

The background features a gradient from green at the top to blue at the bottom. Overlaid on this are several faint, white circular patterns and a scale. The scale is a large arc on the left side, with numbers ranging from 140 to 260. There are also smaller circular elements with arrows, suggesting a sense of motion or flow.

INNOVATE & INSPIRE:

EMERGING TRENDS IN HEALTHCARE AND NURSING

LORRAINE MICHELETTI RN,
MA, MSN, CCRN

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

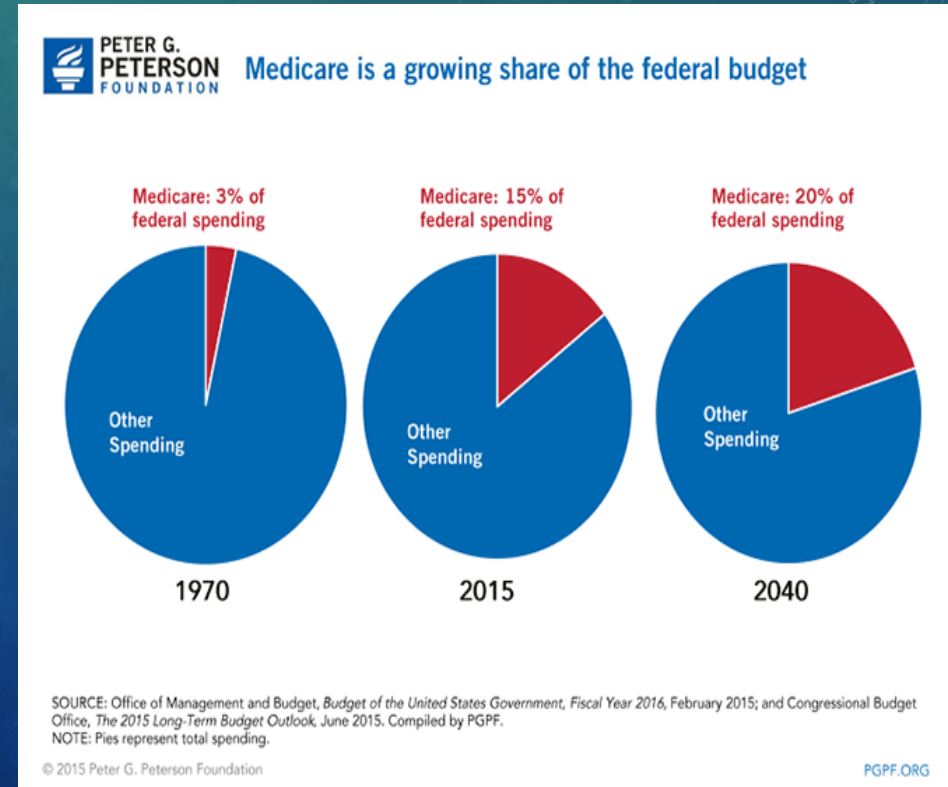
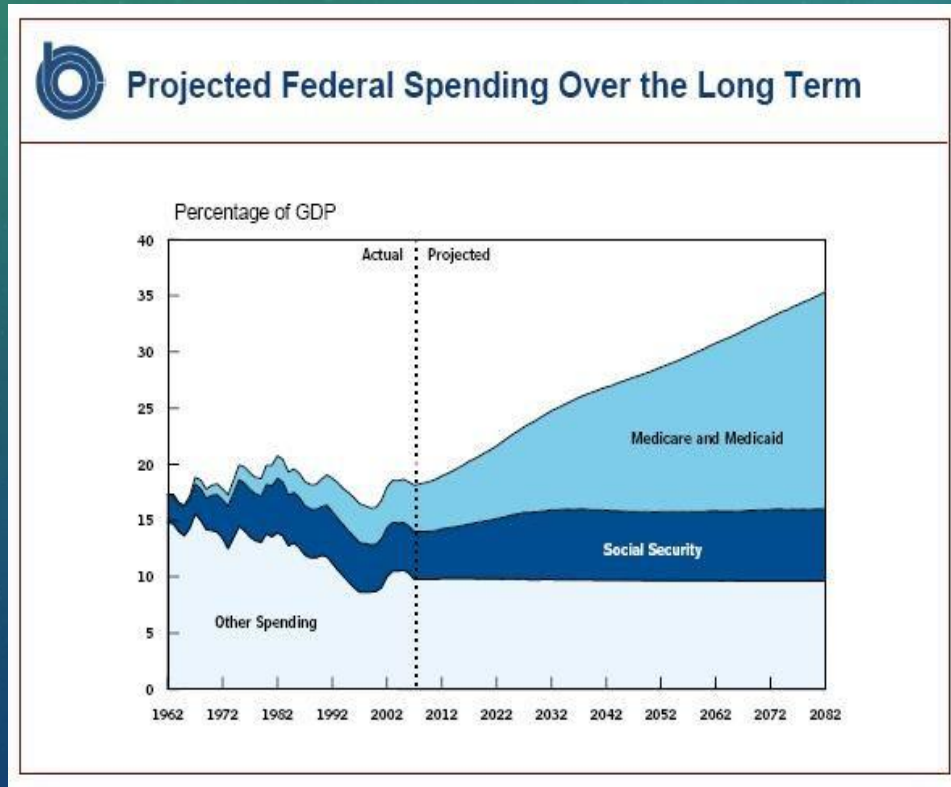
WHY REFORM HEALTHCARE/ECONOMY

- 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

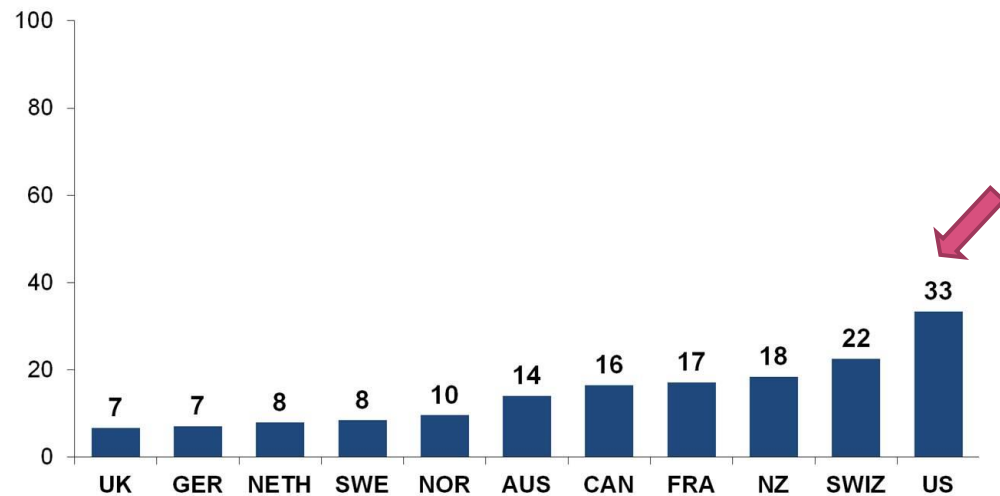


SPEND TWICE AS MUCH COMPARED TO OTHER DEVELOPED COUNTRIES; POORER QUALITY OUTCOME

Cost-Related Access Barriers in the Past Year

5

Percent*



*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



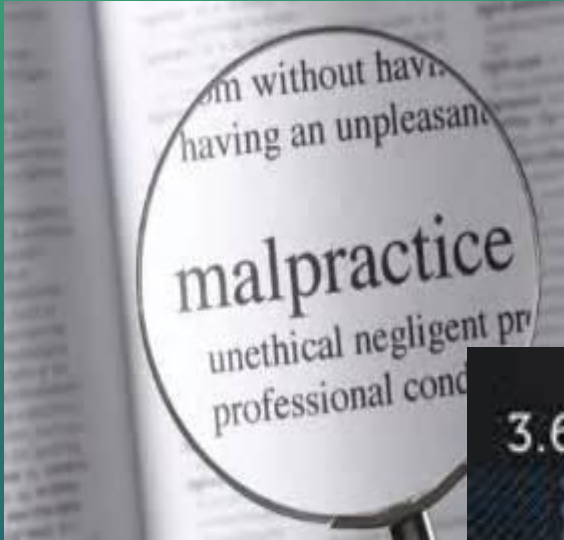
Source: K. Davis, K. Stremikis, D. Squires, and C. Schoen, *Mirror, Mirror on the Wall: How the Performance of the U.S. Health Care System Compares Internationally*, 2014 Update, The Commonwealth Fund, June 2014.



MOST EXPENSES: 1ST 10 DAYS OF LIFE/LAST 10 DAYS OF LIFE



RISE OF MALPRACTICE LAWSUITS RESULTING IN OVER TESTING



HEALTH CARE FRAUD

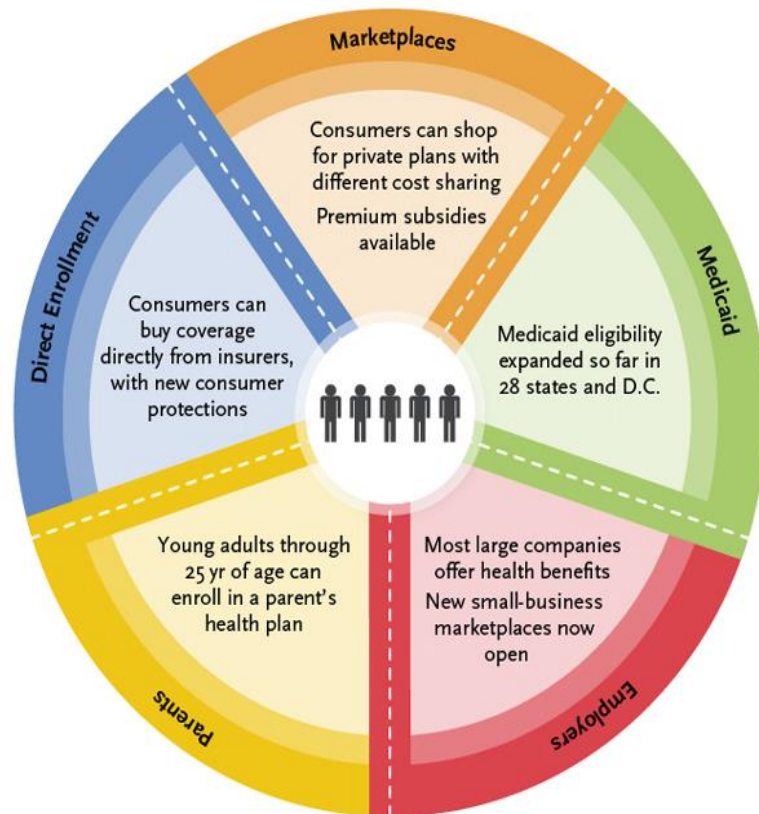
licensed medical professionals, for their alleged
approximately \$712 million in false billings.
also suspended a number of providers using
Act. This coordinated takedown is the largest
charged and loss amount.



"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)



Source: D. Blumenthal and S. R. Collins, "Health Care Coverage Under the Affordable Care Act — A Progress Report," *New England Journal of Medicine*, published online July 2, 2014.

Tax Penalty for Not Having Health Insurance

	2014	2015	2016
Taxable Income	1%	2%	2.5%
	or	or	or
Penalty per Adult and Child	Single - \$95 Child - \$47.50	Single - \$325 Child - \$162.50	Single - \$695 Child - \$347.50
Maximum/Family	\$285	\$975	\$2,085

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

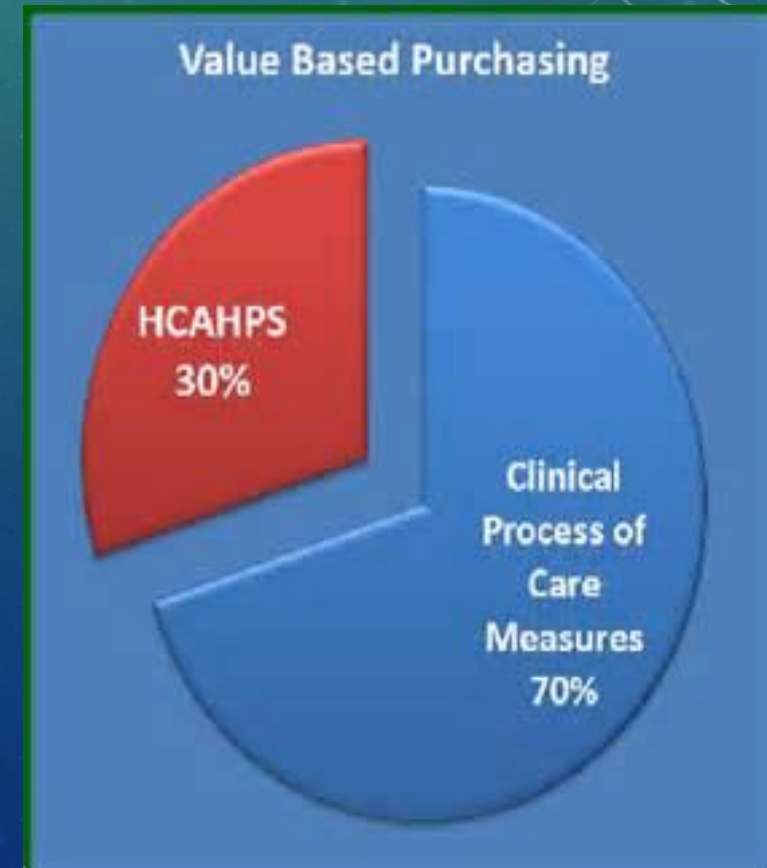
ACA SOLUTIONS: (QUALITY) MEDICAL HOMES

- 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

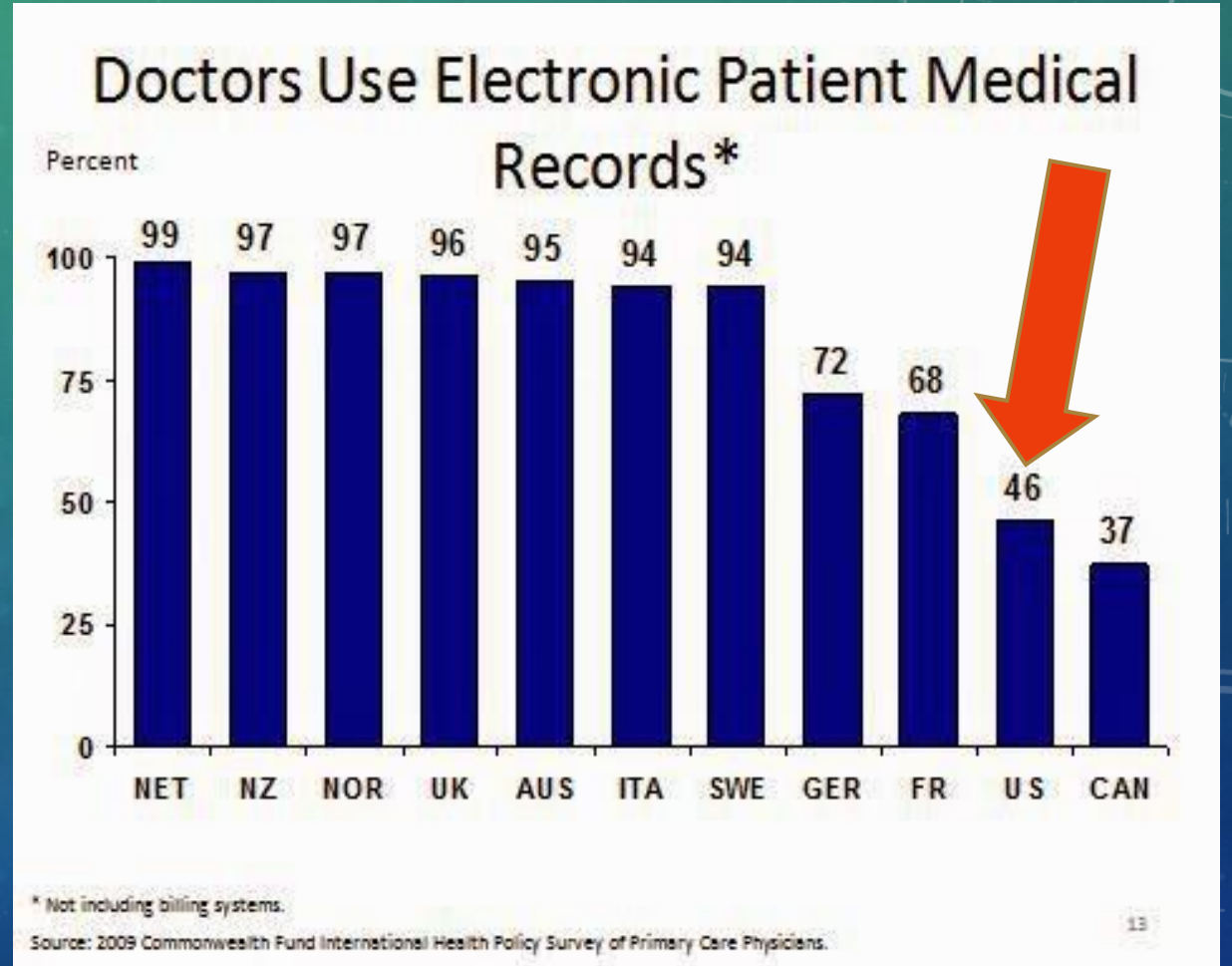
Patient satisfaction/patient care experience

- 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





STATISTICS /DEMOGRAPHICS

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)

The U.S. in 2050

New population projections from the U.S. Census Bureau:

439 million

Total population

- Current population **305 million**
- Population in 2039 **400 million**

19 million

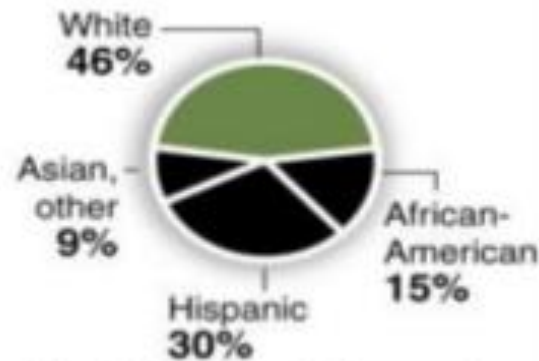
Population 85 and older, more than triple what it is today

- By 2030, one in five will be 65 or older



Minorities will be the majority

Adult population



- About 15 percent of current population is Hispanic

Percent of children that will be minorities



- 44 percent of children are minorities today

© 2008 MCT
Source: U.S. Census Bureau
Graphic: Chicago Tribune

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



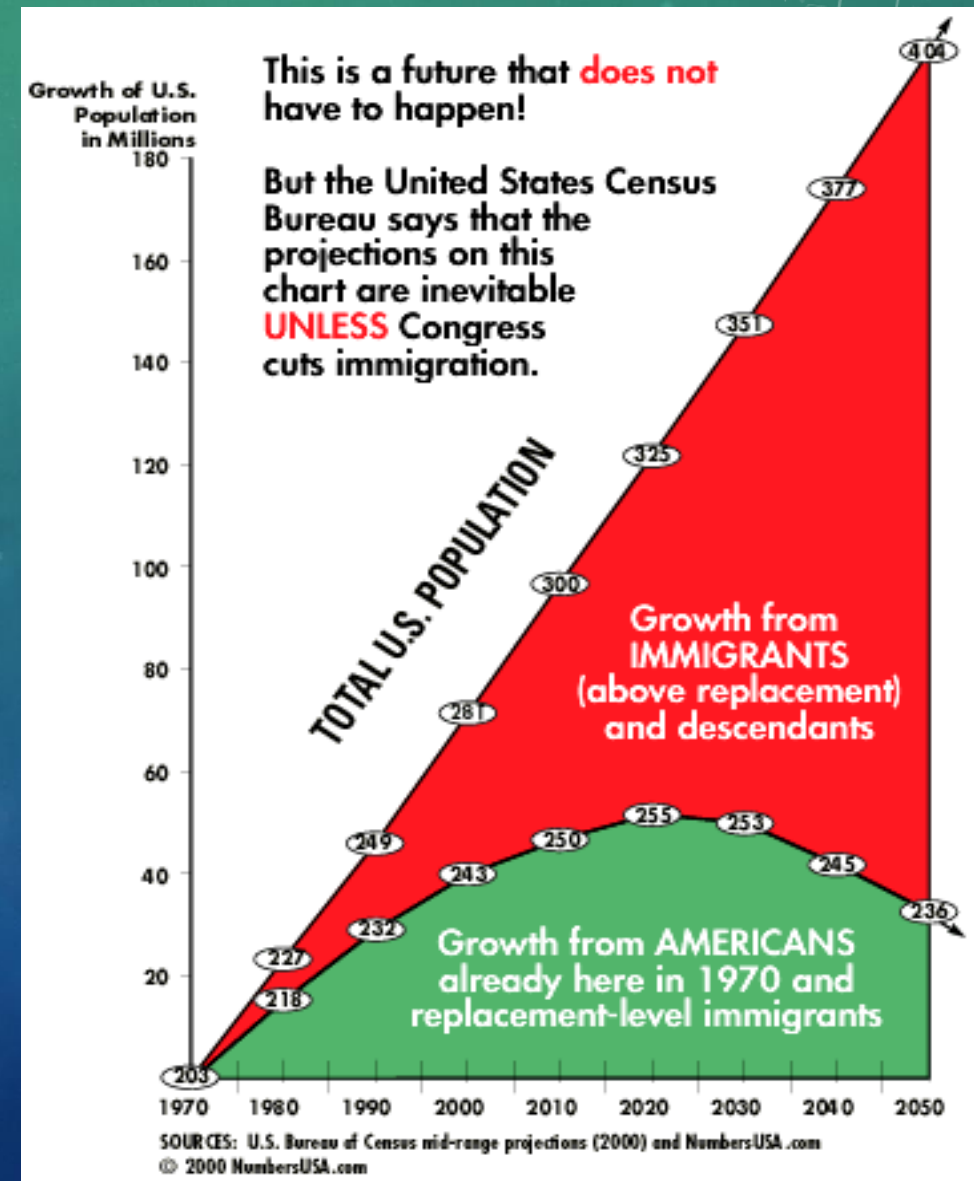
23.6% Black or African American



75.4% White

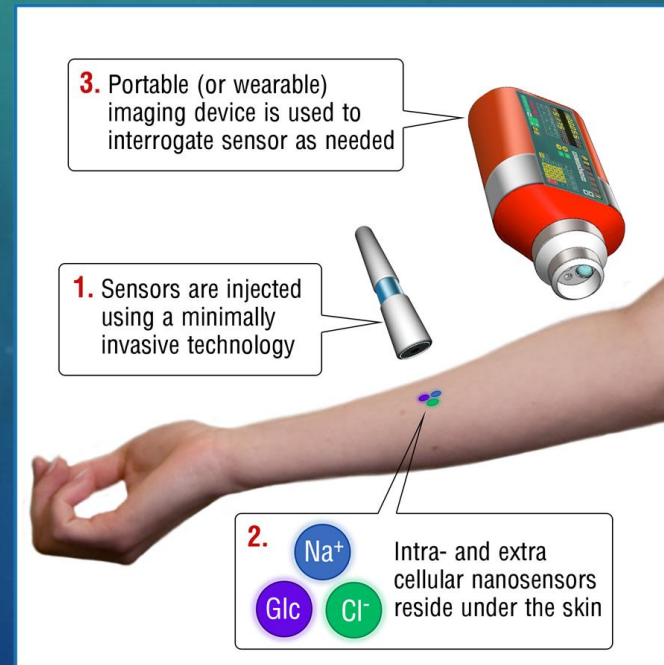
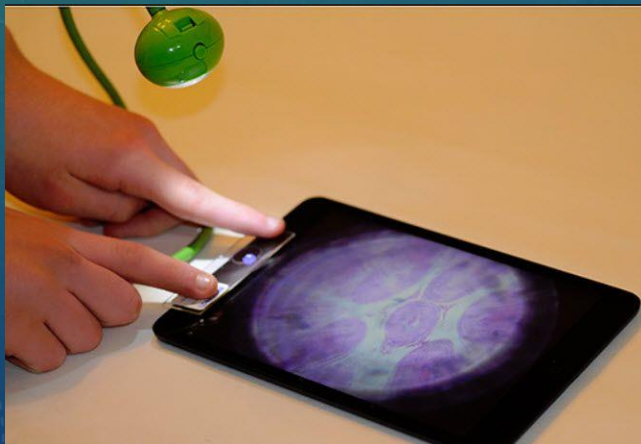
SECOND MAJOR DRIVER OF HEALTHCARE: DEMOGRAPHICS

- Cultural and Religious Differences
- Immigration



Third major driver of healthcare: Technology

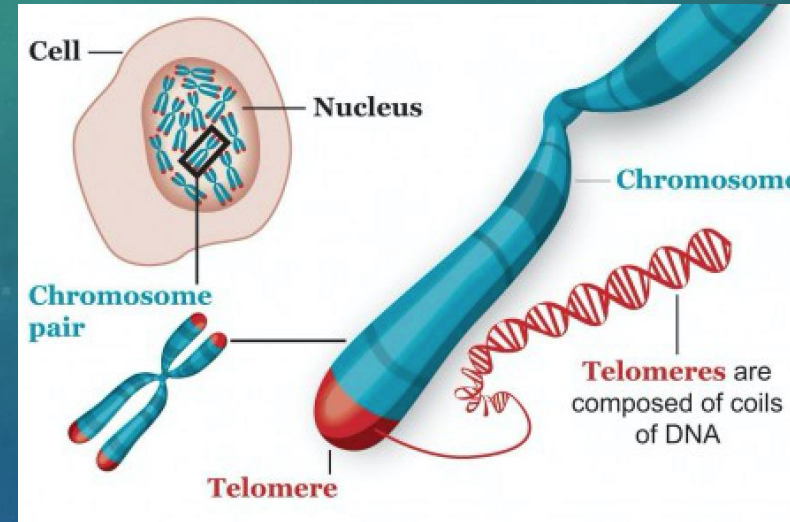
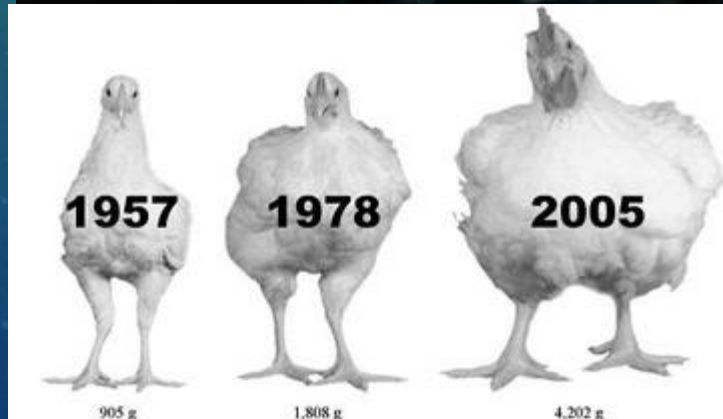
- Technological advances
 - Big data: nanosensors/nanothings → **artificial intelligence**



Bra that detects breast cancer

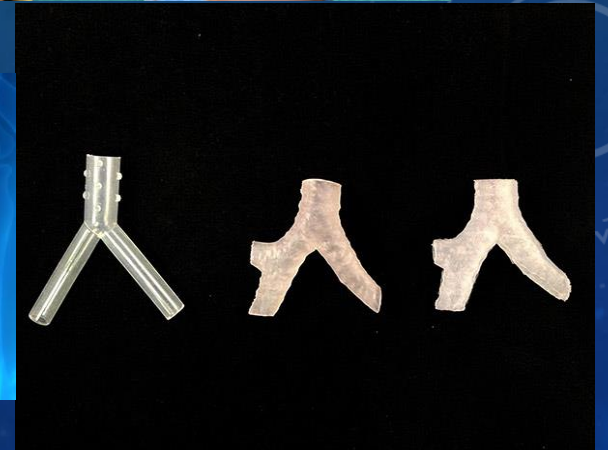
Third major driver of healthcare: Technology

- Technological advances
 - Clinical genomes/genetics



Third major driver of healthcare: Technology

- Technological advances
 - 3D organ printing



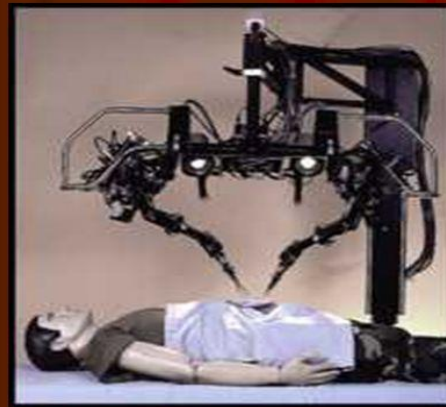
Third major driver of healthcare: Technology

- Technological advances
 - Remote diagnostics/therapeutics



Tele-neuro - STROKE

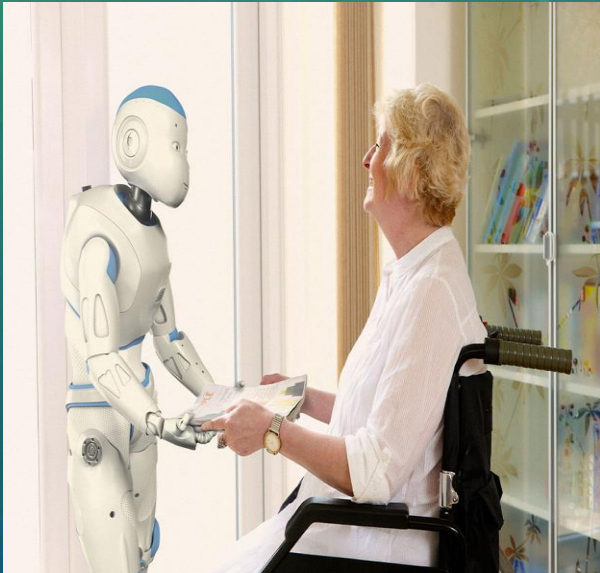
“Operation Lindberg”: Remote Transatlantic Telesurgery



Remote Surgery

Third major driver of healthcare: Technology

- Technological advances
 - Robotics

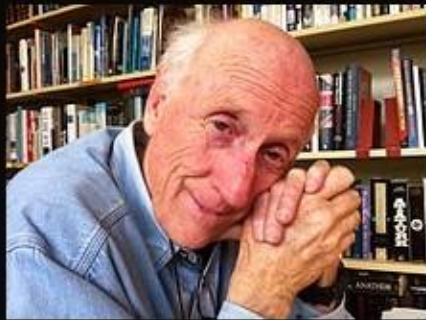


Third major driver of healthcare: Technology

- 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)

izquotes.com



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

**It is not the strongest
species that survive,
nor the most intelligent,
but the ones most
responsive to change.**

- Charles Darwin

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 !!!

