

Health Care Organizations
HPAM 7600

Models of Organizing Care

- A treatment model
 - Primary: common health problems (sore throats, etc.), 80-90% of visits to caregivers
 - Secondary: problems that require specialized care (hospital care)
 - Tertiary: rare and complex problems (congenital malformations)
- A prevention model
 - First level: address fundamental social determinants of illness (poverty)
 - Second level: interventions to reduce the incidence of illness at the population level (HIV education)
 - Third level: prevention interventions for individual patients (vaccination schedule)

Types of organizations

- Solo practitioners
- Group practices
- Hospitals
- Clinics

Solo and Group Practice

Trends

- Group practice is growing – about 1/3 of physicians are in group practice now

Group Practice

- Affiliation of 3+ providers who share resources and income
- Single-specialty or multi-specialty
- Advantages over solo practice
 - Resources used more efficiently
 - Physicians can discuss cases offering higher quality care
 - Improved continuity of care
 - Less physician administrative time

IPAs

- A variation of the group practice model is the Independent Practice Association
 - Physicians remain in their own practices
 - But they join together into physician groups to share some costs (diagnostic equipment, administrative staff, etc.)

Solo and Group Practice

Regulations

HIPAA: (Privacy part)

- Patient must authorize release of information.
- Patient information cannot be used for marketing.
- Must have written policy regarding policy procedures.

Medicare fraud and abuse regulations

- **Stark Law:** physician cannot give referral for Medicare/caid patient to practice/hospital which he has a financial stake (self-referral prohibition)
- **Anti-kickback statute:** can't receive kickback from referring Medicare/caid patients

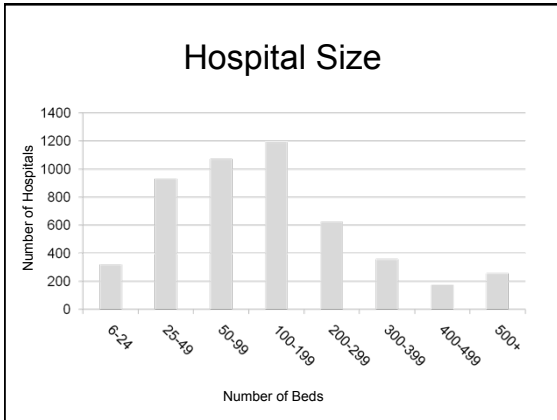
Hospitals

Types of hospitals

- **Length of stay:** short- vs. long-term (30 days)
- **Type of service:** general vs. specialty (children, psych, heart)
- **Ownership:** federal, state, local, private not-for-profit, private for-profit
- **Number of beds**
- **Involvement of medical education and research**

Hospital Ownership

- **Federal Hospitals:** VA, military (239 in 2003)
- **Community Hospitals:** "all nonfederal short-term general and other special hospitals, whose services are available to the public." (AHA)
 - Private not-for-profit (2,984)
 - State-local (1,121)
 - For-profit (790)
- **Teaching Hospitals:** provide care, education, and research (~18% of hospitals)



- ### Hospital Structure
- **Governing Board:** responsible for
 - Establishing policy
 - Hiring chief administrator
 - Appointing medical staff leadership
 - Quality of care
 - **Medical staff:** physicians with admitting privileges
 - **Administration:** managers handling facilities and operational responsibilities

- ### Hospitals
- Trends:
- Declining # of beds as outpatient visits rise
 - Several mergers and closures of smaller hospitals
 - Demand increasing because EMTALA & rise in # of uninsured
 - New role includes preparing to handle disasters in ED
 - Growing number of specialty hospitals that draw profitable patients from community hospitals

Hospitals

Regulations:

- **Certificate of need:** prohibits building of new capacity or purchase of expensive equipment without govt approval
- **EMTALA:** hospitals that accept Medicare and offer ER services are required to screen and stabilize patients regardless of ability to pay
- Moratorium on new specialty hospitals (2003) until effect on system is better understood

Trauma Centers

- **Level I:** highest level of surgical care for trauma patients (24 hour in-house coverage of many specialty surgeons, surgical residency program)
- **Level II:** comprehensive trauma care, 24-hour availability of all essential specialties, no surgical residency program
- **Level III:** resources for resuscitation, surgery, and intensive care of most trauma patients
- **Level IV:** resources for evaluation, stabilization, diagnostic capabilities, and transfer to higher level of care

Trauma Centers in Georgia

- **Level I:**
 - Medical Center of Central GA (Macon)
 - Memorial Health University Medical Center (Savannah)
 - MCG (Augusta)
 - Grady Memorial (Atlanta)
- **Level II:** Rome, Roswell, Columbus, Atlanta, Dalton, Lawrenceville, Thomasville
- **Level III:** Decatur
- **Level IV:** Madison, Monroe

Hospital Clinics

- **Primary care clinics:** set up to keep people out of ED for non-urgent care
- **Specialty clinics:** e.g. allergy care, ophthalmology
- **Surgery Centers:** one-day surgery care

Community health clinics

- Neighborhood health centers (federal)
 - Part of “war on poverty” began in 1965
 - Run by hospitals, medical schools, or local public health departments
 - Grants from federal government to provide care to underserved areas
 - Funding is less than in earlier decades
- Free clinics: voluntary clinical labor, donations
- Public Health clinics
- Clinics for targeted groups: homeless, migrant workers, mental health, rural health, public housing

Community health clinics

In 2003, about 900 community health centers at 3000 sites were serving 10 million people, many uninsured.

Federally Qualified Health Center

- Centers can qualify by meeting certain requirements set by DHHS
- Benefits:
 - Federal matching funds
 - Attracts physicians
 - Reduced cost medications

Athens, GA

- Physicians:
 - 329 physicians in 2004
 - 317 physicians per 100,000 people (202 is state average)
- Hospitals:
 - Athens Regional Medical Center
 - 321 beds
 - Not-for-profit community hospital
 - St. Mary's Hospital
 - 163 beds
 - Not-for-profit hospital owned by church

Athens, GA

- Clinics:
 - East Athens Clinic run by health dept
 - Teen Matters run by health dept
 - Athens Neighborhood Health Center, private non-profit
 - Athens Nurses Clinic, non-profit
 - Mercy Health Center, non-profit church-based center
 - University Health Center, private

**OneAthens Health Team
Proposal**

Community plan for improving health of Athens involves, among other things, supporting Athens Neighborhood Health Center in becoming an FQHC
