Bracing for the Boomers: Addressing the Healthcare and Workforce Challenges of a Generation
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Acknowledgements

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Bracing for the Boomers: Addressing the Healthcare and Workforce Challenges of a Generation

The first baby boomer turned 65 in 2011, which marked the beginning of what will be the largest group of older Americans the country has ever seen at one time. In total, boomers – born between 1946 and 1964 – comprise a quarter of the total U.S. population, and represent 77 million individuals. As the boomer generation has grown up, the nation has eagerly watched as they challenged existing norms – ranging from the level of education obtained to the amount of time spent in the workforce. Today the boomers continue to challenge the nation, albeit in a much different way.

The nation’s ability to adequately meet the healthcare needs of the elderly, rising costs of government-sponsored health insurance and the mass retirement of trained healthcare workers are all significant worries. And, while their tremendous influence on the country is nothing new, baby boomer’s impact during their golden years will present a host of new challenges, all necessitating adjustments in how our nation cares for the elderly.

Perhaps the single greatest question arising from these changes is how to maintain a viable safety net for retirement for all generations. For nearly five decades workers have paid into government programs which guarantee access to health insurance and retirement income; however, because of the size of the baby boom generation, these programs now face unprecedented financial challenges. Americans today – regardless of their age – are left to question whether safety net programs like Medicare and Social Security will be available for their retirement.

This Issue Brief examines some of the most pressing questions raised by the aging of the baby boom generation as well as some of the changes already being employed to mitigate those challenges. To be sure, there is much work to be done and there are no easy answers. The trickle of baby boomers that have reached retirement age today will tomorrow be a flood. The steps we take now have the potential to influence our country for generations to come, yet, just how our nation will adapt to this change is, in many ways, still uncertain.
**Baby Boomers at a Glance**

<table>
<thead>
<tr>
<th>Age</th>
<th>Within the next two decades, the proportion of people 85 and older is expected to grow – increasing from 14 percent in 2010 to 21 percent by 2050.²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnicity</td>
<td>Today’s population of those 85 years and older is considerably less racially diverse than the 65 years and older population, which means racial diversity among the elderly will increase as the baby boom generation ages.³ Looking forward, the proportion of minority persons ages 65 years and older is expected to double during the years 2010 to 2050 – from 20 percent to 42 percent of the total population – with the largest growing minority group being Hispanic.⁴</td>
</tr>
<tr>
<td>Income</td>
<td>Median shared lifetime earnings, as well as median per capita family income increased for those born during the two decade boom period.⁵</td>
</tr>
</tbody>
</table>

**Population 65 Years and Older by Size and Percent of Total Population: 1900 to 2000**

Sources: U.S. Census Bureau, decennial census of population, 1900 to 2000; 2010 Census Summary File 1
Establishing the Safety Net for Seniors

Protecting the nation’s seniors has been a national priority for nearly a century. During the 1930s, the Great Depression and resulting poverty left many looking to the government for help. The first step was taken by President Franklin Roosevelt in 1935 by creating the Social Security Board to provide basic social welfare and insurance programs to Americans in order to prevent a recurrence of the severe poverty which persisted during the Great Depression.6

**Income During Retirement**

Social Security benefits, which about 1 in 4 households rely on, are a primary source of income for many retired families.7 Started in 1935 in an effort to provide disability, survivor, or retirement insurance to individuals, Social Security is a fund in which workers and employers pay matching contributions.8

With nearly 90 percent of Americans 65 and older receiving Social Security, the benefit payment for at least half of their income remains solvent is vitally important to the U.S. economy and the ability for patients to pay for their care.9 That’s because, beyond ensuring a comfortable retirement for the elderly, Social Security will comprise 6.1 percent of the total U.S. economy by 2030.10

It wasn’t until three decades later in 1965 that the authorizing board, now called the Social Security Administration, expanded to include Medicare under Title XVIII.11 That expansion marked the first time a federal program relied on federal income taxes to subsidize Old-Age, Survivors, and Disability Insurance, referred to as OASDI.12 The program and taxing system remain in place today, although numerous amendments have been made since its initial implementation.
Before Medicare, in the early 1960s, more than half of Americans age 65 and older — 56 percent — did not have health insurance. This historic piece of legislation guaranteed seniors’ access to health insurance for the first time in American history, creating a sense of security previously unknown for the elderly. Older Americans no longer had to worry that illness or disability would wipe out their life savings or that their families would go bankrupt trying to pay for their care.

Since then, Americans have come to rely on both of these programs, which are now considered a normal and expected part of retirement. However, now — nearly half a century after their creation — concerns about the long-term financial stability of Social Security and Medicare have garnered an increasing amount of national attention. After years of paying Medicare and Social Security taxes, baby boomers and younger generations have begun to question whether these programs will be there when they retire.

### What Does Medicare Cover?

<table>
<thead>
<tr>
<th>Part A</th>
<th>Hospital visits, home health following hospital stays, skilled nursing facility stays, and hospice care for the aged and disabled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part B</td>
<td>Physician visits, outpatient hospital visits, home health, and other services for the aged and disabled who have voluntarily enrolled</td>
</tr>
<tr>
<td>Part C</td>
<td>Similar to Parts A and B, however, covered by private health insurance plans through “Medicare Advantage” program</td>
</tr>
<tr>
<td>Part D</td>
<td>Subsidized access to drug insurance coverage on a voluntary basis for all beneficiaries and premium assistance for low-income enrollees</td>
</tr>
</tbody>
</table>


Prior to Medicare, in the early 1960s, more than half of Americans age 65 and older — 56 percent — did not have health insurance. This historic piece of legislation guaranteed seniors’ access to health insurance for the first time in American history, creating a sense of security previously unknown for the elderly. Older Americans no longer had to worry that illness or disability would wipe out their life savings or that their families would go bankrupt trying to pay for their care.

Inpatient hospital services represent the largest segment of Medicare spending, accounting for 26 percent of benefit payments in 2012.
Ensuring the Solvency of the Medicare Program

Though the subject is often the focus of heated national debate, there is plenty of evidence to suggest concern about the long-term financial stability of Medicare is warranted. Medicare spending has been on the rise in recent decades and the Social Security Trust Fund is evaporating faster than it can be replenished.\textsuperscript{15} With total expenditures reaching $574 billion in 2012, Medicare spending already comprises 3.6 percent of total Gross Domestic Product (GDP) and under current law, spending on the program is projected to increase to 5.6 percent of total GDP by 2035.\textsuperscript{16}

\begin{figure}
\centering
\includegraphics[width=\textwidth]{medicare_total_expenditures.png}
\caption{Medicare Total Expenditures as a Percentage of the Gross Domestic Product}
\end{figure}

The Medicare Boards of Trustees — the small group charged with governing the fund — publish yearly reports on the health of the fund and have repeatedly corroborated these findings. In their latest report the Trustees look at the reasons behind the rise in Medicare spending seen over the last three decades and conclude that there are several reasons behind the trend, most notably: growth in the number of beneficiaries, increases in the prices paid per service, increases in the average number of services per beneficiary (utilization) and increased average complexity of services (intensity).\textsuperscript{17}
To be sure, growing Medicare spending is a challenge to the long-term financial stability of the Medicare program, but that’s not the only factor impacting the program’s solvency. With a shrinking contribution base and a growing beneficiary pool — also known as the number of workers per beneficiary — there are fewer dollars going into the program while more are flowing out. From 2010 to 2030, the number of beneficiaries will increase from 47 million to 79 million, driving down the ratio of workers per beneficiary from 3.7 to 2.4.\(^a\) In addition, despite efforts to curtail expenditure growth, the Boards of Trustees project that Medicare expenditures will grow at a faster rate than workers’ earnings or the economy overall because of the growth in the number of beneficiaries.\(^b\)

Together, Medicare spending growth and the decreasing number of workers per beneficiary, have led analysts to wonder how long will there be adequate funds to pay out full Medicare benefits? And the question is a valid one. Medicare Part A is estimated to cover only 87 percent of expenditures by 2026, and only 71 percent by 2050 if the program remains on the same course.\(^c\) In light of these concerns, policymakers have begun examining ways to improve the fiscal health of the program.

**The Affordable Care Act**

The Affordable Care Act (ACA) included several measures to rein in rising Medicare spending without substantially reducing care to beneficiaries. All told, Medicare stands to reduce per capita and overall spending by $716 billion from 2013 to 2022 due to the policy changes in the law.\(^d\) Though Medicare beneficiaries will not see these changes directly, providers will see a number of reductions in reimbursement. Payments to providers will be reduced, for instance, when patients are readmitted for avoidable conditions or have contracted infections in their facilities. In addition, overall payments to Medicare Advantage plans will also be reduced so that their reimbursement is more comparable to the traditional fee-for-service program.\(^e\)

The ACA also aims to: enhance preventive services, close the gap in Part D prescription coverage, known as the donut hole, and coordinate care in a way that reduces cost and improves health. Lastly, and most notable for the baby boomers, the upfront reductions made to Medicare spending will protect the program until at least 2029, which extends by 12 years the solvency of the fund.\(^f\)
Potential Policy Solutions

Despite changes within the ACA, many experts have warned that the law falls short in its efforts to protect the Medicare program for future generations. In response to the intense debate and heightened national attention to this issue, several proposals have been brought before congress; however, beyond minor adjustments, no substantial programmatic changes have been made. Despite this, there are a number of policy ideas that seem to keep resurfacing when the national conversation turns to Medicare solvency. A few of the most common include raising the eligibility age from 65 to 67, increasing the Part B deductible and increasing the Medicare payroll tax.

Increased life expectancy is one justification many cite for raising the eligibility age from 65 to 67. That’s because the average senior lived about 14.3 years past 65 when the program was created, whereas today’s 65 year olds live about 19.2 additional years. Extending the age of eligibility to 67 would also align Medicare and Social Security programs so that beneficiaries would become eligible at the same time. Should such efforts succeed in congress, the Congressional Budget Office (CBO) has estimated that it would reduce Federal spending by $113 billion by 2021.

Another policy option to improve the fund solvency is to increase the Part B deductible, which covers medically necessary services and preventive services for beneficiaries. While current law allows the Part B deductible to rise along with per capita expenses, Medicare patients paid just $147 in 2013 for services such as doctor’s visits or examinations. Since per capita expenses are expected to rise during the next decade, many have proposed increasing the deductible by $75 for beneficiaries. If the option were applied incrementally to new beneficiaries, the CBO estimates a $2.3 billion reduction by 2022; alternatively, if the increase were applied to all current and new enrollees federal savings are expected to reach $32 billion.

Spending restraint efforts such as raising the eligibility age or increasing premium contributions ultimately impact the beneficiary; however, proposals such as increasing the payroll tax have an effect on the entire society. Under the current structure, employees and employers split the payroll tax – 1.45 percent each – which pays for roughly 36 percent of program income. One option to extend Medicare solvency is to remove the additional 0.9 percent payroll tax paid by high-wage earners and replace it with a 1 percent increase for all workers. If the tax code were adjusted to apply this increase to all workers, the Medicare payroll tax would generate $651 billion by 2021.
Medicaid

Medicare isn’t the only safety net program that will be impacted by the aging baby boom generation. Medicaid, which today pays for the majority of long-term care, faces significant changes in the years to come.\(^{33}\)

As the baby boom generation grows older, one of the biggest challenges facing the Medicaid program is the anticipated increase in demand for long-term care and the price tag associated with it. While traditional hospital-based care is expected to rise modestly over the next four decades, home and community-based long-term care is expected to grow at a much faster rate – more than doubling from 12 million in 2010 to 27 million by 2050.\(^ {34}\)

Financed through the state and federal government, growth in Medicaid spending associated with the increased demand for long-term care has implications for both Ohio and the United States. While there is no disagreement that increased demand for long-term care will impact state budgets, estimates for just how much vary. Lower estimates project that Medicaid costs will grow from the current 20 percent to 35 percent of the state budget in some states, while higher estimates project costs will rise by 50 percent.\(^ {36}\) Regardless, it’s clear that something must be done to slow the spending.

While there are no easy answers and no one solution that can solve the growth in Medicaid spending, states have begun to put an emphasis on shifting long-term care out of nursing facilities into community-based settings. One of the primary reasons for this shift is because community and home-based care is often more cost-effective in the long run.\(^ {37}\) This emphasis on community-based care is having an impact. In 1995 only 20 cents of each Medicaid dollar spent on long-term services and support was dedicated to home and community-based care; whereas in 2011 nearly 45 cents of each dollar spent was designated for that type of care.\(^ {38}\)

Community-Based Care for Everyone:

On June 22, 1999, the United States Supreme Court held that community-based services must be provided to persons with disabilities by public entities when (1) such services are appropriate; (2) the affected persons do not oppose community-based treatment; and (3) community-based services can be reasonably accommodated after taking into account the resources of both the public entity and the patient.\(^ {39}\) Olmstead v. L.C. was brought before the court because of two women, Lois Curtis and Elaine Wilson, who were denied access to a community-based program because of mental illnesses and developmental disabilities.\(^ {40}\) The court ruled that forcing individuals who have a mental illness or developmental disability into an institution when they clearly qualified for community-based care was in clear violation of Title II of the Americans with Disabilities Act.\(^ {41}\)
In addition to states’ efforts to lower Medicaid spending for long-term care by shifting away from nursing facilities, the Affordable Care Act bolsters states’ Medicaid programs by enhancing federal funding and making available new waivers for home and community-based services. Moving forward, ensuring these services are adequately financed to provide the baby boomer generation with the best possible care in the best setting will be of great importance to public and private insurers, as well as those providing healthcare services.

**Long-Term Care in Ohio**

Ohio has identified several ways to cut healthcare costs and deliver care more efficiently by delivering long-term care in the most efficient setting. One area of success in its efforts to “rebalance long-term care,” has been Ohio’s participation in the federal Money Follows the Person (MFP) demonstration project. From 2008 through 2012, the HOME choice program – funded by the MFP project – transitioned 2,999 Medicaid beneficiaries from institutions to home and community based settings. These are Medicaid beneficiaries who wanted to move from long-term care facilities into alternative settings, according to Ohio’s Office of Health Transformation.

In addition, Ohio has been investing heavily in rebalancing investment in long-term care by providing more resources to home and community and home-based services, and less to institution-based providers. With over $200 million allocated to rebalance spending, the number of Medicaid beneficiaries receiving care in home and community-based settings has grown from 42 percent in 2006 to 57 percent in 2012, while the number of beneficiaries receiving facility-based care has decreased from 58 percent in 2006 to 43 percent in 2012.

Moving forward, Ohio’s Office of Health Transformation will continue in its efforts to ensure Ohioans have access to long-term care in home and community-based settings. Through participation in the Balancing Incentive Payments (BIP) Program – which directs half of all Medicaid spending to home and community-based services – Ohio will receive over $169 million to rebalance long-term care and expand access for Medicaid beneficiaries. Various pilot programs in conjunction with state investment create more choice for Medicaid beneficiaries, which mean additional opportunities for seniors seeking care.
Workforce

While the debate surrounding the cost of providing care for boomers is often front and center, the impact of mass retirement on the nation’s workforce is similarly important. In many ways, concerns about the long-term impact of the boomers on the U.S. workforce stem from two areas: the availability of jobs for younger generations and the shortage of healthcare professionals to provide care for the aging population. Ensuring the nation’s workforce is adequately prepared to provide services – particularly healthcare services – will be one of the most pressing tasks of younger generations. In addition, with the average American spending more time in the workforce than ever before, maintaining satisfactory job growth in other sectors so that college graduates have the ability to find gainful employment will continue to be a challenge.

National Workforce

For years now, many have warned that the delayed retirement of older people will prevent new workers from entering the workforce. This is a theory which applies to all sectors of our economy, not just healthcare. In fact, many countries from across the globe choose to make national labor policy with this premise in mind, claiming that when older people work more years it reduces job opportunities for younger people. This notion, referred to as the “lump of labor theory”, has long been used to forecast labor models in other countries – but is this an accurate model for the United States?

According to most economists and labor experts, the lump of labor theory did not affect labor markets in the U.S. during the Great Recession. That is to say, there was no “crowding out” of the younger generation in the labor market by the baby boomers in recent years. In fact, during the Great Recession, the boomers experienced a 1 percent increase in employment, which economists have associated with an additional 0.28 percent increase in hourly wages for today’s youth.

Even after controlling for education, sex and age, data suggest that boomers choosing to work longer and delay retirement have no correlation with the ability of younger workers to find employment. Experts agree that the pliability of the U.S. labor market will be sufficient in its response to future demands from both younger workers seeking employment and older workers delaying retirement. In other words, new workers and advancing workers are still likely to experience increased employment and higher wages, even if the baby boom generation decides to stay in the workforce longer.

Since the unemployment rate is expected to steadily decrease over the next decade, it is likely that opportunities for college graduates will continue to get better in the coming years, even as many boomers decide to stay in their current positions.
Healthcare Workforce of the Future: Who will Deliver Care?

Despite fears that younger generations will face job insecurity in the coming decades, demand for new workers in the healthcare industry has never been higher. In fact, rather than job insecurity, the healthcare industry is expecting workforce shortages in many key professions. What’s creating the demand for healthcare professionals? By and large, there are two main drivers: retiring boomers with long-time jobs in the healthcare workforce and an increased demand in the overall healthcare services needed to care for the elderly. While some boomers will ultimately stay in the field longer, demand for healthcare professionals will continue to outpace supply as the generation grows older and requires additional support.51

Nurses

One of the most frequent causes for concern in the healthcare workforce is the rising average age of registered nurses. According to the U.S. Department of Health and Human Services, the average age of registered nurses (RNs) in the U.S. has been steadily increasing for the past decade; however, with 45 percent of nurses 50 years of age or older in 2008, a mass exodus of experienced nurses is expected in the near future.52 Combined with the impending uptick in the demand for healthcare services, ensuring additional workers are seeking a career in the nursing field will be essential to properly caring for the elderly.

In an effort to address nursing shortages and keep RNs working, many employers have already offered RNs the opportunity to cut back on their hours, but still keep their jobs. The notion is simple: keeping RNs on the job permits younger generations to complete their training and also guarantees an experienced healthcare workforce is available today. The added flexibility for RNs is equally appealing – nearly 20 percent of the nation’s nurses are working part-time.54 Other efforts to address the nursing workforce shortage have long been underway in the country. Based on projections from the Bureau of Labor Statistics (BLS), the healthcare industry is anticipated to add 5 million jobs by 2022, with the largest growth expected to be RNs.55

2020

NEONI, The Center for Health Affairs workforce initiative, has conducted a series of supply and demand studies to model the nursing workforce in Northeast Ohio. According to the Nursing Forecaster, the region is expecting a shortage of nearly 6,000 full-time registered nurses and nearly 3,000 licensed practical nurses by 2020.53
Primary Care Workers

One of the greatest challenges the healthcare industry is facing in its efforts to prepare for the needs of the elderly is training and hiring the health professionals needed to care for this population, such as primary care workers. Yet, it is no secret that today the nation is facing a significant primary care shortage. As the situation stands, nearly 40,000 primary care physicians are needed to meet the demands of the nation – a number that is only expected to rise as insurance coverage is expanded to more people through the ACA and the baby boom generation ages.\(^56\) Training so many new physicians will take years of education and a significant expansion in the capacity of teaching hospitals, which makes filling the primary care gap with newly-trained physicians even harder than it sounds.

One way to ease the growing demand on physicians is to allow registered nurses to function within the full scope of their medical training. The potential for RNs to provide some primary care services in long-term care facilities, nursing homes and at a patient’s home can have a profound impact on the expected shortage. However, if RNs are not utilized to deliver more primary care services in the future and instead remain in their current role, the shortage of primary care physicians is expected to reach 20,400 by 2020.\(^58\)

In an effort to prepare a sufficient number of primary care providers, from nurse practitioners (NPs) to physicians assistants (PAs), key provisions in the ACA support additional training opportunities for a number of fields in the healthcare industry.\(^59\) Because of these efforts, the primary care workforce is expected to grow more rapidly than physician supply – with NPs rising by 30 percent and PAs by 58 percent by 2020.\(^60\) This trend in the healthcare workforce is good news for the retiring baby boomer generation, as they will undoubtedly require this level of care as they age. In fact, the U.S. Department of Health and Human Services estimates that if the growing supply of NPs and PAs are properly integrated into the healthcare delivery system, they will account for 28 percent of all primary care services and reduce the shortage of primary care physicians from 20,400 to 6,400 by 2020.\(^51\)
To be sure, a shortage of primary care physicians and nurses will be a challenge in the coming years as the baby boom generation grows older. Making this shortage even more acute is the fact that many existing care providers and many of those being trained have no special training in geriatrics. Yet, not surprisingly, demand for professionals trained in geriatrics – including doctors, physician assistants, social workers and many others – is expected to be especially high in the coming decades.

Elderly people often have a complex disease profile that requires special understanding of multiple conditions and how to treat them in tandem. Chronic conditions, for example, affect nearly 90 percent of adults over 65. Providing the comprehensive care elderly people need requires a team of healthcare professionals who are trained to treat everything from arthritis to high blood pressure.

Many have asked why more physicians aren’t seeking careers in geriatrics. Simply stated, the biggest barrier to training new geriatric specialists comes down to cost. Since the majority of patients who seek geriatric care pay for their care through Medicare, which typically pays less for care than private insurance, geriatric professionals often receive less pay than their counterparts in other disciplines. While the fulfillment of caring for the elderly may outweigh the cost in the long run, physicians seeking a career in geriatrics are left with the significant burden of medical school debt. Some experts suggest that one way to make the field more attractive and incentivize students to take on additional training in geriatrics is to implement a loan forgiveness program.
Conclusion

Since 2011, when the first baby boomer turned 65 years old, the nation has been challenged to answer a host of questions that will ultimately define what the country looks like after the boomers. Whether it’s a question of where care is delivered or what will happen upon retirement, each answer has the potential to powerfully impact the baby boom generation. And, based solely on the size of the group, the way in which these questions are answered has the ability to affect the lives of more citizens than ever before. Sweeping changes to the type of health insurance offered through Medicare, or changes in who is licensed to provide primary care services in the coming decades are both examples of how the country is preparing for the future.

While the ACA made great strides in terms of ensuring the infrastructure is in place down the road to care for seniors, further discussion is warranted. All Americans will in one way or another are impacted by how the boomer generation is treated. Younger generations are certainly thinking about the type of care available for their parents, and how to ensure the same care is available to them as they age. Those just turning 65 are looking forward to retirement and adjusting to a new way of life. Still, trailing boomers who have several years before reaching their sixties are presumably thinking about how long they plan to stay in the workforce.

There is virtually no group of Americans who isn’t impacted in at least one way by the baby boomers, which is why discussing their future is such a necessary national conversation. Beyond fiscal considerations or workforce projections, this conversation behooves citizens to begin thinking about one another in a more altruistic nature; ensuring fellow citizens are mindful of the treatment of others and keeping the same promise for generations to come.

Suggestions for Stakeholders

• Develop strategies that will enable the growing number of people who prefer in-home care to stay in their homes as long as possible.

• Invest in primary care. With all of the worry surrounding the primary care shortage, it is more important than ever that new physicians, nurses, and other medical professionals finish their training and quickly integrate into the healthcare system.

• Allow nurse practitioners and registered nurses to contribute more to the delivery of primary care. Doing so will make sure those over 65 have regular access to the care they need.

• Support educational programs that provide geriatric training to future care providers.
Endnotes

2. Ibid.
3. Ibid.
4. Ibid.
8. Ibid.
9. Ibid.
12. Ibid.
17. Ibid.
24. Ibid.
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27. Ibid.
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