Healthcare crisis in 2012: Fact or fiction?

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In the movie 2012, a large group of people are faced with natural disasters of apocalyptic proportions, all coinciding with the end of the Mayan calendar. While the movie is filled with an array of special effects and fictitious scenes, a real crisis in healthcare that is not addressed by the Patient Protection and Affordable Care Act (ACA) may occur during 2012.

Addressing this crisis — a growing number of patients and a rapid decrease in the number of healthcare providers — before 2012 can prevent a noticeable decline in healthcare services. With the right planning, programs, technology and people in place, the debilitating healthcare crisies in 2012 will be just like the movie — fictitious.

A crisis brewing

Increasing demand for services is the result of a growing patient population, more services needed per patient and complex service regimens, according to data collected by AmeriMed Consulting in Fort Worth, Texas.

The eldest members of the baby boom generation — the population expansion of about 78 million people from 1946 to 1964 — will begin submitting Medicare claims in 2012. Meanwhile, a recent *Trend Tracker* survey shows that while 90 percent of physicians are taking new Medicare patients, only half are accepting new Medicaid patients.

"We are not experiencing population growth, but physicians are limiting access to Medicaid patients," says Jason Landers, executive director of Managed Care & Physician Services for Camden-Clark Memorial Hospital, Parkersburg, W.Va. "The aging of the baby boomers puts an even bigger strain on our supply of physicians. Then you add the coming reforms, which will increase patient access to preventative and diagnostic services, [and] the undersupply becomes even more drastic."

Yet this hospital has been able to devise creative solutions, Landers says.

To find physicians to participate in the hospital's Medicare and Medicaid panels, Landers is tapping the facility's internal medicine residency. An outpatient clinic that is staffed by residents and overseen by a medical director is also becoming the point of care for Medicaid patients as area physicians have closed their panels.

"As a nonprofit, we are forming new groups of physicians who are also required to see all patients regardless of their insurance provider or method of payment," he adds.

Depending on a patient's age, condition and diagnosis, medical encounters will most likely double as a result of healthcare reform; services will triple; and complexities in service relationships and conflicts could result in increased error rates.

Due to the physician shortage, Medicaid users will experience longer wait times to see physicians and may not have access to specialty services. Even though the sustainable growth rate was designed as a budgetary restraint on Medicare's total expenditures to maintain budget neutrality, the direction in which it is headed in could dramatically cut physician reimbursement rates as practice costs rise.

If these trends continue, by 2012 there will be a significant increase in patient visits and the ratio of services per visit with a decreased ratio of professional staff.

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Planning is key

Healthcare facilities frequently recruit from an opportunistic standpoint, but providers should establish and follow a well-defined medical staff development plan to ensure the best staffing mix. Numerous problems arise when a facility does not adhere to its outlined staff development plan, including physician dissatisfaction, lack of retention and increased recruiting costs.

Determine the demographic composition of a community to develop a viable medical staff development plan. And don't be afraid to call in expert assistance to help recruit and remain compliant in today's federally restrictive environment. Quality consultants can also assist with goal setting and strategic staff planning, and provide quantitative research and demographic/epidemiological analyses.

Identify key drivers that determine a physician's choice when selecting a practice community, including:

- Lifestyle preference;
- Community cost of living;
- Cultural amenities/quality of life;
- Time-off/shift coverage; and
- Compensation package.

Most importantly, think outside the box. Forget the fear tactics, but face the situation head-on with a strategic plan in hand and the resources to not only protect your practice from physician shortages and increased patient rosters, but to continue to grow.

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