



September – October 2018

September 19, Paul Keckley Report

In the weeks before the election, healthcare “political speak” will be at its peak. Healthcare spending is 29% of the federal budget and up to 34% of state outlays. The shortlist for healthcare political speak will be headlined by these loaded phrases:

“Medicare for all,” Some say it will lower costs, others envision more spending. Medicare for all polls more favorably than single payer and is favored by a growing majority of Millennials, young Boomers, urban and educated voters.

“Affordable Care” The public’s views of affordability are limited to what they pay directly – premiums, co-pays, deductible, out of pocket costs etc. Affordable care is great for healthcare political speak: candidates can claim it’s their concern, blame bureaucracy and promise changes that fail to address the elephant in the room. Healthcare is expensive because Americans expect the latest and best while living lifestyles that drive and demand unnecessary costs.

“Access to Care” 13% of U.S. communities have shortages of primary care services posing access issues. Half say they delay needed care due to costs and waiting times for new patients to see general internists are up to six months in many urban markets.

“Quality of Care.” Voters think our system produces the world’s best outcomes: Other systems (French, Swiss, etc.) get comparable results and higher citizen satisfaction by integrating their medical and social services programs more effectively than we do.

September 21, MHA Monday Report

New Study Shows Healthy Michigan Boosts Financial Health

Recently, the ACA Medicaid Expansion in Michigan and Financial Health study was published. The study found that enrollment in the Healthy Michigan Plan (HMP) improves the finances of many low-income residents in addition to their healthcare status.

Does Hospital Ownership Matter – Paul Keckley

The Facts are these:

Public trust in not-for-profit hospitals (82%) is higher than their trust in for-profit hospitals (61%).

A hospital’s profitability has more to do with its location and operating culture than its ownership status.

A hospital’s quality- outcomes- errors – are the result of clinical policies and procedures unique to each organization, regardless of ownership status.

A hospital’s charity care is more a function of the organization’s operating philosophy and financial policies than its ownership status.

Oct 1 – Paul Keckley Report

Primary Care

There's strong evidence that investments in primary care result in lower health costs, fewer hospitalization, and emergency room visits and higher patient satisfaction. More than 3,000 primary care practices now offer alternative payment options and 1,900 retail clinics now operate. Surveys indicate consumers like their convenience, predictable costs and online scheduling. However, there is a shortage of primary care physicians. – Perhaps 20,000 or more are needed by 2030 to accommodate our aging population. Plans to add 3,000 primary care medical residency slots annually for the next five years will help. Compensation is a bigger challenge as most specialists earn considerably higher income than primary care physicians.

Primary Care 3.0 represents a shift as employers are playing a bigger role. The focus is on the performance of a care team working in tandem with individual patients and populations. At a high level, Primary Care 3.0 is likely to become the front door to the US health system.

Oct 8 – MHA Monday Report

House Bills 6203 and 6204 would amend the Michigan Penal Code to provide additional protections for health professionals and medical volunteers while they are delivering patient care. MHA and member hospitals testified in support of these bills, stating that workers in the healthcare and social assistance sector experience violence-related injuries in the workplace at a rate more than four times higher than workers in the private sector overall.

October 15, Paul Keckley Report

The future for employer-sponsored health insurance coverage may be changing. The good news is that employees value these benefits, and employers play a significant role in health system transformation. The bad news is, employers' traditional benefits strategies might not be enough to control costs while keeping their workforce healthy and happy.

Of the three major catalysts that control coverage for healthcare- Medicare which covers 56 million, Medicaid which covers 63 million, and employers who cover 181 million- employers have the most leverage in reshaping the healthcare landscape.