

HEALTH CARE'S TOP ISSUES FOR 2007

by Leah Curtin RN PhD(h)



What are the 'hot' issues in health care this year? Well, it is a bit arrogant to try to narrow them down, but I'll try. To begin, let's consider the issue that won't go, away:

#1. Reimbursement Issues - ranging from the private sector where Managed Care is once again waging war on double-digit inflation to President Bush's ever-so-quiet (or at any rate hidden by war concerns) domestic plans including an overhaul of Medicare and Medicaid - and a Senior Drug plan that forces recipients to choose between Medicare Coverage and Prescription Drug coverage (look for that one to be deep-sixed!).

#2. And while we are on the subject of money, soaring malpractice costs are forcing hospitals to close services and doctors to go on strike (or some version thereof). While it's nice to think that Congress will do something about this, don't count on it - but individual states are taking action -- and where they don't look for growing shortages in specialty areas and a growing proclivity for hospitals to close high-risk (for malpractice) services. Nonetheless, the nation's babies must be birthed somewhere!

#3. Increasingly, hospitals will face unionization drives. A day doesn't go by when one press release or another announces a strike or a union drive against some hospital, or a record-breaking union settlement by another. The California Nurses Association's agreement with Kaiser Permanente last year was perhaps one of the biggest because it affects more than 10,200 RNs and NPs in 54 facilities throughout Northern and Central California. Key elements of the pact included improvements in pension benefits, and

major economic gains - and a ban on mandatory overtime ... the next issue!

#4. Mandatory overtime: with hospitals facing a JCAHO Patient Safety Mandate asking them to correlate adverse events with overtime - and 11 states already passing laws that prohibit it, the practice of mandatory overtime -- at least when used as a staffing methodology -- is going to be in the spotlight. Not only have unions set their sites on this practice, but patient safety experts believe that it is an 'unsafe practice'...an assertion that JCAHO's data collection will prove or disprove. In any case, it's a hot issue!

#5. Shortages, staffing and scheduling - With a wealth of studies supporting the importance of adequate RN staffing, the traditional approaches (increasing the use of nursing assistants, dragging LPNs back into acute care, luring nurses from third world countries, and the ever-popular signing bonuses) won't work this time around (if they ever did). What will work is more flexible scheduling, a lower nurse/patient ratio, an atmosphere that promotes responsible professional autonomy, and a genuine attempt to rebuild trust between management and staff -- all of which are far easier said than done. Even the best Media Campaign (thanks to Johnson & Johnson) nursing has ever had can only increase the number of nursing students. With the best will in the world, it will take several years to 'process' them, orient and precept them and get them out on the floors 'caring for patients!

#6. A managed care meltdown - The beginnings of the managed care melt down can be traced to the late 1990s when MCOs started pulling out of Medicare and Medicaid contracts. Now managed care premiums for even the healthiest segment of the population -- those covered by employer-based insurance -- are rising into the double digits. What this will mean is hard to say, but there is bound to be repercussions, and hospitals are bound to feel them. For example, lawmakers are considering reintroducing legislation to allow the formation of Association Health Plans, under which national trade associations could offer health insurance to small businesses... but the Association Health Plans would be exempt from state regulation and consumer protection laws.

#7. Patient Rights legislation is making a comeback - One of the nation's leading patients' rights organizations, the Center for Patient Advocacy hailed the Supreme Court decision in *Rush v. Moran* as a victory for patients but cautioned that the ruling is no substitute for long awaited patients' rights legislation. The 5-4 decision in the *Rush v. Moran* case upholds the right of patients in "fully insured" ERISA plans, but *Rush* does not address the rights of the 56 million who are covered by "self-funded" ERISA health plans, plans where the employer bears the risk for providing benefits.

#8. Preparations for war, terrorism, bioterrorism, Smallpox - and more smallpox! And the wholesale denial of Americans -- and this certainly includes health professionals -- in regard to the probability of more terrorist attacks in our own homeland. It seems that denial starts at the top and goes all the way down to the grass roots! God Bless Us Every One!

Dr. Leah Curtin publishes The Journal of Clinical Systems Management, a fact-filled scan of health care in the U.S. She is a member of the adjunct faculty at the University of Cincinnati College of Nursing and is the author of more than 200 articles, 240 editorials and 6 books written for professionals.

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1. No reported incidences of ET tube occlusions in 15 years.

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