Health Care Reform: The Implications of Changes for the Workforce
Newly revised JSF Curriculum

4 Major Changes:
- Value-Based Purchasing
- Shift to Primary Care
- Hospital Closures and Downsizing
- Electronic Health Records and IT

New Model for the Workforce

Understanding of Participants’ Role
The Affordable Care Act

- provides policies that help improve the safety and quality of patient care and are designed to make healthcare more affordable

Key Financial Provisions Timeline

2011
- Value Based Purchasing data collection began

2012
- All Medicare Payments reduced by 1%
- Hospital VBPP will distribute $850M to hospitals based on their scores

2013
- Reduction of hospital payments for readmissions

2015
- Reductions in Medicare payments if hospitals do not use IT to deliver better, safer, more coordinated care
- Hospitals with high rates of certain hospital acquired conditions will receive further reductions
Value Based Purchasing

Section 1
CMS Value Based Purchasing

- “Driver” of payment
- Rewards
- At-risk payment
- Time frame
Value-Based Purchasing Measures

The measures include clinical and consumer measures:

- 17 processes of care including myocardial infarction, heart failure, pneumonia, surgical care and infection prevention
- HCAHPS measures of patient experience
Performance on 8 Patient Satisfaction Measures:
- Communication with Nurses
- Communication with Doctors
- Responsiveness of Hospital Staff
- Pain Management
- Communication about Medication
- Cleanliness and Quietness of Hospital Environment
- Discharge Information
- Overall Rating of Hospital
HCAHPS Questions

- How often did the physicians communicate well with patients?
- How often did the nurses communicate well with patients?
- How often did staff explain about medicines before giving them to patients?
- Were patients given information about what to do during their recovery at home?
- Would patients recommend this hospital to friends and family?
HCAHPS Questions (cont.)

- How often did patients receive help from hospital staff quickly?
- How often was patient’s pain well controlled?
- How often was the area around the patient’s room kept quiet at night?
- How often were the patient’s room and bathroom kept clean?
HCAHPS Information

- Provides hospitals with a financial incentive to report the quality of their services

- Produces data about patients' perspectives of care that allow objective and meaningful comparisons of hospitals. www.hospitalcompare.hhs.gov.

- Public reporting of the survey results creates new incentives for hospitals to improve quality of care.

- Public reporting serves to enhance accountability in health care by increasing transparency of the quality of hospital care provided in return for the public investment.

*For comparisons of Nursing homes, go to www.medicare.gov/nhcompare
HCAHPS Data Provides Comparisons of Hospitals

How often were the patients’ rooms and bathrooms kept clean?

- Average for all Reporting Hospitals in The United States: 72%
- Average for all Reporting Hospitals in New York: 67%
- BETH ISRAEL MEDICAL CENTER: 65%
- MOUNT SINAI HOSPITAL: 65%
- NEW YORK-PRESBYTERIAN HOSPITAL: 61%
HCAHPS Data Provides Comparisons of Hospitals

How do patients rate the hospital overall?

- Average for all Reporting Hospitals in The United States: 68%
- Average for all Reporting Hospitals in New York: 59%
- BETH ISRAEL MEDICAL CENTER: 55%
- MOUNT SINAI HOSPITAL: 62%
- NEW YORK-PRESBYTERIAN HOSPITAL: 72%
ACA Strategy to Strengthen Primary Care Workforce

- $250 million for training primary care MDs, RNs, NPs, PAs ($26.3 M for NYS)
- Support for placement of 716,000 new primary care providers in next 5 years
ACA Strategy to Develop Community Health Centers

- $11 billion provided to expand community health centers over 5 years ($32.9 M in NYS)

- Will make primary and preventative care services available to nearly twice as many people (currently 8100 sites nationally)

- Will increase employment opportunities in underserved areas

- Community health centers provide a “medical home”
Converging Trends: Driving the Shift to Primary Care

Current system:
- Reactive, fragmented, episodic, disease-oriented, fee-for-service driven
- Rising epidemic of chronic illness: largely preventable or primary care manageable
- Inability to control cost without prevention, primary care
- Soaring health care costs combined with budgetary crises, especially at the State level
State of Health Care in New York

- Ranked 50th in Avoidable Hospital Use and Cost (Commonwealth Fund 2009 State Scorecard on Health System Performance)

- NY spends more on Medicaid per patient than any other state, but ranked near the bottom in payments to primary care providers

- 75% of Medicaid $ spent on 20% of Medicaid population
Governor Cuomo on Primary Care:

“One of the reason New York’s health care spending is so much greater than other parts of the country is that we spend far more than the average on expensive specialists and hospitalizations rather than on more cost effective primary care.”

“All too often New Yorkers have no choice but to go to the emergency department when more appropriate and less expensive care could be obtained through a primary care doctor. As many as 40% of [ER] visits do not involve a medical emergency; [there are] nearly two million unnecessary [ER] visits in NYS each year.”

Urban Agenda: The New NY Agenda,
Andrew Cuomo, October 2010
NYC Hospital Closings
(since 2007)

United Hospital Fund says: “One-third of the voluntary non-profit hospitals are in jeopardy.”
Medicaid Redesign Team: Brooklyn Workgroup Recommendations

- Consolidation of Hospitals
  - Brooklyn Hospital, Interfaith, Wyckoff
  - Kingsbrook Jewish, Brookdale
  - Long Island College Hospital

- Allow State Health Commissioner to replace hospital boards and management

- Allow investor–owned, publically traded companies into the New York market
Electronic Health Records and IT

Section 4
By early 2012 – Plan to integrate reporting of quality of care with meaningful use of medical records
  - *Meaningful use minimum standard:* electric capture and sharing of patient data by MDs in hospitals

2015– Hospitals and MDs subject to financial penalties under Medicare if not using electronic health records
New Model for the Workforce: Attitude/ Behavior

- Self motivated
- Adaptable to changes
- Able to ‘sell’ self
- Self development
- Focused on cost and quality
- Serving others
- No entitlements
New Model for the Workforce: Skills (T and E Needs)

- Computers
- Certifications
- GEDs
- Updated technical skills
- Communication
- Interviewing
- Customer service skills
- Career Programs