



How Will Hospitals Handle the Newly Insured?

Will the uninsured really sign up for Obamacare? If so, how will hospital systems handle the load?

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The main goal of the Affordable Care Act is to provide insurance to the large population of uninsured Americans. But how will the health care industry adapt to a much larger patient population? What strategies will hospital systems employ to ensure that the newly enrolled can receive the care that they need? How will hospitals adjust to a changing payment structure, moving from fee-for-service to value? And what will the role of ancillary care and outpatient centers mean in this new world of healthcare?

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In this break-out session at the U.S. News Hospital of Tomorrow forum, panelists addressed the issues surrounding absorbing the newly insured. Moderated by Joanne Kenen, health editor of Politico, the Wednesday morning panel included Wright L. Lassiter III, CEO of Alameda Health System, Nancy Schlichting, CEO of the Henry Ford Health System, and Richard J. Umbdenstock, President and CEO of the American Hospital Association.

Aneesh Chopra, who served as President Obama's first Chief Technology Officer, began with a few remarks. Chopra feels strongly that "this is the very best time to be an innovator in the American health system." In his view, this innovation is possible because of "the opening of data," "the digitization" of that data, and a changing "payment model." According to Chopra, the question becomes, "Will the uninsured sign up?" And for those that do, how will hospital systems handle the load?

"Many are currently eligible for coverage but not taking advantage of it," Umbdenstock noted. "The reality is that many hospitals because of the impact of uncompensated care have already started to make the changes necessary to work with this otherwise now newly insured population." Because ultimately, he added, uninsured patients with emergent problems are "the biggest single financial hit a hospital can take."

"Defensively, it's a strategy to lose less money," Umbdenstock continued. "So hospitals have not been waiting." But the reality is that as the newly insured expect and require care, "hospitals will not be in a position to provide all the care."

Lassiter spoke to the initiatives Alameda has taken to provide care


outside its hospital walls. The "Hope Center" is an ambulatory intensive-care unit for "chronically-ill patients with multiple morbidities," he explained; they represent patients who have repeatedly showed up at the ER for care, or who have had long hospital stays. "We're effectively taking them into a cohort that links pharmacists, nurse practitioners, and health professionals," he said. As a result, Alameda is providing these patients with better care at a much lower cost to their hospital.

But health care administrators are still grappling with solutions to problem of patients who are not willing to sign up for insurance. Schlichting, of the Henry Ford Health System, thinks that "they should be handled upfront." Yet, in a system designed to never turn away an ailing patient, who is handled and who is turned away before payment may be a question of how emergent the problem is.


Ultimately, panelists agreed that hospitals must work towards solutions that effectively reduce the number of uninsured patients relying upon emergency room care. In a market with thousands of newly insured, their viability depends on it.

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