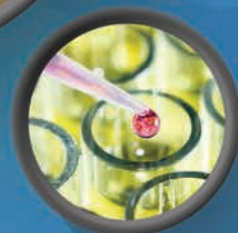


2017

AHA ENVIRONMENTAL SCAN

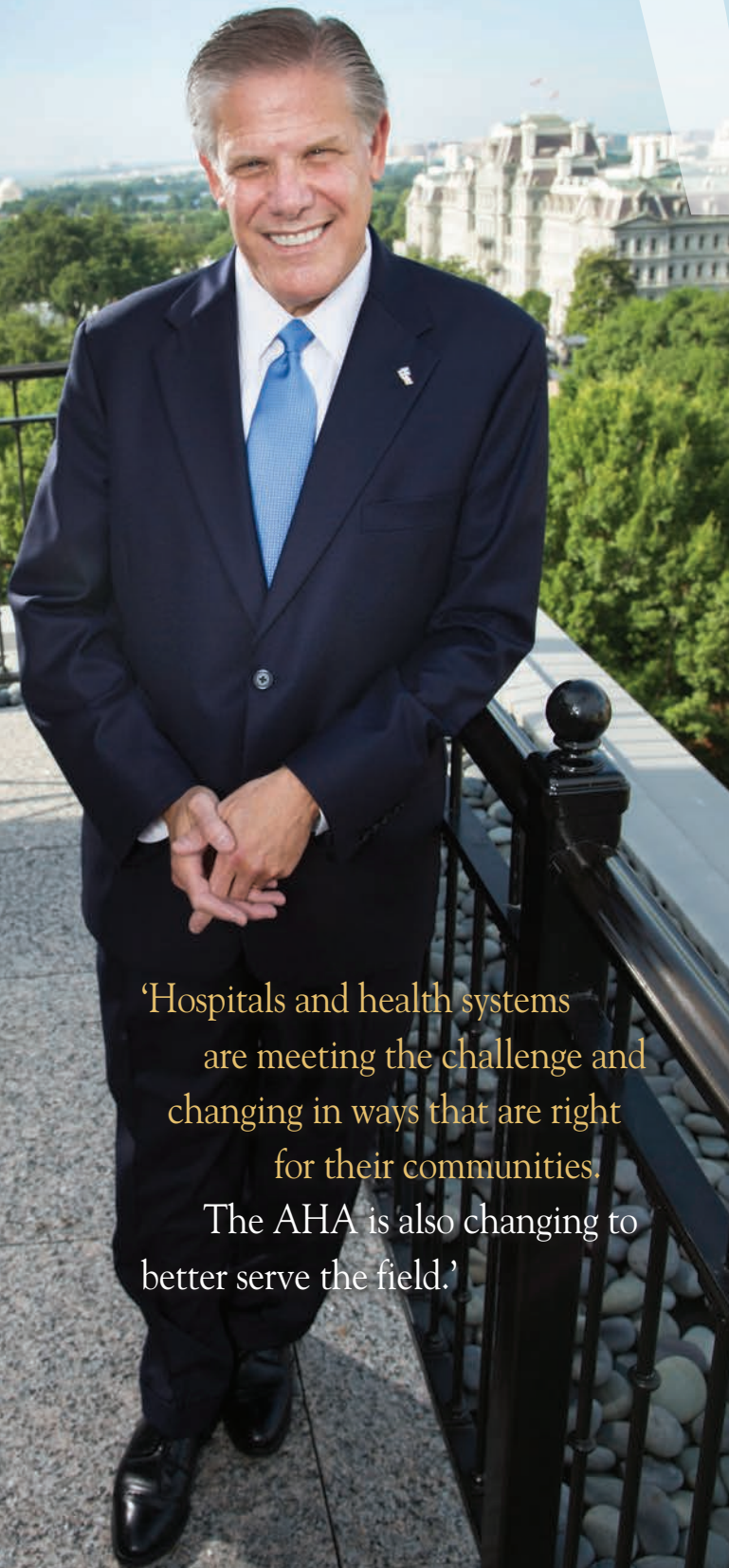


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Association

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‘Hospitals and health systems are meeting the challenge and changing in ways that are right for their communities. The AHA is also changing to better serve the field.’

We know change is constant in health care. What is stable is the common vision shared by hospitals and health systems of a society of healthy communities where every individual can reach his or her highest potential for health. To meet this commitment, hospitals are redefining the blue and white “H” in different ways that are right for their communities and the patients they serve. This Environmental Scan is intended to provide you with insights into the trends that will shape your strategies moving forward.

Hospitals and health systems are focused on the unique health needs of their communities. They are developing new, convenient models of primary care; aligning with physicians and other team-based health professionals to coordinate care; and offering new technologies and methods to improve communication and engagement with patients.

Regardless of the path taken, there are significant shifts propelling all hospitals’ journeys to advance health. Some of the major driving forces that span many of these trends are:

- Affordability
- Coverage gaps
- Consumerism
- Holistic focus on health
- Payment for value
- New technologies
- Chronic care management
- Consolidation
- Community benefit

As we look to 2017, the political landscape will be shaped by the upcoming elections in November. But no matter who wins the elections, the issues we share will be the same — preserving expansions in coverage, breaking down legal and regulatory barriers for care coordination, expanding information sharing from telemedicine to electronic health records, addressing behavioral health challenges, preventing Medicare and Medicaid funding cuts and eliminating health care disparities, among others.

While hospitals and health systems are meeting the challenge and changing in ways that are right for their communities, the AHA is also changing to better serve the field. What won’t change is our commitment to a health care system that provides access to every individual in every community to the highest quality and affordable health care system possible. The AHA will pursue this commitment through strategic advocacy and representation, thought-provoking leadership and innovation, knowledge sharing of the world around us and what can be, and serving as a constructive agent of change on this journey.

America’s hospitals and health systems and the AHA stand ready to commit to advancing health in America and fulfill its promise to individuals.

Thanks for all you do for patients and communities.

RICK POLLACK
President and CEO
American Hospital Association





CONSUMERS & PATIENTS

■ Diseases from **lifestyle-induced conditions take the lives of more than seven in 10 Americans**, such as type 2 diabetes, dementia, cancer, osteoarthritis, heart disease and stroke. Research shows that achieving “six normal” ranges (for low-density lipoprotein cholesterol, blood pressure, blood sugar, waist-to-height ratio, stress management, and tobacco toxins) with or without medication, reduces subsequent chronic disease by 80 percent to 90 percent over 10- to 30-year periods. If only 65 percent of individuals achieved the six normals, the nation would save well over \$600 billion in health care spending per year. Currently, only 3 percent to 4 percent of the U.S. population entering Medicare meets those levels. ¹

■ Between 1974 and 2014, the number of type 2 diabetics in the United States increased from 3.2 million to 29 million. **Diabetes care now represents nearly 10 percent of health care expenditures** — and between 1.5 percent and 2 percent of the gross national product. Experts predict that by 2050, 120 million to 180 million Americans will have diabetes — a six- to tenfold increase in the U.S. population. ¹

■ A study showed that providing patients with enhanced support regarding their treatment options via **health coaches** resulted in lower hospital admissions and fewer surgeries in preference-sensitive conditions. Health-system pharmacists who responded to the survey (82 percent) think that it is likely that 25 percent of hospital outpatients will forgo treatment with high-cost medications when weighing the benefits, risks and costs. ²

■ **More than half of 18- to 34-year-olds said they would use a service that helped plan for medical expenses**, according to a 2015 Health Research Institute survey. Increasingly, financial advisers are answering that call. Guiding consumer decisions on how best to allocate money, the five largest wealth management firms incorporate health care into long-term financial planning. ³

■ According to the Consumer Health Insights survey, **consumers want the same qualities in health care companies that they value in non-health care settings**. More than half of the survey’s participants cited great customer service as important for non-health care and health care companies alike. ⁴



ECONOMY & FINANCE

■ Moody’s Investors Service notes that **increasing supply costs and the possibility of wage pressure from the improving economy will add to margin pressure**. Consolidation among health insurers will increase their scale and bargaining power, which could ultimately reduce reimbursement rates for hospitals. ⁵

■ **Fitch ratings service has maintained its stable ratings outlook for the nonprofit hospital sector in 2016**. However, Fitch also has maintained its overall negative sector outlook, observing that it “will be increasingly challenged by growing consumerism, meager rate increases and a shifting of risk from payers (particularly Medicare) to providers through the expansion of value-based/risk-based contracting. The slower than anticipated impacts of [the Affordable Care Act] have not diminished sector risks, only deferred them.” ⁶

■ National health expenditures are projected to reach \$3.35 trillion, or \$10,345 per capita, in 2016, with hospital care accounting for 32 percent of the expense. The annual increase of 4.8 percent is lower than the forecast for the rest of the decade. A stronger economy, faster growth in medical prices and an aging population are driving the trend. **By 2025, government at all levels will account for 47 percent of health care spending**. ⁷

■ **Private health care spending continues to increase faster than the economy** and is now at 17.4 percent of the gross domestic product. Employers offering high-deductible health plans grew almost 300 percent since 2009. Over the same time period, average in-network deductibles and out-of-network deductibles increased by roughly \$500 and \$1,000, respectively. ⁸

■ **Overall drug spending increased 12.2 percent last year**, the highest rate of increase in more than a decade, driven not just by new branded entrants, but also by generics. In fact, an analysis by market firm Connecture showed more than 3,500 generic drugs at least doubled in price from 2008 to 2015, with nearly 400 up more than 1,000 percent. ⁹



INFO TECH & eHEALTH

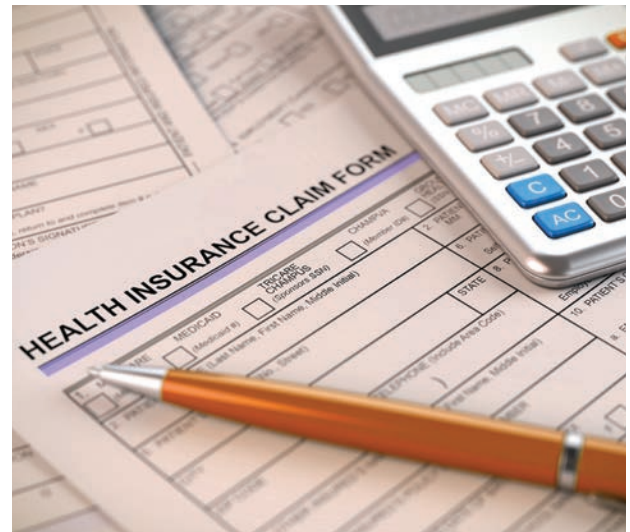
■ **HIPAA adopted a series of administrative transactions standards** that enable hospitals and health plans to communicate with one another electronically. While significant savings have been already achieved, it is estimated that an additional \$8 billion annually could be saved by all health care organizations (providers, health plans and clearinghouses) if health care organizations fully implement these standards. Ninety percent of this \$8 billion in savings would accrue to the provider sector (which includes hospitals, physicians, home health agencies, skilled nursing facilities and other providers).¹⁰

■ In 2013, **16 percent of consumers said they had at least one health app on their mobile device.** Two years later, 32 percent said they did. The Health Research Institute also found that millennials, who are enthusiastically embracing wearables and health apps, prefer virtual communication for health interactions.³

■ **Data breaches** are still a significant issue, since the number of breaches increased 23 percent and attackers were responsible for the majority of these breaches. In 2015, 60 percent of all targeted attacks struck small- and medium-sized organizations. These organizations often have fewer resources to invest in security, and many are still not adopting basic best practices like blocking executable files and screensaver email attachments.¹¹

■ Eighty-seven percent of respondents to the 2015 HIMSS Cybersecurity Survey indicated that **information security had increased as a business priority** at their organizations over the past year, resulting in improvements to security posture, such as improvements to network security capabilities, endpoint protection, data loss prevention, disaster recovery and information technology continuity.¹²

■ **Sixty-two percent of consumers say they value device security more than ease of use.** Devices not embedded with security features — especially consumer-oriented applications or wearables — may be at a disadvantage.³



INSURANCE & COVERAGE

■ In fiscal year 2016, **the Medicaid enrollment growth rate is expected to slow across all states,** and the variation in enrollment growth between expansion and non-expansion states is expected to narrow. Slower overall growth in Medicaid enrollment in FY 2016 is anticipated because of three main factors. First, enrollment growth among those newly eligible under the ACA Medicaid expansion is moderating, after the initial surge in 2014 or 2015. Second, an improving economy has contributed to less demand for Medicaid. Third, in some states, slowing enrollment is tied to the timing of annual renewals.¹³

■ The looming **“Cadillac tax”** accelerates cost-shifting — and the ACA’s insurance excise tax set to begin in 2020 is already influencing employers’ benefit design. To avoid paying the 40 percent tax on health plan premiums (over \$10,200 for individual coverage and \$27,500 for self and spouse or family coverage) employers are upping the amount that employees must pay, thereby reducing their costs.⁸

■ More than **80 percent of ACA individual enrollees receive some type of subsidy or tax credit,** which mitigate large rate increases.¹⁴

■ Among people with health insurance, one in five (20 percent) working-age Americans report having had **problems paying medical bills** in the past year that often cause serious financial challenges and changes in employment and lifestyle. Among the insured with medical bill problems, 63 percent report using up most or all of their savings and 42 percent took on an extra job or worked more hours. People with health insurance who have had problems with medical bills also reported skipping or putting off other health care in the past year because of the cost, such as postponing dental care (62 percent), skipping doctor-recommended tests or treatments (43 percent), or not filling a prescription (41 percent).¹⁵

■ Perhaps an even bigger driver of change is the private health exchanges. **The number of workers participating in private exchanges is expected to grow** from the current 6 million to 40 million by 2018.¹



PHYSICIANS

■ **The number of hospital-employed physicians grew** by 58 percent to 249,000 in 2014. When combined with contracting arrangements, that number reaches approximately 540,000 physicians today. ¹⁶

■ Projections of **future supply and demand for physicians suggests a shortfall** of 46,100 to 90,400 physicians, including a shortfall of 12,500 to 31,100 primary care physicians and a shortfall of 28,000 to 63,700 non-primary care physicians by 2025. In percentage terms, the shortfall is the greatest among surgical specialties (excluding obstetrics and gynecology), reflecting little projected growth in the supply of surgeons and limitations on the ability to augment staffing with other types of clinicians. ¹⁷

■ Each year, U.S. physician practices in four common specialties spend, on average, 785 hours per physician dealing with the **reporting of quality measures**. Practices reported that their physicians and staff spent 15.1 hours per physician per week dealing with external quality measures. The time spent by physicians and staff translates to an average cost of \$40,069 per physician per year, or a combined total of \$15.4 billion annually for general internists, family physicians, cardiologists and orthopedists. ¹⁸

■ **Physicians have limited awareness of the Medicare Access and CHIP Reauthorization Act (MACRA)**. Performance measurement for MACRA payment models begins in 2017, and fee-for-service payments will be frozen beginning in 2019. Although hospitals have been subject to the performance-based payment provisions of the ACA, the concept is new to physicians who will need to understand how to improve performance and avoid payment penalties. This will entail developing more complex governance models, adjusting to more data sharing across the care continuum and more performance measurement. ¹⁹

■ **Physician leadership development training programs are growing throughout the U.S.** health care system. While 47 percent of respondents said their organizations conduct some kind of physician leadership development program, another 16 percent said they are aware of plans to create one. ²⁰



GOVERNMENT

■ **The Medicare readmission penalty is controversial and has raised concerns that it unfairly penalizes safety net hospitals.** A 2016 article in *Health Affairs* compared readmission rates between safety net and other hospitals, finding that the odds of readmission were higher among safety net hospitals. Also, it has been found that adding community-level socioeconomic data to the model currently used by the Centers for Medicare & Medicaid Services to report condition-specific, risk-standardized readmission rates greatly reduced variation in reported readmission rates. Policymakers should recognize the impact of socioeconomic status on health outcomes and consider a more comprehensive and equitable approach to reducing readmissions. ²¹

■ **Solvency remains a concern for Medicare.** The program's long-term fiscal solvency will be on the agenda of the next president and the next Congress, and any budget reform efforts will likely target Medicare spending to help fund other programs or cut the deficit. CMS anticipates that, through a number of different initiatives, including the quality of care initiatives, Medicare costs will be lowered by as much as \$260 billion through 2016. The percentage of reimbursement to providers based on quality and value of service is expected to increase. This anticipated increase in 2016 is a clear indication that payers are becoming more serious about making quality and value a part of the reimbursement formula and will cause more consolidation of providers in the health care market. ²²

■ **Nearly 13 million people signed up for the Affordable Care Act's marketplace policies in 2016.** Competition on these exchanges will be diminished next year in various areas of the country when some of the nation's largest health insurers will sell individual plans in fewer markets. Additionally, 16 nonprofit co-ops have closed since January 2015. ²³

■ **There are 24 states that now mandate that private payers pay for telemedicine,** and in 2015 alone there were 100 bills introduced into the state legislatures mandating private payer support or expanding Medicaid coverage of telehealth. ⁸



PROVIDER ORGANIZATIONS

■ Particular emphasis has been placed on **pursuing competency-based board selection**; more precise executive succession practices; broader attention to director refreshment mechanisms such as tenure, term and age limitations, and fitness-to-serve policies; assuring an equal distribution of labor across board committees; assuring a sufficient number of directors to address the increasing demands of the enterprise; and greater engagement between the board and the leadership team. ²²

■ More than half of U.S. counties — all rural — have **no practicing mental health clinicians**. ³

■ Provider ownership of health plans has been increasing steadily. Between 2010 and 2014, the number of providers offering one or more health plans grew to 106, from 94. In 2014, these plans were available in 43 states with an enrollment of 15.3 million; an increase from 12.4 million in 2010. ²⁴

■ **Growth in ACOs** established by hospitals and systems has been continual since 2011, the first year data were collected, moving from 6 percent to 25 percent in 2014. ¹⁶

■ Violence puts an economic burden on the entire health care system and society. The CDC estimates that **the direct cost of violence for nonfatal injuries totals \$5.6 billion per year**, with indirect costs totaling \$64.8 billion in lost productivity. The Urban Institute estimates the cost of firearm assault injuries for U.S. hospitals is almost \$630 million annually. Hospitals are increasingly identifying violence prevention as a community health need. ^{34,35}

■ Nearly all health systems will **require clinicians to follow specific treatment pathways** when caring for patients who are using certain high-cost therapies. ²

■ The **shift from fee-based to value-based payments**, say survey respondents, is the single biggest challenge facing U.S. hospitals and health systems, affecting institutions across every region, size, location and type of ownership. ²⁵



QUALITY & PATIENT SAFETY

■ In response to unsustainable health care spending and the need to improve patient outcomes, new chronic disease management models are focused on care coordination among all of a patient's providers across all health care settings. Hospitals are engaged in various **coordination of care activities**. Among them are medication reconciliation (88 percent), provision of visit summaries to outpatients and scheduling follow-up visits/referrals (52 percent), and disease management programs for chronic care conditions (37 percent). ^{16,26}

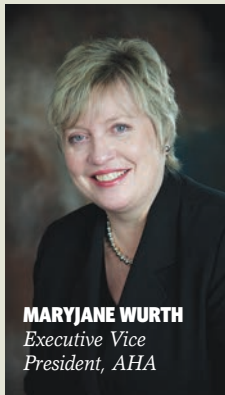
■ In 2014, **nearly 20,000 deaths due to overdose of prescription opioids occurred in the U.S.** That same year, more than 10 million people reported using prescription opioids for nonmedical reasons, and close to 2 million people older than 12 met diagnostic criteria for a substance use disorder involving prescription opioids. This is the highest number of individuals considered to have an opioid addiction since statistics began to be collected in the late 19th century. ²⁷

■ Today, a typical health system accepts patients from dozens of payers. Each of these payers has its own measures for evaluating performance. In the public sector, **there are more than 500 different state and regional quality measures**, only 20 percent of which were used by more than one program. Private insurers add their own unique evaluation measures to the mix, amounting to more than 550 additional performance measures. Not only does measure proliferation lead to "measurement fatigue," it's also a source of enormous inefficiency. In 2016, we will see a renewed effort to align and simplify the measurement cacophony. ⁹

■ In 2014 alone, **Medicare ACOs improved quality and patient experience markedly** over previous years and saved more than \$411 million for the program. ²⁸

■ There has been a 17 percent reduction from 2010 to 2014 in the number of **hospital-acquired conditions** such as ulcers, infections, and avoidable traumas, representing over more than 87,000 lives saved and \$20 billion in cost savings. ²⁸

REDEFINING THE H & A | How do we get there?



MARYJANE WURTH
Executive Vice
President, AHA

WHAT ARE SOME OF THE ISSUES THAT STAND OUT IN TERMS OF INFLUENCING HEALTH CARE IN 2017?

WURTH | As a field we are still on the journey from volume to value. The emphasis on the integration of value-based care into payment reform efforts will increasingly affect all stakeholders. It will drive movement toward a common set of metrics that will constitute the value and quality provided. It will require a comprehensive data strategy to assess performance and analyze different risk-sharing models and ultimately move to enhanced and new models of care. This will all foster seamless coordination of care and integration of services to manage populations effectively, which leads to better outcomes and better value for patients and providers.

Another significant issue that will strongly influence our work in 2017 involves technology advancements. But the focus should be on the underlying challenges that this technology seeks to address. For instance, access to behavioral health care is a critical concern in this nation. The lack of access to mental health care and the rise of opioid use necessitates investment in novel ways to solve these problems. Telemedicine may provide substantial advancements in this area. Another example is wearables and health apps — they can provide helpful information to individuals, but can the information be integrated into the fabric of a health plan for individuals, providing consistent daily monitoring? Can the aggregate data be used to analyze population health issues? Additionally, the development of virtual care centers may transform our traditional model of how we deliver health care, opening up a world of possibilities, but also introduce unforeseen challenges, and we need to prepare for those unexpected consequences.

WHAT DOES REDEFINING THE “H” (HOSPITAL) MEAN TO YOU AND WHY IS IT IMPORTANT FOR HOSPITALS?

WURTH | The blue and white “H” the public sees on signs is a well-recognized and respected symbol of the hospital. As the health care environment continues to shift, we are redefining the role of all “H” organizations — hospitals, health systems and health organizations. The “H” will always be relevant but as we plan for the future it must evolve, and defining it will be critical. The system is expanding from a focus on treating one patient at a time and working within the walls of the hospital, to strategies that include working in the community and managing population health. The AHA is committed to working with hospitals, health systems and health organizations to provide:

- Access to affordable, equitable health, behavioral and social services
- The best care that adds value to lives
- Partnership with individuals regarding their health care
- Wellness strategies, focusing on prevention
- Coordination of care propelled by teams, technology, innovation and data.

WHAT DOES REDEFINING THE “A” (ASSOCIATION) MEAN?

WURTH | The transformation in health care delivery influences the role the American Hospital Association plays in supporting our hospitals. As our members move forward, as the health care field evolves rapidly, we must respond, and we are in many ways. We know advocacy is and will continue to be an important responsibility. The policies and regulations that are put into place need to allow hospitals to be able to innovate, adapt and grow within a dynamic and changing health care ecosystem. We know that as health care evolves, our members will need to be empowered through thought leadership, knowledge exchange and change agency. These strategies can help hospitals to respond to and be proactive in our health care environment, and they will be our focus as we move forward. ●



On the Web

2017 Environmental Scan video @ www.hhnmag.com

Hear AHA President and CEO Rick Pollack discuss critical issues and emerging trends that have the highest probability of impacting the health care field — and hospital leaders — in the foreseeable future.

The video will be available in January 2017.

View it on demand at your convenience at www.hhnmag.com.





SCIENCE & TECHNOLOGY

Health care economists estimate that **40 to 50 percent of annual health care cost increases can be traced to new technologies or the intensified use of old ones.** That makes the control of technology the most important factor in bringing the costs down. Ethics comes in at this point because medical technology is highly valued as a beloved feature of American medicine. Patients expect it, doctors are primarily trained to use it, companies make billions of dollars selling it, and the media love to write about it. The economic and social incentives to develop and diffuse it are powerful. Technological innovation is as fundamental a feature of American medicine as it is of our industrial sector. ²⁹

In 2016, millions of American consumers will have their first video consults, be prescribed their first health apps and use their smartphones as diagnostic tools for the first time. These new experiences will begin to make real the dream of care anywhere, anytime, changing consumer expectations and fueling innovation. ³

The Food and Drug Administration's approval of new pharmaceuticals reached an all-time high in 2014 with 41 new agents. Many (22 percent) are designated as "breakthrough therapies" by the FDA because preliminary clinical evidence indicates that these drug products may substantially improve at least one clinically significant endpoint compared with other available therapies. Approval of "novel new drugs" are predicted to jump 67 percent by the end of 2015. ²

Behavioral health care providers also are **using technology to conduct virtual visits** directly with patients. In 2014, the U.S. Department of Veterans Affairs delivered 325,000 behavioral telehealth visits to more than 100,000 veterans at local community-based clinics using videoconferencing. These services reduced psychiatric admissions by 24 percent. ³

Some clinicians will begin work in **new "bedless" hospitals and virtual care centers,** overseeing scores of patients in far-flung locations. Fueled by alternative payment models, technological advances and powerful new database tools, these new ways of delivering care will spread. Care delivery will begin to change. ³



WORKFORCE

The **average turnover rate for nurses in 2014 was 16.4 percent,** according to the 2015 National Healthcare Retention & RN Staffing Report. The cost of turnover for a bedside nurse ranges from \$36,900 to \$57,300, leading to a loss of \$6.2 million for an average hospital. ¹

Sixty percent of health care professionals in a survey responded that **informatics nurses have a high degree of impact on the quality of care.** Approximately one-quarter of respondents (23 percent) reported that their organization hired their first informatics professional prior to year 2000 and 61 percent said their organization employs an informatics professional in a leadership position. ³⁰

Potentially lowering the projected shortfalls of physicians is the rapid growth in supply of **advanced practice nurses** and the increased role these clinicians are playing in patient care delivery. However, even with these scenarios, physician shortages are projected to persist. ¹⁷

Approximately **95,600 physician assistants were active in the workforce in 2013,** more than double (219 percent) the number from a decade earlier. The PA workforce is younger than the physician workforce, with 77 percent younger than 50. ¹⁷

At least 25 percent of health systems will have a formal plan for including pharmacists, along with nurse practitioners and physician assistants, in advanced roles that allow primary care physicians to care for more patients. It is also predicted that at least **half of health systems over the next five years will apply a pharmacy team-based approach to medications-use management,** with formalized levels of responsibilities for technicians, students, residents and attending pharmacists. ²

Workers in health care and social assistance settings are **five times more likely to be victims of nonfatal assaults or violent acts** than the average worker in all other occupations, according to the Bureau of Labor Statistics. ³¹



TRANSFORMING CARE DELIVERY

■ **At least half of health systems will partner with low-cost providers** for some activities that traditionally have been conducted directly by the health system.²

■ Since 2010, **more than 90 firms with little to no prior medical experience have become health care advisers.** These new health advisers are sometimes competing, but more often partnering, with health insurers, providers and employers to help individuals navigate the complex terrain of the health ecosystem. Members can find out where they stand in terms of how much they need to pay for a specific service at a particular setting, how much of their deductible they have used and what remains, and if there are any cash rewards for a particular setting.⁷

■ There are now **almost 2,000 retail clinics in the U.S.** There will be more than 2,800 retail clinics by 2018, according to a forecast by Accenture. Two key drivers will bolster retail clinics' relevance and quality in local health delivery systems: the ability to forge relationships with health care providers and the clinics' adoption and effective use of information technology that enables data sharing and data liquidity.³²

■ Among hospitals and health systems, announced **provider-provider transactions nearly doubled from 2007 to 2015.** The percentage of announced nontraditional partnership transactions, such as management services agreements, joint operating agreements, joint ventures and minority investments, rose to 16 percent in 2015, up from 7 percent in 2007. The partnerships will help meet patient needs under a value-based care delivery model and expand the competencies required to manage population health.³³

■ **Hospitals and health systems are collaborating with community partners to expand their scope of services** to address nonmedical factors that influence health status, including obesity, preventive and screening services, access to care, behavioral health, substance abuse and tobacco addiction. A recent survey revealed that more than three-fourths of surveyed hospitals had partnerships with school districts and local public health departments.³³

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