

Professional Opinions about Current Issues Related to Healthcare Delivery

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I am an advocate of the Electronic Health Record (EHR) and the present industry focus on preventive health and quality care. However, as we move aggressively towards Electronic Health Records (EHR) there are still some pressing concerns about data quality, the over reliance on technology to identify high-risk treatment, and the financial burden of these new systems with the demands of the growing population. While these concerns must be addressed at some point, the complaints are typically dismissed as growing pains of physicians born out of resistance to change. According to sociologist Ross Koppel (2015), who studied the EHR's limitations and why they have been largely ignored says, “A common barrier that affects physicians who voice reservations is that they are labeled technophobic, resistant, and uncooperative”.

One area of the medical industry that is being impacted by the above current issues yet not given much inclusion when it comes to the future interest of healthcare delivery systems is social work. Yet, when you stop and think about the glue that is holding each of the separate care related pieces of this industry together, you cannot help but think about social workers. In order to get a better understanding of how the issues facing the EHR effects the job functions of social work, I decided to contact a previous co-worker and speak to her candidly with regards to: the Affordable Care Act (ACA), HITECH Act, and Accountable Care Organizations (ACO).

**Interview#1 Hospice Case Worker Rosalind Davis, MSW, LCSW
Background Information:**

Rosalind Davis has 45+ years of experience in healthcare as a licensed certified social worker. She graduated from Brooklyn College with a BA in Art History and got her first

job employed as a caseworker in child welfare managing foster care placement. This was a common topic of concern for Rosalind and myself because I was a foster parent of two 14-year-old females about 16 years ago. Rosalind works for a small county home health agency in Rockland County, NY.

Me: Can you give a description of the services your role offers?

Rosalind: My role is to provide bio-psychosocial need to the patient being discharged by hospitals and referred by community doctors.

Me: Population served along with age/gender/race/ financial class demographic:

Rosalind: 70% elderly, 40% male, 75% Caucasian, 85% Medicare Insured

Me: How would you summarize the role of Social Work in our industry?

Rosalind: The role is extremely critical but has definitely changed over the last 20 years due to a decrease in funding to agencies that used social workers. You used to find social workers in home health agencies placing discharged high-risk patients, however, once DRGs came into place, integrated facilities began downsizing and merged the social workers with the nursing department.

Me: You mentioned initially starting your career in case management. What made you switch out of that career track and into counseling?

Rosalind: I feel like I have always had that problem-solving gene and have always been good at helping people work towards finding a solution to a problem, so when I am able to help people find that solution, I find it especially gratifying.

Me: What do you feel is the major obstacle in delivering quality healthcare?

Rosalind: In a word, chronic care. I see these illnesses have increased greatly among all ages. I think in addition the cultural differences, communication problems, and the lack of lifestyle goals to focus on wellbeing & health, the same patients return into the system, without accountability.

Me: What specific issues do you have regarding to the population you service?

Rosalind: The issues we face are the elderly patients with reduced mobility, inadequate housing, high-risk healthcare needs, and lacking daily family support.

Me: How do you feel about the Patient Protection and Affordable Care Act, and how has it impacted the scope of your service?

Rosalind: I guess I am ambivalent about it because there needs to be more data regarding the doctors who will be servicing the Medicaid patients. Also patients who need the most consistent healthcare will need to begin paying for their choice of lifestyle, but I do not see that happening any time soon. I also see that there are still states that have not bought into Medicaid Insurance and this still leaves many people without affordable healthcare.

Me: How do you feel about the HITECH Act and are you implementing Meaningful Use Criteria in order to obtain the stimulus funding?

Rosalind: I think it is a positive step in the right direction, however, any advances in the field of technology requires a highly educated population to support the processes. This might prove to be a problem in the immediate and near future. I do not fit the criteria of an eligible professional in the case of the stimulus funding at this time.

Me: What obstacles are you encountering?

Rosalind: My aging patients are having a problem keeping up with the demands of the medical technology requirements. The assumption that all people can manage mobile devices has been a big problem.

Me: How does e-health assist in delivering patient information for continuum of care?

Rosalind: Well, it requires a new delivery of healthcare, which may redefine the role of the social worker regarding outlier patients, but the needs of the high-risk population will always require the skills of a clinical social worker in a medical setting.

Me: How do you feel about Accountable Care Organizations?

Rosalind: It sounds good. The patients are usually very excited about it because they are no longer kept in the hospital for a long length of time; and the need for long-term placement and nursing home facilities are minimized or eliminated.

Me: Is your agency part of an ACO or have plans to join one?

Rosalind: Yes. The agency that I work with has signed up with a similar model with a government venture program. It is still a very new concept but should cut Medicare expenses tremendously.

A second area of our medical industry that is taking off with leaps and bounds is Health Information Management (HIM). I myself am working towards my bachelor's in science degree in the same field. However, with an explosion in the need for data comes the expansion in modified policies and related procedures. We need well-educated and experienced administrators to organize these processes in order to continue to move healthcare in the right direction. A view on this topic expressed by Richard H. Thaler (2015) states, "Americans spend far more on health care than people in other countries and we have little to show for it. And as we live longer after retirement, the share that

will be paid by the government will rise. Unfortunately, no single change will transform our health care delivery system into one that we can afford. We are going to have to try lots of new approaches that depart from standard practices”. Therefore, I reached out to my second mentor for her opinion on the current issues facing the industry related to healthcare delivery now and going forward.

**Interview#2 Administrator Josiann Waldron, RHIA
Background Information:**

Josiann Waldron, RHIA has 20 years of experience in healthcare and is currently working as a Registered Healthcare Information Administrator at the only 5 star hospital in New York. She graduated with a BS in Health Information Management from College of Westchester and got her first job as a medical biller for a local county hospital. She was promoted to department manager and from there began to excel within the industry focusing on integrated healthcare delivery.

Me: Can you give a description of the services your role offers?

Josiann: I work with my department to collect, interpret, and analyze patient data. I have to responsibility of maintaining and reviewing legal guidelines, oversee the accuracy of proper data entry for reimbursement and clinical care coordination.

Me: Population served along with age/gender/race/ financial class demographic:

Josiann: primarily Hispanic about 30%, mixed but female 70%, low income 85% with Medicaid insurance, and/or charity care.

Me: What do you feel is the major obstacle in delivering quality healthcare?

Josiann: ICD-10-CM. We had to spend so much time and money on training for the entire hospital staff, the payers are not all set up to receive ICD-10-CM claims, and they are incorrectly denying and using stall tactics to avoid payments.

Me: What specific issues do you have regarding the population you serve?

Josiann: Money. I feel a fee-for-health as opposed to a fee-for-service would be a better way of delivering quality healthcare. In my opinion, I often see that patients simply do not have the money to cover their deductibles for treatment in many cases.

Me: How do you feel about the Patient Protection and Affordable Care Act, and how will it impact the scope of your services?

Josiann: It has its pros and cons. The Medicaid expansion is a great thing for many pregnant woman and children, and additional low-income families. Yet the cuts to Government Insurance Plan reimbursements were very hard on hospital revenue.

Me: How do you feel about the HITECH Act and are you implementing Meaningful Use Criteria in order to obtain the stimulus funding for your facility?

Josiann: The HITECH Act is excellent for moving EHRs forward. We work meet the requirements of Meaningful Use to capture data and improve outcomes everyday especially to record detailed demographic data such as: preferred language, ethnicity, and race.

Me: What obstacles are you encountering?

Josiann: I find that there really is no way to verify the data related to ethnicity or race and this alters the graphic reports, which include these fields. Many people enter misinformation or have honestly been misinformed about the terms in general.

Me: How is e-health assisting you in delivering patient information for continuum of care?

Josiann: I think e-health is definitely a huge plus and overall it pays for itself and make the work easier for the clinicians! Everything is available at the touch of a finger. I am talking about high quality care contributing to immediate results in better patient outcomes.

Me: How do you feel about Accountable Care Organizations?

Josiann: ACOs are one way that we're working to better coordinate patient care. I can already see the results of fewer repeated medical tests, and better-informed patient choices.

Me: Is your facility part of an ACO or have plans to join one?

Josiann: Yes, as a result of our merger with NSLIJ.

My interviews with Rosalind and Josiann led me to realize that our nation is critically worn down with regards to the previous failures of the healthcare industry. The problems in patient safety has been so devastating that we have supersized the expectations of EHRs, and this has created a reluctance to acknowledge its problems we are still facing. "Our current policy is based on the belief that anything that encourages the purchase and use of health IT enhances patient safety and efficiency" (Koppel, 2012). In fact, RAND researchers stated after a recent physician EHR study, "No other industry, to our knowledge, has been under a universal mandate to adopt a new technology before its effects are fully understood, and before the technology has reached a level of usability that is acceptable to its core users" (Rosenbaum, 2015). Rosalind and Josiann have been

mentors throughout my career, and as I review their opinions of the current issues related to healthcare delivery, I believe we are moving in the right direction.

References

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