

No going back on health care reform

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The debate is running hot. The only area of agreement is something's got to give.

That's the situation for local health care players on – take your pick of handles – Obamacare or the Affordable Care Act. Signed into law by President Barack Obama two years ago, the volume on the issue continues to be deafening.

Another point of consensus: While the results of November's presidential election will determine whether the ACA will move forward or be repealed, health care reform is here to stay.

"We are all convinced our current system is not sustainable," said Kevin Dahill, president of the Nassau-Suffolk Hospital Council. Since the U.S. Supreme Court's ruling to uphold the ACA two months ago, Dahill said his group is advising members to proceed with caution as variables continue to shake out.

"We suggest to our hospital members to be careful not to jump too quickly into the deep end of the pool," he said. "They could miscalculate and it could be a financial disaster."

To be sure, whether the ACA is repealed after January or not, the marketplace has already responded to the types of changes being implemented on the federal level, according to Joel Greenberg, attorney at Greenberg, Dresevic, Hinrichsen, Iwrey, Kalmowitz, La Salle, Lebow & Pendleton in Lake Success.

From changes to Medicare and Medicaid to the way medicine is being practiced, the health care system is in overhaul mode.

"It is becoming very consumer-driven," Greenberg said. "I believe that will remain as part of the new framework of how health care is being delivered."

And the private sector is jumping on board. While the federal government has endorsed “accountable care organizations,” which are medical providers banding together to increase the quality of care at a lower price, the private sector is adopting the same concept to get similar results, Greenberg said.

“Concepts that drove the health care reform law to being enacted are being endorsed and embraced by the private sector as well,” he said.

Regardless of the politics, the ACA’s intent is to get sizable number of Americans who are uninsured covered, Dahill said.

“It seeks to reduce the escalating cost of health care in our country,” he said. “It begins to get us to think about changing the way we think about health care, to do things differently – not necessarily to cut reimbursement but to change the way payments are made to providers.”

The launch of Medicare’s Physician Compare website at the end of 2010, mandated by the ACA, provides consumers with more information about their doctors. If the ACA is repealed, the website could disappear as well, but Greenberg, for one, doesn’t think that will happen.

In the future, he added, insurance companies such as United Health Care, Aetna and Oxford, will base their payment structures on patient surveys, identifying those doctors who provide quality care from those who do not.

In addition, insurance companies will offer incentives to encourage consumers to use less expensive resources rather than seeing a doctor, such as the expanding number of retail clinics opening in drug stores nationwide providing nurse clinicians who can see patients.

“If we’re going to try to bend the cross curve of health care costs, we all have to become more health care oriented,” Dahill said. “Primary care can be provided by extenders as well as physicians... We need to shift incentives to a more wellness-based system.”

Still, the federal legislation’s insurance mandate is contributing to a projected shortage of physicians nationwide. Last month, a survey from Jackson Healthcare, a health care staffing company in Georgia, revealed 34 percent of physicians plan to leave the practice of medicine in the next decade due to financial and political reasons.

The severe physician shortage coupled with the “silver tsunami of baby boomers” moving into the Medicare population is creating a perfect storm, Greenberg said.

“We are dealing with a real crisis that won’t go away no matter what happens in Washington,” he said.

Rick Schaefer, chief operating officer of Better Home Health Care Agency in Rockville Centre and an officer in the Long Island Chapter of the New York State Home Care Providers Association, said his industry is having difficulty meeting local and state mandates while its reimbursement rates are being cut.

This month, the living wage in Nassau County was raised to \$14.91 an hour for home health aides. In addition, in November, home health aides working overtime will make nearly \$20 an hour, Schaefer said.

“It’s hard to advocate on our end,” Schaefer said. “It was never our design to be against a wage increase. We don’t want to seem like people who don’t want to pay our workers.”

In order to stay open, however, agencies like Schaefer’s, which employs nearly 500 home health aides, are struggling to cut overtime without disrupting patient care. Despite agencies’ efforts, however, in addition to hurting the workers who rely on 50 or 60 hours a week to pay their bills, they will be forced to turn cases away, he said.

“Those who put this legislation together would say patients should not see any negative consequences, but that remains to be seen,” Dahill said.