

More Does not Imply Better Care

The complexity underlying the US Healthcare system is often oversimplified by defining it in terms of just the 4 variables – Cost Quality Access and Timeliness of care . This approach erroneously puts the emphasis on addressing ill-health or “sick care”. The continuum of health needs to address both “well-care” and “sick-care” and this means the patient and his physician or more appropriately his clinical team should jointly engage in designing a continuous process intricately interweaving healthy living, life style modification and patient empowerment. This was eloquently stated by Hippocrates “The function of protecting and developing health must rank even above that of restoring it when it is impaired.”

Data from the US Bureau for Economic Indicators has clearly demonstrated that while productivity has taken off in the US in the past few years, the healthcare sector remains an exception. Even simple outcome measures such as rates of hospitalization 30 days after discharge are at an abysmal double digit level across the country. Additionally higher levels of spending are not associated with better mortality rates. In fact time and again it has been shown that “More care does not imply Better care”

According to a new study published by the Society of Actuaries in August this year, of the approximately \$80 billion in costs associated with medical injuries – that is, \$ 19.5B were the result of avoidable medical errors.

Also revealed was the fact that 1.5 million of the 6.3 million measurable medical injuries in the U.S. were associated with a medical error.

The average total cost per error was approximately \$13,000 and what was more alarming was the fact that 7% of hospital admissions are estimated to result in some type of medical injury.

Measurable medical errors resulted in more than 2,500 avoidable deaths and more than 10 million excess days missed from work due to short-term disability. Thus it was determined that \$1.1 billion was from lost productivity due to related short-term disability claims, and \$1.4 billion was lost from increased death rates among individuals who experienced medical errors

This data clearly indicates that there are several options for incremental and disruptive innovation to address this cost-quality conundrum and thus the chaos, complexity and inefficiency in healthcare. Innovation in HealthCare is about redefining the fundamental problems at hand and not just finding a better mouse trap to our current set of perceived issues.

Technologists, Clinicians and Policy makers have jointly reached consensus on several key tenets addressing “Transformation in healthcare”. A few are listed below.

- Indisputable transformation in healthcare is not about faster or cheaper care but being smarter in ensuring the health of the individual throughout their life and thus maintaining optimal population health for a community . Thus focus on prevention is paramount and we are challenged to redefine health care as well care and not sick care.
- It is about empowering people, providing information, sharing information and designing innovative incentives to trigger and stimulate transformative changes both for providers and consumers. Without a fundamental shift in reimbursement for clinicians this cannot be achieved.
- Preventive, Personalized, Predictive, Proactive care is the new bold vision of healthcare transformation. What was considered impossible is now deemed inevitable, if we have to harness the cost of healthcare in our country.

Technologies and processes which will be of relevance in the future will not be confined to genomics, proteomics and robotics but those which enable consumers to achieve their goals of a healthy life style through customized and personalized life style changes.. Thus personal health management systems, medication adherence through SMS messaging and games for healthcare will perhaps be as critical as the newest innovation in diagnostic imaging technologies such as MRI and PET scans, if not more.

New concepts of team based care and shared decision making are slowly but surely making their way into healthcare. As important is the role of the Primary care physician in the medical home, equally significant are the roles of other members of the care team. The nutrition counselor, the diabetes educator and smoking cessation specialist are all part of a cohesive team who need to collaborate with each other and the patient and foster shared decision making.. Working with specialists, the primary care physicians has to be responsible for the Coordination of care for his patients. Technologies such as remote patient monitoring, digitized medical records, and telemedicine allow the patient to be monitored and cared for continuously by the care team without waiting for an episodic event to occur. Alerts and reminders for both patients and providers which are critical to this strategy are now readily automated through innovative technologies.

The current fee-for-service payment system rewards physicians for providing a greater volume of more costly services rather than for getting the best results for patients. .Bundled payment methodologies as demonstrated by Geisinger and other leading institutions have the led the way to indicate effective reimbursement strategies provide significant improvements in quality as well. Another effective reimbursement strategy is to create a new organizational entity that includes physicians and other providers who agree to be accountable for the total care of patients, their outcomes, and the resources used in providing it. These new entities called Accountable Care Organizations (ACOs) , redefine the entire process of care delivery, and reimbursement.

With ACOs, doctors and hospitals would get paid based on their ability to hold down overall costs and meet quality-of-care indicators. In effect, their pay would be based on improving care, not driving more of it.

The new healthcare strategies will leverage technology intensely, but technology by itself cannot achieve the intended outcomes without a strategic shift in care delivery and payment reform. Automating a flawed process will only create a more efficient flawed process – it will not transform healthcare. Thus a comprehensive strategy which simultaneously addresses prevention, new modes of care delivery, patient education and empowerment, and payment reform will be the only way to solve our health care conundrum.

References

Source: Society of Actuaries. "Society of Actuaries Study Finds Medical Errors Annually Cost at Least \$19.5 Billion Nationwide." August 9, 2010. <http://www.soa.org/news-and-publications/newsroom/press-releases/2010-08-09-med-errors.aspx>.

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