Completed the Feedback survey

Health Policy and regulations

1. Identify the major laws and regulations affecting HCO. Why is the health care industry so heavily regulated? what are the central goals of these laws and regulations? who benefits from them?

Medicare and Medicaid law are the most important. Their annual outlays total in the hundreds of billions of dollars. They contribute the the physical health of many millions of individuals and financial health of many thousands of HCO's.
Regulation is intended to increase access, control costs, improve quality in a world in which market competition may fail to achieve these goals.

2. What problems do these regulations present? if you could eliminate one of these laws or regulations, which one would you eliminate and why? are there alternative regulatory approaches that would achieve regulatory objectives in a less burdensome way?

These regulations present many challenges:
HIPAA and data breaches with Electronic data breaches that have become a significant problem in all industries, but can prove to be particularly devastating to the healthcare industry.
The healthcare industry also now faces challenges related to false claims and whistleblower suits.
Healthcare organizations can run into trouble with this law when they offer free services to a medical practice or when they provide discounts or pay for unnecessary services.
Healthcare organizations must be extremely careful regarding the way in which compensations arrangements are made with physicians. To avoid potential lawsuits, hospitals must make certain all physician relationships are not simply a means to obtain payments for physicians for referrals.
Co-management arrangements refer to agreements in which a hospital compensates physicians for fulfilling certain duties while meeting performance objectives.
Hospitals that want to obtain or maintain tax-exempt status are required to meet specific requirements under the Patient Protection and Affordable Care Act.
Hospitals are also now facing increasing age discrimination claims associated with termination. Additionally, hospitals must also handle more requests to accommodate employees with disabilities. In an effort to avoid legal action, hospitals must ensure that they provide accurate job descriptions and implement formal written policies regarding employee dismissals.

3. Critics of formal government health care regulation suggest that mechanisms such as self-regulation or accreditation would provide oversight. Do you agree?

Self regulation will provide some form of oversight in the form of:
Protecting the public welfare by ensuring that health professions graduates are appropriately prepared to provide health care services.
Ensures physicians and hospitals alike meet basic standards .
Guards public funds from use in support of inferior programs regarding hospitals and health institutions.
Assists HCO's in achieving—and improving on—minimum standards.

4.Non-profit organizations must meet a community benefit test to take advantage of the federal income tax exemption. Should a facility be allowed to use population health interventions to meet the test instead of the measures noted in this chapter? if so, what measures of population health should the IRS accept?

Tax-exempt hospitals need to engage in communitywide planning efforts to improve community health. The magnitude of the tax exemption, coupled with ACA reforms, underscores the public's interest not only in community benefit spending generally but also in the extent to which nonprofit hospitals allocate funds for community benefit expenditures that improve the overall health of their communities.

5. Do you think government entities should devote more resources to developing health care quality report cards? why or why not?

Yes they should be allocated more resources since Increasingly, consumers want to know how well providers and hospitals perform so that they can make a decision about where to obtain care. In addition, hospitals and providers need to know how well they are performing and where they need to improve. Clearly, valid reports are potentially valuable to all stakeholders. Good grades translate into improved health outcomes for patients, lower health care costs for payers, and a valuable marketing asset for providers and hospitals.

6. How should we regulate emerging market arrangements, such as pay-for-performance initiatives, and emerging health care providers, such as specialty hospitals?

Several proposed bills provide good examples of how state laws could be structured to address the rise of specialty hospitals. A Louisiana bill (S.B. 702, 2003) would prohibit self-referral by physicians to specialty hospitals, in the manner of the Stark law. Another (S.B. 430, 2003) would require only that physicians disclose their financial interest in specialty facilities to patients and inform patients of alternative providers. But such proposed legislation has enjoyed little success. A Colorado bill (S.B. 163, 2004) to prohibit referral by physicians to specialty hospitals in cases of financial conflict of interest has been stalled indefinitely. A similar bill died in Ohio (H.B. 71, 2003). However, if the federal moratorium expires, we can expect to see further activity by state legislatures. The question remains whether self-referral laws are the appropriate vehicle to use in regulating specialty hospitals.

Ambulatory surgery joint venture

1.Consider what David should say in his memorandum to the CEO about the joint venture. Which laws or regulations might this joint venture violate?

The joint venture is a favorable avenue to the hospital but some laws and regulations should be navigated cautiously in order to avoid backlash. The laws and regulations that David should be mindful about are the anti-kickback statute law, the Stark physician self referral law, the false claim act.

2. What changes if any, in the proposed arrangement might be needed to keep the ambulatory surgical center in compliance with legal and regulatory requirements?

The those four orthopedic surgeon are setting up the ambulatory surgical center seems legitimate at first glance. The most difficult point to abide for is the Stark physician self referral law since those same surgeon will be sending patients that they have seen in the hospital to the newly established center thus violating this rule. A compromise could be reached if they do what is the best interest of the hospital and try to refer only cases that can be done on outpatient basis or as one day procedures.

3. What course of action should David recommend?

I would recommend going ahead with the ambulatory surgical center since it will generate revenue for the main hospital and will increase patient load. If David and the CEO shy away from this opportunity, then those four orthopedic surgeons would most probably quit and establish their own center in this case making the hospital lose a large portion of revenue and having to face serious competition.

Consumerism and Ethics

1. How has the consumer-driven health movement impacted health care service delivery?

This new movement in health care financing creates short- and long-term incentives for preventive care, behavior change, and risk factor reduction. It can also motivate better patient understanding and ownership of acute and chronic care decisions made in partnership with physicians

2. What is the impact of Bachman's five building blocks of healthcare consumerism for health care managers?

The impact of Bachman's 5 building blocks for health care managers is to ensure patients have more personal responsibility, patients are able to self care and self help. They should foster individual ownership and ensure that healthcare information is portable and available and secure. HC managers should ensure transparency in dealing with patient especially when it comes to the cost of HC services and their corresponding insurance plans

3.How do HIPAA regulations protect the public's privacy in regards to EMR's. personal health records, and health information used in social health networking groups?

HIPAA limited the use and disclosure of personal health information by "covered entities" who qualified on a " need to know " basis according to HIPAA criteria.

4. How have consumer-driven health plans and high deductible plans changed health care service reimbursement and health insurance expectations?

Health care expenditures have increased due to advances in technologies, treatments, pharmaceuticals, and the public expectations to rapid, quality health care that is cost effective, accessible and understandable. Another important factor why health plans are becoming more expensive is the ageing population, drug companies that engage in direct to consumer advertising and increased health risks in population due to stress, obesity, smoking, high blood pressure , diabetes, heart disease and a lack of personal responsibility in self care and wellness.

5.what is the difference between HSA's MSA's FSA's and HRA's?

HSA are health savings accounts for healthy individuals who expect limited health care expenses per yea. Monies can be rolled over annually, set up by self or employer and contributed by self or employer (can be both) and is portable
MSA's are another type of tax exempt financial account created to offset non covered medical expenses for self employed individuals or employees in small businesses. Contributed by employer or self but never both. Monies can be rolled over annually. it is portable
FSA's are optional in terms of participation in HDHP, tax deductible contribution, employer funded through voluntary salary reduction agreement and is established by employer and is not portable.
HRA's participates in HDHP is 100% tax deductible is employer funded and established by employer and is not portable.

6. What is retail medicine, and should it be of concern to health care managers and leaders in for profit and not for profit environments?

Health care services that are provided in "retail settings" or nonhospital, non traditional medical environment (lasik centers, cosmetic centers, minor emergency health care clinics).

It has affected the healthcare environment and moved it towards a more market based, sales-oriented approach to health care service delivery.

7. Why has retail medicine become popular with consumers? How can health care managers and organizations leverage retail medicine concepts to enhance current service delivery practices in non-retail environments?

It has become popular because health care consumers expect health services to be readily available when needed, in easily accessible locations, staffed by health care professionals in the latest treatments and diagnostic procedures, and to be cost effective.
HC managers should ensure price is competitive when offering those services, they should undergo mass marketing techniques through multiple media formats, they should target health needs that are not serious or life threatening.

8. How do EMR's and PHR's differ? how are they similar?
The EMR and PHR' are similar in that they include some health facts about the patient but this is where the similarity ends. An EMR is usually dictated by a physician and will include the chief complaint of a patient, physical examination findings and imaging and blood work pertaining to the complaint in question, it will also include the treatment administered and also would include follow-up notes on the progress of the patient.
A PHR is electronic web based repositories that personal health information that will be available with the patient like HR, weight, height, exercise tracking, monitoring of chronic conditions or wellness initiatives. The EMR is an electronic record that is private and present only in the hospital.

9. Consider google health and microsoft's impact on the consumer driven health movement and the public's needs to participate in their own health care. What are the pros and cons of this type of consumer health application? What barriers to expansion of this concept do you foresee in the near future?

Those platforms will help keeping some patients fit and mindful about their health but on the other hand it will pose challenges to privacy of the health parameters collected and the implications of a breach of such privacy. The main barriers to the expansion of such platforms is the participation of the patient in partaking in them. Some patients would not like their biometrics to be shared with a web service company for fear that it might be used to push for products that they don't need or require. Also the issue of keeping those data private is paramount as per the HIPAA recommendations.

10. How can consumers become more involved in their own health care? what products and resources are available for people who wish to take control of their health or monitor chronic disease states from home?

Consumers can invest in smart technology like a smartwatch or download apps on their phones for tracking their exercises regimen on a daily basis. For people who must deal with chronic diseases, getting a digital blood pressure cuff and a glucometer are some of the ways of trying to control the disease at home. There are some websites enacted by professional specialties to educate patients about their diseases and treatments. Those will get as a powerful resource to empower patients and to allow them to take charge of their own health care goals.

11. Name five key ethical principles that impact the health care environment. What examples of each are commonly seen in healthcare and why?

Autonomy, Privacy, Confidentiality, Fidelity, Veracity.
Autonomy: let patient make an informed decision regarding the type of treatment he wishes to pursue.
Privacy: Give patient personal space and ensure to obtain consent regarding the type of treatment he requires.
Confidentiality: The physician should not discuss patient related condition in public or with his peers in a form that identifies the patient or belittles him.
Fidelity: Physician should have allegiance to his HCO when deciding what is best for the patient.
Veracity: Physician should discuss all the risks and complications of a procedure without omission or embellishment.

12. How do nonmaleficence and beneficence differ, and why are they important in health care?

Nonmaleficence is duty " to not inflict harm to others" while Beneficence is the obligation to do good, to prevent or remove harm.
They are both essential in HC since they prevent harm, remove harm, promote good.

13. Why do IRB's exist, and how do they impact biomedical, behavioral, and clinical research activities?

They are administrative entities established by institutions to protect ethical rights of human subjects who participate in research conducted under their supervision.
They determine whether the clinical situation is considered to be research and if it involves human subjects.

14. Do all health care organizations and providers need to comply with the patient's bill of rights? why or why not?

Yes, all HCO need to comply since it is the right thing to do. The bill of rights ensure all patients are treated with dignity, respect and ensures the transparency of HCO who follow them.

15. Should health care providers always tell the truth to their patients, even if the truth may cause pain or distress?

The patient deserves to know the truth no matter what the consequences entail. The way to inform the patient about the truth should show empathy and support.

Consumer- Driven Changes for the ABC Health Options Clinic

1. What are the key problems?

The key problems are the issues posed by the chief of staff namely the type of patients in clinic would reflect badly on the image of the hospital. There is also the issue of understaffing and the strain it will put on the nursing staff. There is also the issue of liability especially if there are complications that develop in patients who have a low quality insurance. In this case their insurance will not cover for additional care.

2.How will these consumer-driven changes affect the clinic overall? per physician group?

Those changes are bound to increase footfall in the clinic and will increase the workload but at the expense of all the key problems mentioned above.

3.Are the tethered medical records a good idea?

They are a good idea as long as the information is encrypted, kept safe and is not hackable. Ensuring the privacy and confidentiality of the patients is of the utmost importance.

4. What ethical concerns have been expressed by the physicians that could impact the success (or failure) of these new changes?

Privacy and confidentiality could be easily breached if the tethered links used to transmit patient data are compromised .
Beneficence also is at risk if complications develop in low insured groups .
Formal justice is also at risk since some physicians think that some patient quality will degrade the image of the hospital.
Fidelity is at risk especially for patients who require additional treatment, more diagnostic modalities that they can not afford or are not covered by their insurance.

5. Are the satellite clinics such a good idea? What will their impact be on the clinic financially? will one group bear the majority of the financial obligation and liabilities for this population?

The Satellite are a great idea since it will boost the number of patient that will be referred to the main hospital and will hopefully generate more revenue. Those should be established with rules and regulations enacted in such a way that the satellite clinic bears a portion of the liability and financial obligation if it arises. There should be accountability at the fiscal and at the medicolegal level in those clinics in order to preserve a high quality type of healthcare services.

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