

Respiratory Care & the Healthcare System Part 1

RSPT 1191

Health, Health Services & the Healthcare System

What is all this?

Health, Health Services & the Healthcare System

- Health - defined by the World Health Organization (WHO) as the state of "complete physical, mental and social well-being, not merely the absence of disease."
- WHO set as a goal, "the attainment by all citizens of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life."
- Hmm.....

Health, Health Services & the Healthcare System

- Individual health status is a function of many factors
 - Basic biologic characteristics
 - Genetics, human biology
 - Conditions external to the body
 - Environment, health care system
 - Behavior patterns (lifestyle)
 - Diet, exercise, smoking, alcohol intake

Health, Health Services & the Healthcare System

- Health services
 - Public health services - conducted on a community basis, e.g. communicable disease control or the collection of and analysis of health statistics
 - Environmental health services - often overlap with public services, e.g. insect, rodent and air pollution control
 - Personal health services - directed at individuals, e.g. promotion of health, prevention of illness, diagnosis, treatment and rehabilitation

Health, Health Services & the Healthcare System

- Respiratory Care services
 - Most are personal health services, e.g. diagnosis & treatment
 - The role of RC is expanding to include promotion of health and preventing illness, e.g. smoking cessation programs, asthma education
 - RC is also expanding into advocacy roles in public and environmental services, e.g. no smoking ordinances, air pollution control

Health, Health Services & the Healthcare System

- Healthcare system
 - The resources (money, people, physical plant and technology) and the organization required to transform them into health services
 - Ultimate purpose is to maintain or improve health
 - Judgments about the system should be based on accessibility, quality, appropriateness and efficiency of the services

Health, Health Services & the Healthcare System

- Where the money goes (% total expenditures)
 - 90% - the healthcare system
 - 5% - improving the environment
 - 3% - biological research
 - 2% - encouraging people to live a healthier lifestyle

Health, Health Services & the Healthcare System

- Even though the healthcare system is the primary intervener when disease occurs, regardless of the cause, its future positive impact may be limited unless more money is spent on preventive medicine

Dynamics of the Healthcare System

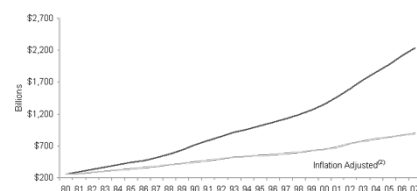
Expenditures

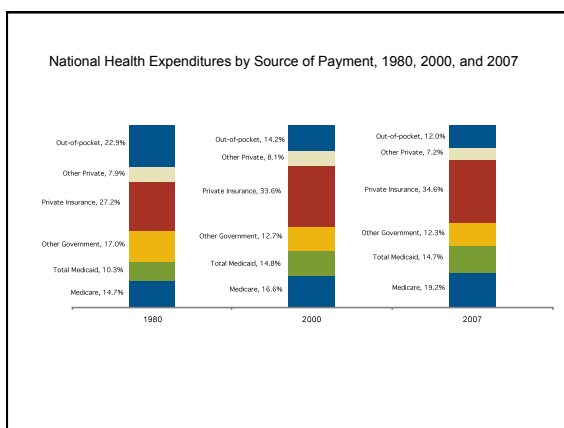
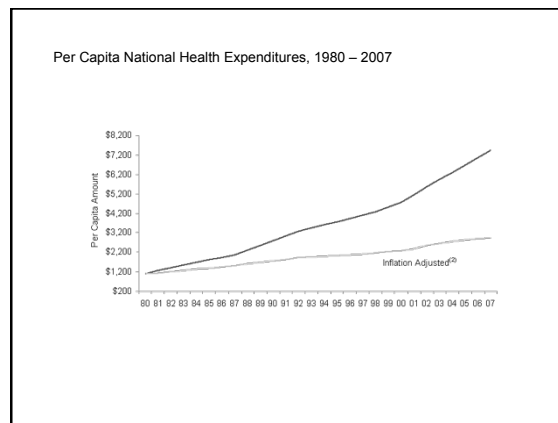
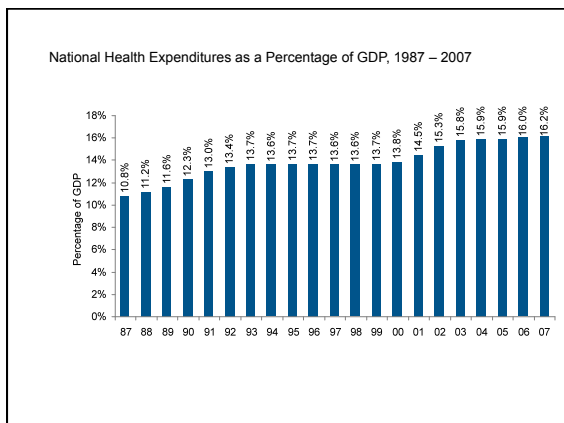
How much does it cost?

Expenditures

- There are at least 3 ways to look at healthcare cost, all of which are increasing each year
 - Total healthcare expenditures
 - Total healthcare expenditures as a percent of GDP
 - Gross Domestic Product (GDP) is the market value of all final goods and services produced within a country during a given time period
 - Healthcare expenditures per capita

Total National Health Expenditures, 1980 – 2007





Dynamics of the Healthcare System

Contributing Factors

What drives the system?

Contributing Factors

- Social change
- Changing priorities
- New technology
- Increased regulation of the system
- Changes in disease trends
- New delivery methods
- New approaches to paying for healthcare

Resources of the Healthcare System

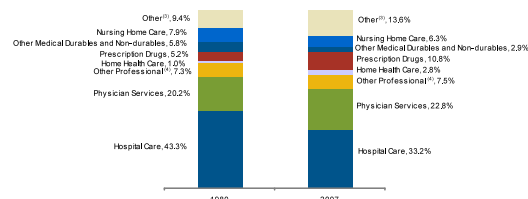
The Money

Where does it go?

The Money: Where it Goes

- In 2007, healthcare expenditures were about 2.3 trillion dollars or 16.2% of the GDP
- The majority of these expenditures are for hospital care and physician services

National Expenditures for Health Services and Supplies by Category, 1980 and 2007



Resources of the Healthcare System

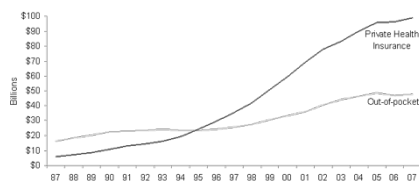
The Money

Where does it come from?

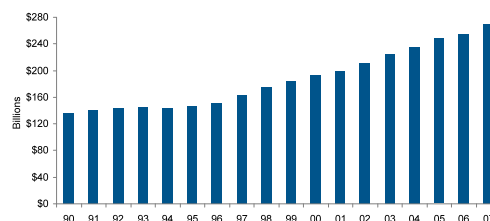
The Money: Where it Comes From

- Direct or "out-of-pocket" - individual pays for services directly from their own funds
- Private insurance - individual has a contract with an insurance provider who agrees to pay for a specific set of services under a specific set of circumstances

Consumer Out-of-pocket Spending vs. Private Health Insurance Spending, 1987 – 2007



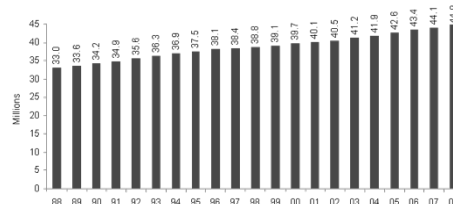
Consumer Out-of-pocket Payments for National Health Expenditures, 1990 – 2007



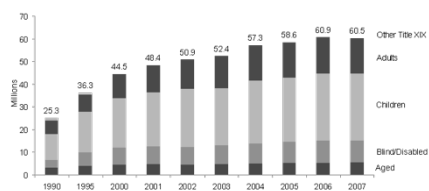
The Money: Where it Comes From

- Government programs
 - Medicare - federal funds pay for healthcare services for Social Security recipients over age 65
 - Medicaid - federal and state funds administered by the state pay for healthcare services for welfare recipients and others defined by state law as being medically indigent (*private insurance and government programs are known as third party payers*)
- Charitable contributions & endowments

Medicare Enrollees, 1988 – 2008



Medicaid Enrollees,⁽¹⁾ 1990, 1995, 2000 – 2007

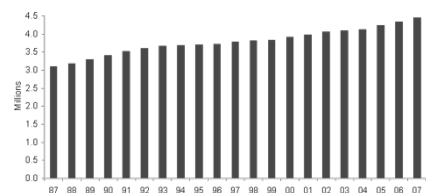


Resources of the Healthcare System

The People

How many of us are there?

Total Full-time Equivalent Employees Working in Hospitals, 1987 – 2007



Resources of the Healthcare System

The People

Who are we?

Occupation	Number	Percent
All occupations	13,621,000	100.0
Pharmacists	64,000	0.5
Physicians and surgeons	468,000	3.4
Physician assistants	58,000	0.4
Registered nurses	2,072,000	15.2
Occupational therapists	66,000	0.5
Physical therapists	141,000	1.0
Respiratory therapists	91,000	0.7
Clinical laboratory technologists	266,000	2.0
CV technologists and technicians	43,000	0.3
Radiologic technologists	184,000	1.3
EMTs and paramedics	130,000	1.0
Pharmacy technicians	60,000	0.4
Surgical technologists	82,000	0.6
LPNs and LVNs	605,000	4.4
Medical records and health information technicians	142,000	1.0

The People: Who we are

- From the US Department of Labor Bureau of Labor Statistics (BLS)
 - Respiratory therapists held about 122,000 jobs in 2006. About 79% of jobs were in hospital departments of respiratory care, anesthesiology, or pulmonary medicine. Most of the remaining jobs were found in offices of physicians or other health practitioners, consumer goods rental firms that supply respiratory equipment for home use, nursing care facilities, and home healthcare services. Holding a second job is relatively common for respiratory therapists. About 12 percent held another job, compared with 5 percent of workers in all occupations.

The People: Who we are

- More from the BLS
 - Job opportunities are expected to be very good, especially for therapists with cardiopulmonary care skills or experience working with infants.
 - Employment of respiratory therapists is expected to grow 19% from 2006 – 2016, because of substantial growth in numbers of the middle-aged and elderly population—a development that will heighten the incidence of cardiopulmonary disease

The People: Who we are

- More from the BLS
 - Growth in demand also will result from the expanding role of respiratory therapists in case management, disease prevention, emergency care, and the early detection of pulmonary disorders
 - The majority of openings will continue to be in hospitals, however, a growing number will be outside hospitals in home health, physicians' offices, consumer-goods rental firms, or in the employment services industry as temporary workers in various settings

The People: Who we are

- And more...
 - Median annual earnings of RRTs were \$47,420 in 2006. The middle 50 percent earned between \$40,840 and \$56,160. The lowest 10 percent earned less than \$35,200, and the highest 10 percent earned more than \$64,190.

The People: Who we are

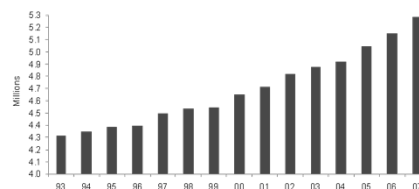
- And still more...
 - Median annual earnings of CRTs were \$39,120 in 2006. The middle 50 percent earned between \$32,050 and \$46,930. The lowest 10 percent earned less than \$25,940, and the highest 10 percent earned more than \$56,220.

Resources of the Healthcare System

The People

How have our numbers changed?

Number of Full-time and Part-time Hospital Employees,
1993 – 2007



Hospital Employment by Occupation Type, 2007

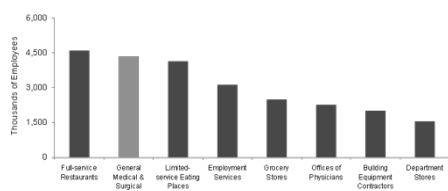


Resources of the Healthcare System

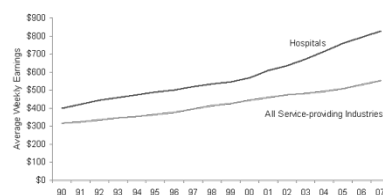
The People

How do we compare?

Hospital Employment vs. Employment in Other Industries, 2008



Average Weekly Earnings of Workers, Hospitals vs. All Service-providing Industries, 1990 – 2007



Resources of the Healthcare System

The People

Where do we work?

The People: Where Do We Work?

- In 1976, 66% of all healthcare professionals worked in hospitals
- Today, approximately 55% of all healthcare professionals work in hospitals
 - Indicates a diversification of health services beyond the traditional acute care hospital
- Seventy percent of hospital jobs are in institutions that employ 1,000 or more

Resources of the Healthcare System

The People

How are we educated & credentialed?

The People: Education & Credentialing

- Most nurses and allied health professionals are trained in the community college setting
- Nursing and some allied health professions offer bachelor, master and doctorate degrees
- Some allied health professions require bachelor or master degrees

The People: Education & Credentialing

- Credentialing - recognition of individuals who have met certain predetermined standards attesting to their occupational skill or competence
- Licensure or certification - process whereby a government agency grants permission to an individual to practice a given occupation after the applicant has demonstrated the minimum competency necessary to protect public safety and welfare

The People: Education & Credentialing

- Licensure laws (practice acts) are enacted by state legislatures and are regulated by a specific state agency
- In states with licensure laws, practicing the occupation without a license is considered a crime punishable by fines or imprisonment
- In some states, some professions have "permissive" regulations to allow certain unlicensed individuals to maintain employment

The People: Education & Credentialing

- Within licensure legislation is always a clause indicating a scope of practice
- This scope of practice usually provides general guidelines and parameters for clinical practice, but may be much more specific, including barring other professions from performing certain tasks

The People: Education & Credentialing

- Basic Elements of a Practice Act
 - Creation of an licensing board and processes
 - Scope of professional practice
 - Requirements and qualifications for licensure
 - Exemptions
 - Triggers for administrative actions
 - Penalties and sanctions for unauthorized practice

The People: Education & Credentialing

- Amending Practice Acts
 - Deviation from the statutory mandates can cause problems as the profession seeks to add new duties
 - Practitioners must inform themselves of the limitations to their scope of practice and seek amendments to the regulations as their practice expands
 - Ideally, the original language should be broad enough to account for changes in practice without requiring continual amendments

The People: Education & Credentialing

- Respiratory Care
 - AAS, BSRC and MSRC degrees
 - All can lead to CRT **and** RRT credentials
- Registered Nursing
 - ADN, BSN and MSN degrees
 - All can lead to RN credential
- Vocational Nursing
 - Certificate program
 - Leads to LVN (LPN) credential

The People: Education & Credentialing

- Physical Therapist
 - MPT degree now required, DPT available
 - Leads to PT credential
- Physical Therapist Assistant
 - AAS degree
 - Leads to PTA credential
- Occupational Therapist
 - BS degree required, MS available
 - Leads to OTR credential

The People: Education & Credentialing

- Occupational Therapy Assistant
 - AAS degree
 - Leads to COTA credential
- Radiography
 - AAS and BS degrees
 - Lead to RT(R) credential
- And many others