Transcript
Health Organizations Lecture – Part 2

1. Part 2 reviews ambulatory care and long term care organizations.
2. Ambulatory, which is outpatient care, is provided to patients who do not stay overnight at a facility. It accounts for over half of all health care expenditures. Hospitals provide ambulatory care services and the majority of physician services are outpatient, rather than inpatient. Other services, such as dental and prescription drugs, are provided on an outpatient basis.
3. Ambulatory care is provided in diverse settings. In addition to physician offices, it is provided through home care, urgent care centers, ambulatory surgery centers, diagnostic imaging centers, rehabilitation centers, and dental offices.
4. Many factors contribute to ambulatory care growth. Technologies, such as lasers and scopes, allow for certain procedures to be provided on an outpatient basis. Also, newer anesthesia agents have fewer complications and risks and patients can be discharged without an inpatient stay. Reimbursement often creates incentives for providing ambulatory services, instead of on an inpatient basis. Some ambulatory facilities were created to avoid regulations that apply to hospitals. Ambulatory care can provide a lower-cost setting and is often more convenient for patients.
5. A physician or medical group practice is an affiliation of physicians who share income and expenses, facilities and equipment, medical records and support personnel. There are many different legal means to create a physician group. The group practice is not licensed. Instead, each physician is licensed and is responsible for the quality and integrity of services provided.
6. Using the Mintzberg framework, in physician practices, physician leaders provide the strategic apex. The top administrator, who is not a physician, functions as support staff, handling billing and collections, facilities, and management systems. The physicians in the operating core typically do not report to this non-physician administrator.
7. Another type of ambulatory care organization is home health care. They provide in-home care to people who need assistance for some relatively short time period. Home health care is not a long-term care model because funding by health plans is typically limited or restricted. For example, a health plan may authorize services for a few weeks following a hospitalization. Services can include preventive, support care, therapeutic, and rehab services.
8. Home health care has grown for many reasons. Declining hospital length of stay has increased the need for home care. As patients go home earlier from the hospital, they have greater self-care needs. This can increase quality since most patients prefer to be at home rather than in a hospital.
9. This is the framework for ambulatory care organizations, such as Home Health Care agencies and ambulatory surgery centers. The strategic apex includes the board of directors or owners and the administrator. The administrator is usually a health care professional. In Home Health Care and ambulatory surgery centers, the administrator is often a nurse. The operating core is comprised of the relevant health care professionals.
10. Long-term care is provided in different types of facilities and programs.
11. Candidates for long-term care are those who have a physical or mental incapacity such that they cannot perform all types of activities of daily living necessary for independence. Long-term care does not emphasize disease or medical problems, but rather the ability to function and take care of oneself.
12. Long-term care responds to functioning and ability to live independently. This is measured as activities of daily living (or ADL), which include eating, toileting, dressing, bathing, and locomotion. In addition, instrumental activities of daily living include cooking, cleaning, laundry. People often become candidates for long-term care when they are unable to fulfill these on their own and do not have someone else to assist them.
13. Thus, long-term care is a hybrid of health and social services. The need for services is not determined by medical problems alone, but the need for assistance in day-to-day living.
Long-term care can be delivered over a sustained period of time.

14. Long-term care has experienced significant growth for many reasons. The number of elderly is increasing. As more women are in the workplace, they are less available to take care of aging parents and grandparents. The geographic dispersion of families also increases demand since families are less likely to be nearby and able to assist. Also, older people have more financial wealth relative to previous generations and when able to afford long-term care services, they often prefer to be self-reliant, rather than dependent on family members

15. Nursing homes are facilities that provide long-term care for those with impairments in activities of daily living. Some are integrated into retirement communities. Three types of nursing homes are discussed: skilled nursing facilities, intermediate care facilities and custodial care facilities.

16. Skilled nursing facilities provide the highest level of nursing home care. They have an organized medical staff and physician supervision. Each patient must be managed by a physician. However, physicians can go up to 30 days without seeing a patient or changing orders. They can be certified to participate in Medicare and Medicaid programs. Skilled nursing facilities must have a registered nurse on duty for at least two shifts and provide continuous nursing care for 24 hours daily. Most nursing care is primarily provided by licensed practical nurses and nursing aides. In addition to nursing, other services, such as rehabilitative services, are available.

17. Licensed practical nurses (or LPNs) provide the higher-level nursing care to nursing home residents. LPN education is 9 to 12 months and is vocational education, rather than higher education. The training includes both classroom and clinical experience components.

18. These are typical LPN nursing responsibilities.

19. Using the Mintzberg framework, the nursing home's strategic apex is comprised of the governing board and nursing home administrator. The middle line is the director of nursing who has a tremendous responsibility. The operating core has limited registered nurses, and is primarily LPNs and nursing assistants. Nursing homes may provide rehabilitation therapists and social workers, and other types of health professionals. The medical staff tends to be small and less likely to be actively involved in strategic decisions. Support services are much more limited, relative to hospitals.

20. Nursing homes have had significant issues with staff turnover, in part due to low salaries and benefits. Nurses in nursing homes have averaged 15% lower wages than hospital nurses. The nursing assistant turnover rate tends to be very high.

21. Intermediate care facilities (or ICFs) provide the second-highest level of nursing home care. They must have a registered nurse on-duty for at least one shift daily and provide nursing services as needed. The nursing services are less intense than that provided in skilled nursing facilities, as the patients are less acute. ICFs are typically not freestanding but located in a facility that also provides a skilled nursing facility.

22. This is a profile of residents in skilled nursing and intermediate care facilities. It reflects the major issues regarding levels of functioning.

23. The third type of nursing homes is custodial care facilities or rest homes. They are not based on a medical model, but rather provide personal assistance. They offer the lowest level of care and do not provide regular nursing care. They are the least expensive and are not funded by Medicare or Medicaid programs.

24. In contrast to hospitals, most nursing homes are for-profit. A small percent are public, which includes the Veterans Administration nursing homes.

25. This provides information on nursing home length of stay. For women, more than half have a less than three month stay.

26. This provides the length of stay distribution for men, which is similar to women. The shorter stays are consistent with Medicare and private health insurance limiting the number of days of nursing home care that is coverage.

27. A hospice is an organization that provides care to terminally ill patients and their families. To be eligible for hospice, a patient must have a life expectancy of less than six months. However, most patients enter hospice care two months prior to death. The goal is to minimize pain and manage symptoms and assist psychological well-being. The focus on psychological well-being prepares the family and the patient for death. To be eligible for
hospice care, patients must agree to forgo interventions to extend life, such as curative interventions.

28. What becomes evident in reviewing the wide array of private healthcare organizations is that health care is not a service similar to other developed nations that distribute care based on need. Instead, in the U.S., healthcare is a commodity. It is distributed based on ability to pay. It is market-driven with competition among providers and insurers. This results in high health system costs, which will be discussed in the session on financing health services.

29. These are the questions students should be able to answer after viewing Part 2.