



CORPORATE HEALTHCARE: WHAT DOES IT MEAN?

1. You may be able to get all your care within a single system. More people are living longer with multiple chronic conditions making coordination of care among a growing number of specialists essential. Transitions from home to hospital and back must be coordinated and smooth for patients and family caregivers. One tool for improved coordination is the electronic health record. If all practitioners within a healthcare system can view your record, they can see test results and care plans from colleagues. Referrals should be smoother within the system. This can reduce conflicting or redundant care, saving you bad health effects and money.
2. Costs for expensive technology, such as MRI machines, can be shared among more providers. The same is true for infrastructure costs such as electronic health records, employee benefits, insurance coverage and billing and insurance interfaces.
3. A large system has the resources of a teaching university, research center and multifaceted health care delivery system. This helps providers maintain awareness of treatment efficacy and quickly implement new developments. It also provides resources and standards for continuing professional education and accreditation.
4. A large system can provide more centers of care. Health care is increasingly specialized, so it is not sufficient to have only one or two practitioners in a specialty. It seems that the current trend is toward providing all areas of care within a system, rather than the model of specialization (i.e. only orthopedic care).
5. Large systems have bigger budgets for marketing and opportunities to build reputation, which attract more customers.
6. It has become nearly impossible for independent practitioners to meet the requirements of new government regulations and infrastructure costs.

Potential negatives include:

1. It will be harder to provide “patient centered care,” individualized to each person. This is especially true as care moves toward specialists and away from holistic perspectives.
2. It may be hard to learn about and be referred to practitioners outside of the system.

3. Large systems are more regimented, so it is harder for an individual practitioner to be autonomous and define how s/he will provide care. These mergers are happening in all aspects of health and personal care for many of the same reasons: overhead costs, regulation, and competition. Individual medical practices are joining healthcare systems. Pharmacies, labs and medical equipment providers are merging into larger and larger corporations, making independent stores a rare find. Residential care communities and homecare companies are more frequently a franchise of a larger corporation.

What does this mean for you? It's great when you can fill your prescription at any "X" brand pharmacy in the country, but you might miss the local pharmacist who knows your life history. You might miss the chance to try out wheelchairs before buying because online medical equipment suppliers are replacing stores. You might get better care and advice from your homecare provider if he or she has access to a nurse or social worker shared with two other franchisees. You might have second thoughts about getting a service from a provider that does not specialize in that service, or if your insurance company has determined it won't pay for it. It's difficult to know now what the impact of these mergers will be. Will care improve? Will costs decrease? Will you have choice? What impact will new legislation, insurance or other factors have?

Access to care and healthcare costs are two major issues affecting America today. And I do believe that as care systems grow, it is even more imperative for each of us to become an informed health consumer and have strong advocates. Understand your condition and your options. Don't be afraid to ask questions. Speak up!

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