Looking Forward: Patient Care in The Academic Health Center

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Change and Uncertainty: A Part of Your Future

- Changing numbers/characteristics of the uninsured
- Ongoing changes in the delivery system
- Uncertain future streams of financing
- Major challenges confronting the U.S.
  -- debt, deficit, sequestration
Changing Roles For The AHCs With The Newly Insured

♦ Assuming some/all of the ACA survives, sharp in uninsured

♦ Less an issue for Maryland hospitals because rate-setting has compensated for uninsured
  -- But, still will impact *ambulatory* care and *also* impact *non-Maryland* Hopkins hospitals

*Question*: Will newly insured *choose* AHCs?
Changing The Delivery System

♦ Extending coverage is the *easy* part of health care reform

♦ More challenging issues
  -- slowing unsustainable spending growth
  -- inconsistent adoption of quality/clinically-appropriate interventions
  -- inconsistent adoption of patient safety measures
Thus Far Only *Limited* Delivery System Reforms

- Lots of pilots
  Payment bundling/other reimbursement changes; private sector demos
- Accountable care organizations
- Some value-based purchasing proposals plans to Congress 2011; 2012
- CMS Innovation Center
- New institute for comparative effectiveness research (PCORI)
The *Hard* Part: Translating Pilots Into Practice

- Historical precedence: Discouraging!
  -- Even successful demos rarely become law

  But …

- Secretary has *new authority* under ACA
  -- can “scale-up” successful pilots
  -- can make successful pilots national

- Still … can ≠ will
Also Need Liability Reform to Drive Change

Need to *protect* physicians/institutions who practice *conservative* medicine

♦ Arbitrary caps on pain/suffering don’t improve quality

♦ Need to consider “quid pro quo” strategy
  -- Get protection if adopt IOM patient-safety measures, evidenced-based clinical protocols
  -- No provable criminal negligence
Can/Will AHCs Lead The Way?

♦ Will Hopkins (and other AHCs) set the example of how health care should be delivered?
  -- use of *evidenced-based medicine*
  -- focus on *patient-centeredness*
  -- rewarding physicians on the basis of *outcomes*, not inputs

♦ Can Hopkins *lead the way* with *Hopkins-affiliated community hospitals*?
  -- including the use of fully interoperable EMRs?
Improving Health Outcomes

- **Difficult** to change physician behavior
  -- Need to get “buy-in” to the process
  -- Especially important if challenging “conventional wisdom”

- Also important to involve patients/advocacy groups
  -- Include patients “like them”, not just “averages”
Quickly Bringing R&D Results “To The Bedside”

♦ Too often, new R&D isn’t affecting patient care, *despite* close physical proximity in most AHCs

♦ More challenging with addition of *remote* hospital sites

♦ Mirrors problems in the broader medical community “17 yr. dissemination cycle”

♦ More aggressive, persistent physician leadership is important
Delivery Systems Of The Future …

♦ Will require more *team-based* care

♦ *Different mixes* of health care professionals and maybe some that currently don’t exist

♦ *More/better integration* between inpatient-outpatient care; acute-post acute care

♦ *Reimbursement systems* that rewards improved clinical outcomes rather than costly inputs
Increasing competitive environment is pushing growth
-- need to be careful moving away from “core business”

Changing financial environment for patient care and GME
-- greater push for efficiency and accountability
-- ↑d interest in transparency

*Question*: Can/will AHCs adapt to the changing environment???
But Still… Lots Of Opportunities

♦ Increasing demand from aging population
♦ Increase in chronic disease also increases demand
♦ Need for more health professionals at all levels
♦ Continued interest in new R&D

Better Values --- Slower Cost Growth
The Keys to Success