

Health Watch USAsm Newsletter

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Member of the National Quality Forum and a designated "Community Leader" for Value-Driven Healthcare by the U.S. Dept. of Health and Human Services



Outpatient Facility Fees.

Extra Hospital 'Facility Fees' Irk Patients.

Investigative Reporter, Terrie Morgan-Besecker, discusses the controversy regarding hospital outpatient facility fees and how they can result in a surprise doubling of the cost of your medical visit. YouTube Link <u>https://youtu.be/mfvGz7hGFp4</u>

Desert Sun: Extra hospital 'facility fees' irk patients. Double billing with little patient benefit. Desert Sun. July 16, 2016.

""It's essentially double billing, and I have not seen any evidence of an increase in quality of service," said Kevin Kavanagh, board chairman of Health Watch USA, which opposes the fees."

"Kavanagh said he believes the federal government has continued to allow the fees in an effort to encourage integration between hospitals and clinics. "It's generated more profits, but not savings to the patients," he said."

http://www.desertsun.com/story/news/health/2016/07/15/extra-hospital-facility-fees-irk-patients/86874880/

Times Tribune: "If hospitals have not aggressively purchased physician practices, the legislation gives them incentive to do so now, said Kevin Kavanagh, of Healthwatch USA, a Kentucky-based patient advocacy and research group.

"If the design was to lower fees, it's not doing that," Kavanagh said. "It is hurrying up the process by setting a deadline. It did not unravel the damage that's already been done.""

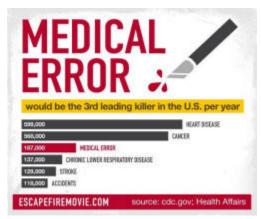
Morgan-Besecker T., Facility fees cost Medicare billions. Times Tribune. June 12, 2016. <u>http://thetimes-</u> <u>tribune.com/news/facility-fees-cost-medicare-billions-1.2054288</u>



Why Hospitals Are So Mad About Medicare's Proposed Site-Neutral Payment Policy http://www.modernhealthcare.com/article/20160709/MAGAZINE/307099937/why-hospitals-are-

so-mad-about-medicares-proposed-site-neutral

Healthcare Quality



Can We Reduce Harm from Medical Care Itself?

"When medical care itself goes awry, death and disability are absolutely the most awful outcomes that can happen. However, there are other significant losses. The trust of patients in doctors, other health professionals, hospitals, and medical care itself can be diminished. Doctors and medical staff can have their own doubt and disappointment in medical systems and in themselves." Click on picture to enlarge

-- Past Surgeon General M. Joycelyn Elders MD. https://healthwatchusa.info/2016/07/20/

can-we-reduce-harm-from-medical-care-itself/

OIG Study Finds 30% of Patients in Rehabilitation Hospitals Experience Harm.

"An estimated 13.5 percent of hospitalized Medicare beneficiaries experienced adverse events during their hospital stays." Plus, an additional "13.5 percent of Medicare beneficiaries experienced events during their hospital stays that resulted in temporary harm." "Physicians determined that 44 percent of all events were preventable." <u>Download Document https://oig.hhs.gov/oei/reports/oei-06-09-00090.pdf</u>

53% of Hospitals Neglect Key Staffing Standards

"Hospital intensive care units (ICU) see 4.6 million people annually, among them some of the nation's sickest and most vulnerable patients. Studies show that patient survival increases by 40 percent when ICUs are staffed appropriately with highly specialized physicians called intensivists, yet a new report released today by health care non-profit The Leapfrog Group and analyzed by Castlight Health indicates that only 47 percent of hospitals reporting in the 2015 Leapfrog Hospital Survey have the recommended intensivist coverage in place."

http://www.leapfroggroup.org/news-events/majority-us-hospitals-still-fail-implement-icu-policiesknown-dramatically-lower-patient

ACEP Applauds HHS Proposal to Remove Pain Questions From Federal Patient Satisfaction Surveys

"ACEP commends Secretary Burwell's proposal to remove pain management questions from patient satisfaction surveys. These questions have been used to influence Medicare reimbursement rates and have resulted in unintended consequences in light of the nation's opioid epidemic. The pursuit of high patient-satisfaction scores can create incentives for medical providers to honor patient requests for unnecessary and even harmful treatments. The HHS proposal will align federal policies

to be consistent with current efforts to reduce opioid use." <u>http://www.prnewswire.com/news-releases/acep-applauds-hhs-proposal-to-remove-pain-</u> <u>questions-from-federal-patient-satisfaction-surveys-300294874.html</u>

Surgeons' Disclosures of Clinical Adverse Events

After being involved in an adverse event, only 32% of surgeons discussed how to prevent future adverse events.

http://archsurg.jamanetwork.com/article.aspx?articleid=2534133#

Healthcare Finances

One Rule Clarification Could Change The Face Of Healthcare And The Middle Class

Dave Chase: "Since the middle class has seen wages decline over the last 20 years (after adjusting for inflation), they have been experiencing a depression for over a decade. Today, employers are spending far more on employees than they did 20 years ago. The problem is, all of the increased spending has gone to healthcare (<u>Rand study PDF</u>)"

http://www.forbes.com/sites/davechase/2016/06/30/one-rule-clarification-could-change-the-faceof-healthcare-the-middle-class/#1baf645b496e

Health Insurers Test Feds With Steep Rate Requests

"One of the states where federal regulators have jurisdiction is Texas, where Blue Cross and Blue Shield has requested a rate hike of nearly 60 percent to account for mounting losses in the individual market. In Missouri, Humana has filed for a 34 percent increase, and in Oklahoma, Blue Cross and Blue Shield has proposed increases that average 49 percent." http://www.fiercehealthcare.com/payer/health-insurers-test-feds-steep-rate-requests

Covered California Health Plan Rates To Jump 13.2 Percent In 2017

The Covered California exchange had won plaudits by negotiating 4 percent average rate increases in its first two years. But that feat couldn't be repeated for 2017, as overall medical costs continue to climb and two federal programs that help insurers with expensive claims are set to expire this year.

http://khn.org/news/covered-california-health-plan-rates-to-jump-13-2-percent-in-2017/

Healthcare Spending Growth Rate Rises Again in 2015

"The U.S. healthcare system spent \$3.2 trillion in 2015, or almost \$10,000 for every person, according to the latest federal projections. It's a 5.5% increase from 2014." http://www.modernhealthcare.com/article/20160713/NEWS/160719963

CO-OPs Focus On Staying Afloat As Numbers Dwindle

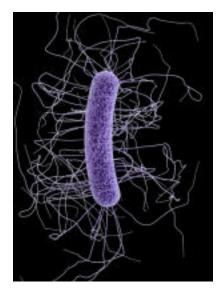
"The number of CO-OPs has dwindled greatly from the 23 that were operating in 2014, which at the time covered about 1 million Americans. Plans in Oregon, Ohio, Connecticut and Illinois will cease operations by fall due to financial insolvency. The seven remaining CO-OPs for 2017 will have about 350,000 members, according to the article. They all posted losses in 2015."

http://www.fiercehealthcare.com/aca/co-ops-focus-survival-as-numbers-dwindle

Feds poised to challenge Aetna-Humana, Anthem-Cigna mergers

Having recently stepped up their scrutiny of the Aetna-Humana and Anthem-Cigna mergers, federal regulators are now said to be preparing to file suit to block the deals. <u>http://www.fiercehealthcare.com/payer/feds-poised-to-challenge-aetna-humana-anthem-cigna-mergers</u>

Healthcare Infections



A Novel Microbiome Therapeutic Increases Gut Microbial Diversity and Prevents Recurrent Clostridium Difficile Infection.

"SER-109 (Fecal Transplants) successfully prevented CDI and had a favorable safety profile, supporting a novel microbiome-based intervention as a potential therapy for recurrent CDI. 96.7% (29 of 30) of patients achieved clinical resolution http://jid.oxfordjournals.org/content/early/ 2016/02/04/infdis.jiv766.abstract

Health Watch USA Patient Safety Conference -- Nov. 4th, 2016 Four Points Sheraton, Lexington, KY



The conference's theme this year is the reliability of research and protocols for infectious disease, medical device safety and patient safety. Registration is \$48. Continuing education for physicians (Type I AMA), nurses, occupational therapists and physical therapists have been applied for.

To Register Go To: <u>http://www.healthconference.org/payment.htm</u> View

Agenda: <u>http://www.healthconference.org/agenda.htm</u> For More Information Go To <u>www.healthconference.org</u>

To Download the Conference Flyer Go To: <u>http://www.healthconference.org/2016conference_downloads/ConferenceFlyer-SDM.pdf</u> To subscribe to Health Watch USAsm newsletter go to: http://www.hwusa-newsletter.org/lists/?p=subscribe&id=1



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