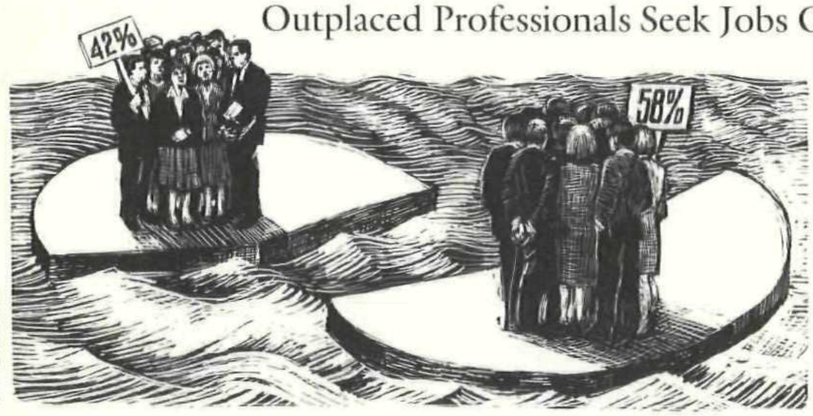
TRENDS & Ideas

EMPLOYMENT

Outplaced Professionals Seek Jobs Outside Healthcare



Sim Gellman

The changes taking place in the U.S. healthcare system are effecting job opportunities, as well as transitions. In a study of healthcare professionals who received outplacement services during 1991 and 1992, New York City–based Lee Hecht Harrison, Inc., found that 42 percent adapted their skills and found new positions outside healthcare.

Still, 58 percent of outplaced healthcare workers found new positions in the field. But the types of organizations for which they work are changing, according to Lee Hecht Harrison's report, *Health Care Careers in Transition: An Industry Overview*. Although most persons who remained in healthcare rejoined hospitals, the number who did so dropped 30 percent. On the other hand, the number of persons employed by outpatient and ambulatory centers, geriatric facilities, and nursing homes increased.

Which healthcare professionals are being terminated? Lee Hecht Harrison reports that 45 percent of outplaced healthcare professionals in the study had been employed in support services (e.g., marketing, operations, management information systems, finance, or human resources). Persons in administration accounted for 37 percent of outplaced professionals, and those in patient care for 18 percent.

To remain employed in the healthcare field, healthcare professionals "must demonstrate greater flexibility, customer orientation and institutional commitment," advises the report. Healthcare professionals will not only be required to work in different types of environments but also to adapt to new types of job demands. The report asserts, "Health care institutions will seek to recruit people who are willing and able to be trained."

In addition, healthcare professionals not involved in patient care must become more aware of the persons their institutions serve. "As organizations face competition for both patients and managed care contracts, it becomes essential that they convey a message of quality and customer service," notes the report.

Finally, the report stresses that healthcare organizations "are looking more than ever for team players who can think in terms of what's good for the organization as a whole, not just for themselves or their department." As a result, many healthcare institutions have established total quality management programs in which employees working in teams or task forces seek innovative, cost-effective solutions to problems.

MEDICAL GROUPS

Managed Care Companies Attract Physicians

Physicians in private practice are increasingly selling their practices to investor-owned, public companies and signing long-term contracts with them as a means to economize and sustain their income as the sweeping changes promised by healthcare reform become reality.

Companies that oversee business matters, finance the cost of providing managed care, employ medical professionals and clerical staff, and assist with electronic analysis of medical results and strategic planning are attractive to the many physicians who find the skyrocketing costs of financing medical groups out of reach, according to Milt Freudenheim of the *New York Times*. In addition, these companies often pay physicians in cash and stock; offer a steady income; and provide funds for new medical buildings, technology, and computers. A few pay malpractice insurance premiums.

To many physicians, this may sound like a dream come true, but the American Medical Association and many state medical associations advise caution when signing long-term contracts with any healthcare or insurance organization. Other critics "warn of potential conflicts between medical values in doing everything possible for the patient and company shareholders' insistence on seeing quarterly profits grow," Freudenheim notes.

In addition to quality-of-care concerns, possible antitrust questions loom, especially in smaller markets, Freudenheim observes. He adds that company-managed physician groups "may be in danger of violating laws in many states that prohibit the practice of medicine by business entities."

INTEGRATED DELIVERY

Gearing Up for Reform

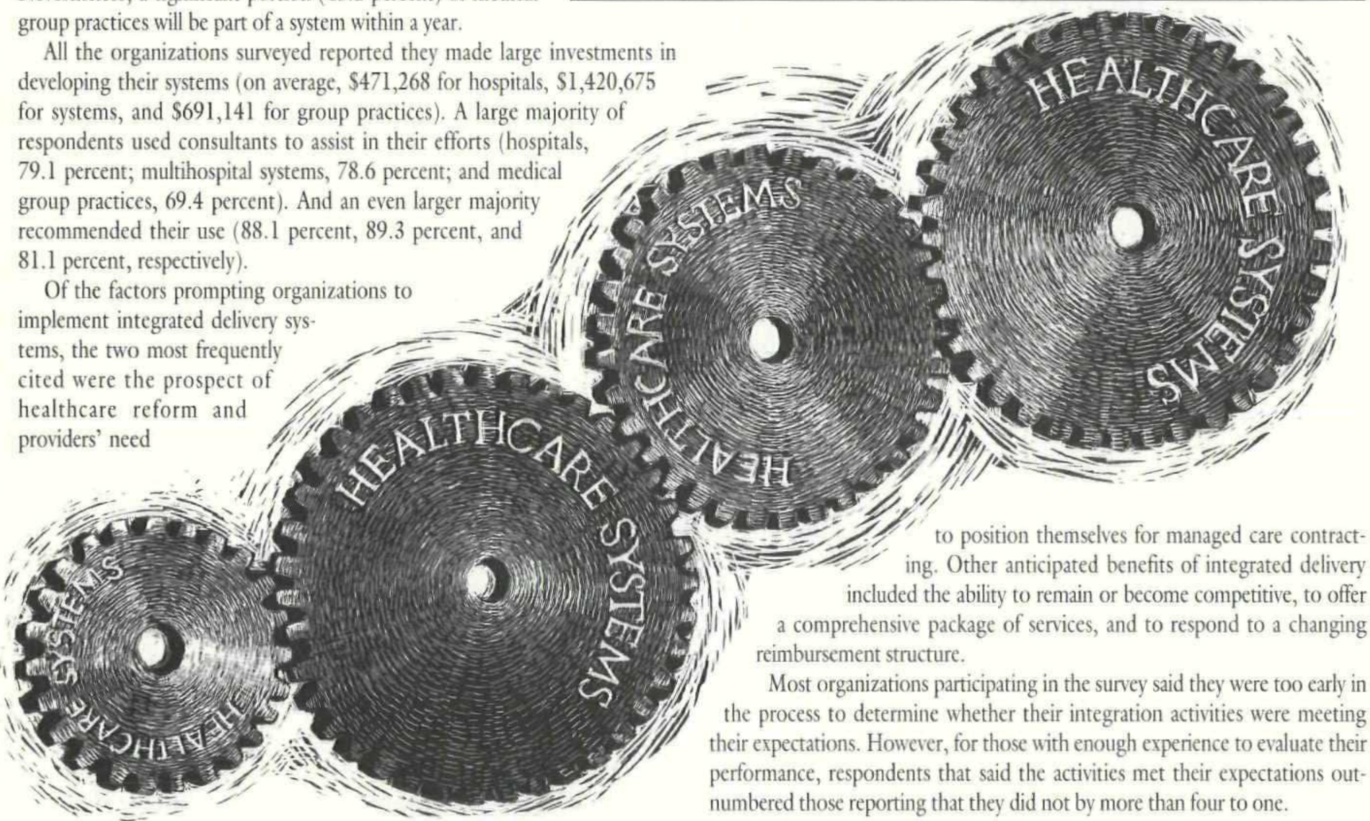
In anticipation of the changes the Clinton administration is proposing for the U.S. healthcare system, hospitals, multihospital systems, and medical group practices across the nation are developing integrated delivery systems, according to a survey released by Witt/Kieffer, Ford, Hadelman & Lloyd.

Of the 137 hospitals that responded to the survey, 8 percent reported they have an integrated delivery system in place, and 48.9 percent said a system will be implemented within 12 months. Multihospital systems have been even more active in seeking integrated delivery arrangements: 14.3 percent of 56 respondents are already part of an integrated system and 73.9 percent will be within 12 months. Moreover, even for those hospitals and multihospital systems with no immediate implementation plans, almost all reported having some discussion about the possibility of forming or joining an integrated delivery system.

Medical group practices responding to the survey were somewhat less likely to align themselves with an integrated delivery system. Although 15.6 percent of the 135 responding group practices are already part of a system (a higher percentage than either hospitals or multihospital systems), 14.8 percent reported they are not considering integrated delivery. Nevertheless, a significant portion (45.2 percent) of medical group practices will be part of a system within a year.

All the organizations surveyed reported they made large investments in developing their systems (on average, $471,268 for hospitals, $1,420,675 for systems, and $691,141 for group practices). A large majority of respondents used consultants to assist in their efforts (hospitals, 79.1 percent; multihospital systems, 78.6 percent; and medical group practices, 69.4 percent). And an even larger majority recommended their use (88.1 percent, 89.3 percent, and 81.1 percent, respectively).

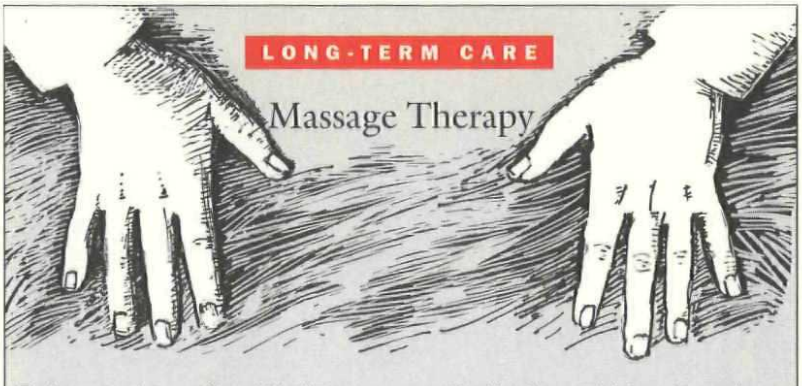
Of the factors prompting organizations to implement integrated delivery systems, the two most frequently cited were the prospect of healthcare reform and providers' need to position themselves for managed care contracting. Other anticipated benefits of integrated delivery included the ability to remain or become competitive, to offer a comprehensive package of services, and to respond to a changing reimbursement structure.



Most organizations participating in the survey said they were too early in the process to determine whether their integration activities were meeting their expectations. However, for those with enough experience to evaluate their performance, respondents that said the activities met their expectations outnumbered those reporting that they did not by more than four to one.

LONG-TERM CARE

Massage Therapy



To improve the quality of life for many "touch-deprived" nursing home residents, long-term care providers should consider implementation of a massage therapy program, Brianna Allen and Dawn Nelson suggest in an article in *Provider*.

Residents who receive only limited physical contact may experience a "lessened desire to interact with others and a weakened cognitive status," the authors write. Therapeutic massage produces a number of physical and emotional benefits that help alleviate such problems.

A facility's social services director, activity coordinator, or director of resident services should coordinate the program selecting residents who qualify, scheduling sessions, helping design billing procedures, promoting the program, and hiring massage therapists.

Therapists should be professionally certified, the authors emphasize. They suggest looking for candidates who are "comfortable in a nursing facility environment and in the presence of the elderly and . . . familiar with the characteristics of aging and specific illnesses represented within the long term care population."

Various payment mechanisms for massage sessions are possible. One approach is to make them available in a manner similar to how beauty salon services are offered. After completing a session, therapists should perform a written evaluation of the client and send it to a family member or other responsible party.

Word-of-mouth can be an effective way of promoting a massage therapy program, Allen and Nelson note. But long-term care facilities should also provide information to residents and their families on admission and call attention to the service in activity calendars, bedside service listings, and family support group meetings.