The 2015 American Hospital Association Environmental Scan provides insight and information about market forces that have a high probability of affecting the health care field. It is designed to help hospital and health system leaders better understand the health care landscape and the critical issues and emerging trends their organizations likely will face in the foreseeable future. The 2015 Environmental Scan foldout is compiled from nationally recognized sources with recommendations from select AHA governance committees. The scan is produced by Gene J. O’Dell, the AHA’s vice president for strategic planning and performance excellence, with assistance from Donna J. Aspy, planning and operations manager LBD. Lee Ann Jarousse, H&HN’s senior editor of custom publications, compiled the information.

■ With 78 million baby boomers expected to live longer, many with chronic conditions, providing adequate care for them continues to put pressure on the U.S. health care system. According to the Administration on Aging, a 65-year-old person can expect, on average, to live to the age of 84, the highest life-expectancy rate for Americans in history. Palliative care, a rapidly growing field, likely will fill many of the gaps in health care coverage in the future. (1)

■ Cost-shifting is impacting affordability for many Americans. The percentage of workers with high-deductible plans increased from 4 percent in 2006 to 20 percent in 2013. The average patient deductible has nearly doubled since 2006 and the typical plan deductible now exceeds the typical family’s available savings. (2)

■ Only 10–15 percent of an individual’s health status is attributable to the health care services he or she receives. The rest is driven by behavior, genetics and social determinants, including living conditions, access to food and education status. That means that the trillions of dollars the United States spends on health care services contribute to only one-tenth of the nation’s health. An individual’s behavior is, by far, the single most important contributor to his or her overall health. (3)

■ Nearly 70 percent of organizations that report a transition toward value-based contracts by payers in their markets also reported an increase in consumerism by patients through such actions as asking for more price transparency, challenging orders for tests and negotiating payments. (4)

■ Nationally, 42.5 million adults 18 or older experienced a mental illness in the past year, corresponding to a rate of 18.2 percent. In 2012, only 62.9 percent of adults with serious mental illness (6 million) had received mental health treatment nationally in the past 12 months. (5)
Physicians

- Providers and their specialists: the proliferation of specialty hospitals, including ambulatory surgical centers and imaging centers, has increased. These centers tend to be more efficient and cost-effective than traditional hospitals. They also offer patients the opportunity to receive high-quality care in a more convenient setting.

- Increasingly, hospitals are partnering with hospitals and ambulatory centers to provide a more integrated and patient-centered approach to healthcare. This collaboration allows for better coordination of care and improved patient outcomes.

- Many hospitals are also focusing on improving the efficiency of their operations, such as reducing wait times and improving patient satisfaction. This is accomplished through the use of technology, such as electronic health records, and the adoption of best practices in clinical workflow.

- Physician burnout is a significant challenge that hospitals are addressing through various strategies, including providing support and resources to physicians and promoting well-being initiatives. This is essential to ensure that healthcare providers are able to deliver high-quality care to patients.

- Finally, hospitals are also exploring new models of care delivery, such as telemedicine and virtual care, to reach patients who may not be able to access traditional healthcare services.

- Providers are also working more closely with those hospitals willing to negotiate steep discounts with those who remain. Consumers anticipate moving to private exchanges and actively excluding some higher-cost hospitals from defined benefit to defined contribution structures.

- America’s corporations are among the most employeefriendly in the world, and they are seeing opportunities to use this competitive advantage to influence the behavior of health plans and hospitals. Through the use of private exchanges, organizations can influence the choices that workers make about health insurance, and thereby have an impact on the value of health care.

- The Bahamas benefits from a relatively small and relatively homogeneous population. However, the country is facing significant challenges in the provision of health services, including a shortage of medical personnel and the need to improve the quality and accessibility of care.

- The Philippines is another country with a large and growing population, and is facing similar challenges in the provision of health services. The government is working to increase access to healthcare and improve the quality of care, but progress has been slow due to a lack of resources.

- The Philippines is also facing significant challenges in terms of the cost of healthcare. The government is working to reduce the burden on the population by expanding access to health insurance and improving the efficiency of the healthcare system.

- While there are challenges, there are also opportunities for the Philippines to learn from other countries and develop innovative solutions to address its healthcare needs. The government is working to improve the quality of care and reduce the cost of healthcare, and there are promising initiatives underway.

- The Bahamas and the Philippines are both countries with significant challenges in the provision of healthcare. They are working to improve the quality and accessibility of care, but progress has been slow due to a lack of resources. There are opportunities for these countries to learn from other countries and develop innovative solutions to address their healthcare needs.
Physicians

- Many doctors and hospitals believe that the future of medicine lies in collaborative care models, much like those used in accountable care organizations (ACOs), but the lack of incentives for improving quality may slow the adoption of these models.

- In a recent survey, only 10 percent of respondents said that the hospital at which they worked was providing the type of quality improvement that they were looking for.

- The Affordable Care Act (ACA) has created new pressures for physicians and hospitals to improve quality and efficiency, but many are struggling to find ways to implement these changes effectively.

- Some physicians are finding success by forming partnerships with other providers, but others are concerned that these collaborations will lead to a loss of control over their own practices.

- Despite the challenges, many believe that the future of medicine lies in collaboration and shared decision-making, and that the best way to achieve this is through strong partnerships and relationships with other physicians and providers.

Political issues

- The Affordable Care Act (ACA) has led to significant changes in the health care system, including expanded access to care and new payment models.

- However, the ACA has also led to increased government regulation and a lack of clarity about how these changes will be implemented.

- Some policymakers are calling for a return to more market-based solutions, while others are advocating for more government involvement.

- The Affordable Care Act has also led to new incentives for hospitals and physicians to improve quality and reduce costs, but these incentives may not be enough to drive the necessary changes.

Provider Organizations

- Many provider organizations are adapting to the new regulatory environment, including by investing in new technologies and processes.

- However, many are also struggling to find ways to manage the increased complexity and uncertainty of the current landscape.

- Some are finding success by focusing on specific populations or niches, while others are using data analytics to better understand their patients and improve outcomes.

- The Affordable Care Act has led to new opportunities for provider organizations, but also to new challenges and risks.

Quality & Patient Safety

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Transforming Care Delivery

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