

BECKER'S

HOSPITAL REVIEW

Where patient care and politics intersect: How to lead during healthcare reform

Written by Leo Vartorella

Evolving customer demands, technological advances and rapid consolidation have greatly affected the way healthcare is delivered and paid for, but perhaps the greatest agent of change in the industry today is government reform.

During the Becker's Hospital Review 9th Annual Meeting on April 12, Pulitzer Prize-winning journalist Bob Woodward joined Prism Healthcare Partners CEO Mukesh Gangwal and Mark Newman, MD, executive vice president for health affairs at the University of Kentucky in Lexington, to discuss how the political climate is affecting healthcare decision makers and the care continuum.

President Donald Trump pushed for repeal of the Affordable Care Act in 2017, and while those attempts failed, his administration undermined the legislation through executive orders, and Congress repealed the ACA's individual mandate. As midterm Congressional elections approach, the future of healthcare legislation is again in question.

"We shouldn't fool ourselves or other people and pretend we know what healthcare will look like in three years," Mr. Woodward said. He added that one of the greatest problems in healthcare today, and one reason it is so difficult for lawmakers to come to consensus on legislation, is the inability of industry players to articulate unified goals.

"One observation I have is somewhat of a failure in the healthcare industry, and that's a failure to distill down what it is you want fixed or improved because everyone's all over the lot," said Mr. Woodward. "If you don't assemble and collectively agree on the three things that healthcare leaders and practitioners want from the government, then you'll get what they want, and what they want is postponement. They don't want to address it. If you can't agree on that, they've got you divided because you've divided yourselves."

Mr. Gangwal said healthcare leaders should not expect lawmakers to pass legislation similar in scope to the ACA in the near future, but can instead count on Congress to move the needle slowly over time.

“Transformational change, which the ACA got us as close to as we are going to get, will not be happening soon. I think it’ll be substantive but incremental change. By that I mean the political checks and balances, the electorate, people in office, the legislature and the president will constantly compromise on multiple facts and facets,” Mr. Gangwal said. “They will look into Medicare reimbursement, they will look into insurance coverage issues, but I seriously doubt if substantive material change will happen quickly.”

Congressional efforts to repeal the ACA captured the attention of healthcare leaders and the general public in 2017, but Mr. Gangwal reminded providers that their mission transcends partisan politics. He said it is vital for industry leaders not to get distracted by looking to Washington, D.C. for answers when their highest priority should be patient care.

“You can’t back off addressing the needs of the average Joe and their concern for their health and how can they get appropriate help at the right time, with the right quality and at the right price,” said Mr. Gangwal. “I think we should sometimes disassociate from this regulatory environment and let business be business.”

One aspect of letting business be business is responding to changing customer demands through evolution instead of evasion. While many healthcare leaders acknowledge that care is transitioning outside of hospitals and into outpatient facilities, not everyone has adjusted their business models accordingly.

Dr. Newman says UK HealthCare has responded to the changing nature of inpatient care by converting every bed in their flagship hospital into an ICU-capable bed. The hospital has actually grown in recent years as smaller regional facilities have begun referring trauma patients to UK Albert B. Chandler Hospital in Lexington, Ky.

However, Dr. Newman said providers are still unable to confront one of the most fundamental issues in the industry, which is the amount of money Americans spend on end-of-life care.

“We don’t want to talk about tough issues, we don’t want to talk about how patients spend 50 percent of dollars on their last 30 days of life, we don’t want to deal with that as an issue because it is not very palatable,” Dr. Newman said. “No one who’s in charge now wants to deal with it in the next term.”

Mr. Woodward said the philosophy of yielding to the status quo, especially in the case of costly end-of-life care, cannot continue for much longer. Consumers, in healthcare and other fields, are beginning to demand greater value for their dollars, and it is up to providers to deliver, no matter the legislative environment.

“We are kidding ourselves if we think we can just go along and do things the same old way: We can’t. In journalism and in healthcare, the only way to defend yourself is to improve your product,” Mr. Woodward said. “You’re not always going to be loved and [you] can’t be defensive about it; you’ve just got to focus on product improvement.” ■