 3D organ printing
Third major driver of healthcare: Technology

• Technological advances
  • Remote diagnostics/therapeutics

Tele-neuro - STROKE

"Operation Lindberg": Remote Transatlantic Telesurgery
Third major driver of healthcare: Technology

- Technological advances
  - Robotics

![Robotics in healthcare](image-url)
Third major driver of healthcare: Technology

• Technological advances
  • Drones

Medical supplies: antibiotics
Blood and blood substitutes
Equipment
Once a new technology rolls over you, if you’re not part of the steamroller, you’re part of the road.

(Stewart Brand)
NURSING CHALLENGE

• Restructure the nursing role outside of the traditional care delivery systems – proactive, innovate and collaborate

• Get with the technology

• Issues of focus: HCAPS

• Increased pressure from competition, economy/politics, aging population, immigration

• Patients are more savvy and demanding

• Every patient encounter has to be meaningful
HOW TO HANDLE THE FUTURE

• Demonstrate capacity to learn and translate knowledge
• Adapt to change
• Exhibit effective communication skills
• Show conflict resolution skills
• Delegate successfully
• Prioritize and manage time productively
• Demonstrate flexibility
• Practice self renewal
WHY CHANGE/ADAPT

• We are confronting everything that defined our lives
• We are reminded that nothing stays the same forever
• We surrender control to uncertainties and ambiguities
• We are forced into making a choice of personal growth
PRACTICE SELF RENEWAL- MOST IMPORTANT SURVIVAL SKILL

• Nursing is hard work: physically and emotionally draining
• Dealing with ever-present technology
• Competing demands
• Doing your job and a third of someone else's
• The inability to turn off the devices--even when you can
• Too much going out and not enough coming in
• Family relationships
• Job performance
ENJOY THE CRUISE !!!