

ASBURY PARK PRESS

Maghazehe: Hospitals need dynamic change

Improvement needed in preventive and primary care

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The Affordable Care Act, a piece of legislation popularly referred to as "Obamacare," will have a profound impact on the local healthcare marketplace, starting with the Oct. 1 launch of the New Jersey health exchange and continuing with the institution of consumer-chosen health care coverage starting on Jan. 1.

In addition to greatly enhancing patient access to care and expanding the rolls of insured Americans, the ACA will have major implications for hospital systems, not only in New Jersey, but across the nation.

Basically, under the ACA, hospital systems are to be rewarded for making patient care more efficient and less costly by running fewer diagnostic tests, minimizing length of stay and preventing re-admissions. By the same token, hospital systems are to be penalized for conducting what are judged to be too many unnecessary tests, having too many patients hospitalized for long periods and incurring an excessive rate of re-admissions.

With the Obamacare deadline fast approaching, hospital systems face the challenge of streamlining patient care just as a sudden influx of newly insured patients come in through their doors. In New Jersey, the pressure to adapt to the changing marketplace is especially acute in the wake of several hospital closings, changes in insurance reimbursement and spiraling costs. What, then, is a forward-looking hospital system to do?

While Obamacare is spurring many hospital systems to action, it is important to note that the changes the ACA is designed to effect have been a long time coming. Ten years ago, at Capital Health, we realized the way we and other hospitals were operating was becoming obsolete. As the old fee-for-service model started to face greater scrutiny for its inherent inefficiencies, it became increasingly clear that the basic community hospital paradigm was not going to work in the future.

To succeed, hospitals and practitioners needed to emphasize preventive care and improve primary care, so that only the “really sick” would be admitted to hospitals, where they would receive care not available in the primary care or outpatient settings.

Page 1 2 [Next](#)

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