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Top Issues Confronting Hospitals in 2017

Financial challenges again ranked No. 1 on the list of hospital CEOs' top concerns in 2017, according to the American College of Healthcare Executives' annual survey of top issues confronting hospitals. Governmental mandates ranked second, followed by personnel shortages.

"Assuring patient safety and providing quality care is the

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Research Solutions at Congress No. 1 job of hospital leaders," says Deborah J. Bowen, FACHE, CAE, president/CEO of ACHE. "The survey results indicate that leaders are addressing the challenge of doing so in a changing and uncertain financial and regulatory environment. That personnel shortages have become one of the top three concerns suggests that hospitals are keeping their attention on attracting and retaining a talented workforce to ensure the short- and long-term needs of patients can be met."

In the survey, ACHE asked respondents to rank 10 issues affecting their hospitals in order of how pressing they are and to identify specific areas of concern within each of those issues. Following are some key results from the survey, which was sent to 1,049 community hospital CEOs who are ACHE members, of whom 299, or 29 percent, responded. The issues cited by survey respondents are those of immediate concern and do not necessarily reflect ongoing hospital priorities.

The average rank given to each issue was used to place the issue in order of how pressing they are to hospital CEOs, with the lowest numbers indicating the highest concerns. The survey was confined to CEOs of community hospitals (nonfederal, short-term, nonspecialty hospitals). The average rank given to each issue was used to place the issue in order of how pressing they are to hospital CEOs, with the lowest numbers indicating the highest concerns. The survey was confined to CEOs of community hospitals (nonfederal, short-term, nonspecialty hospitals). The average rank given to each issue was used to place the issue in order of how pressing they are to hospital CEOs, with the lowest numbers indicating the highest concerns. The survey was confined to CEOs of community hospitals (nonfederal, short-term, nonspecialty hospitals).

| ISSUE | 2017 | 2016 | 2015 |
|---|------|------|------|
| Financial challenges | 2.0 | 2.7 | 3.2 |
| Governmental mandates | 4.2 | 4.2 | 4.5 |
| Personnel shortages | 4.5 | 4.8 | 5.1 |
| Patient safety and quality | 4.9 | 4.6 | 4.2 |
| Patient satisfaction | 5.5 | 5.5 | 5.3 |
| Physician-hospital relations | 5.9 | 5.9 | 5.7 |
| Access to care | 5.9 | 5.8 | 6.2 |
| Technology | 7.0 | 7.2 | 7.1 |
| Population health management | 7.3 | 6.6 | 6.3 |
| Reorganization (e.g., mergers, acquisitions, restructuring, partnerships) | 7.5 | 7.8 | 7.4 |

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Within each of these 10 issues, respondents identified specific concerns facing their hospitals. Following are those concerns in order of mention for the top three issues identified in the survey. (Respondents could check as many as desired.)

FINANCIAL CHALLENGES (N = 299)¹

| Medicaid reimbursement (including adequacy and timeliness of payment, etc.) | 71% |
|--|-----|
| Increasing costs for staff, supplies, etc. | 64% |
| Reducing operating costs | 57% |
| Government funding cuts (<i>other than</i> reduced reimbursement for Medicaid or Medicare) | 56% |
| Bad debt (including uncollectable Emergency Department and other charges) | 54% |
| Competition from other providers (of any type— inpatient, outpatient, ambulatory care, diagnostic, retail, etc.) | 48% |
| Transition from volume to value | 47% |
| Managed care and other commercial insurance | |

Managed care and other commercial insurance

payments

| Inadequate funding for capital improvements | 42% |
|---|--------|
| Medicare reimbursement (including adequacy and timeliness of payment, etc.) | 42% |
| Revenue cycle management (converting charges to cash) | 37% |
| Moving away from fee-for-service | 36% |
| Emergency Department overuse | 28% |
| Pricing and price transparency | 24% |
| Other | (n=15) |

¹ If number of respondents is fewer than 50, only numbers are provided.

GOVERNMENTAL MANDATES $(N = 299)^{1}$

| CMS regulations | 70% |
|---|-----|
| Regulatory/legislative uncertainty affecting strategic planning | 67% |
| Cost of demonstrating compliance | 54% |
| State and local regulations/mandates | 51% |
| CMS audits (RAC, MAC, CERT) | 48% |

Increased government scrutiny of accounting practices

| (e.g., IRS, Sarbanes-Oxley Act) | 17% |
|---------------------------------|--------|
| Implementation of ICD-10 | 11% |
| Other | (n=22) |

¹ If number of respondents is fewer than 50, only numbers are provided.

PERSONNEL SHORTAGES (N = 299)¹

| Registered nurses | 69% |
|--|--------|
| Primary care physicians | 63% |
| Physician specialists | 52% |
| Physician extenders and specially certified nurses (physician assistants, nurse practitioners, certified nurse midwives, etc.) | 36% |
| Therapists | 30% |
| Technicians (e.g., clinical lab scientists, CT/laboratory/radiology/surgery technicians) | 7% |
| Other | (n=49) |

¹ If number of respondents is fewer than 50, only numbers are provided.

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