

“21st Century Medicine – A Team Sport.”

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AAPM
Professional Council
Symposium:
The Evolving US Healthcare
Delivery Model
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Potential Conflict of Interest:

Member, Board of Directors, United Health
Group

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U.S. Health Care

- Most expensive in the World by any parameter
- 17.6% of GDP
- 1 ½ - 2 X Other OECD Countries

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U.S. Health Cost Drivers

- Fee for Service
- Third Party payment system
- Technology
- Chronic illnesses
- Aging population
- Fragmentation of Care
- Defensive medicine??

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Health OUTCOMES

- Life Expectancy At Birth
78.3 years
36th in the world
Tied with Denmark and Cuba
- Infant Mortality
Deaths - 6.3/1000 Live Births
33rd in the world
- Under Five Mortality
Deaths - 7.8/1000 Live Births
32nd in the world

United Nations Population Division

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Systems Characteristics

- Population Based/Patient Centered
- Continuity of Care 24/7
- Team Care-Multiple Players
- Realigned Incentives
- Outcomes vs. Processes
- Quality Measures
- Technology
- Evidence Based

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Aligning Incentives

- Alternatives to fee-for-service reimbursement
 - Capitation – full or partial
 - Bundled/Episode Payment
 - Gain Sharing and Shared Savings
 - Pay for Performance Incentives
 - Decreased/No Pay for Preventable Events
 - Birth trauma/injury; pre-term inductions, cesareans
 - Hospital Acquired Conditions and Infections
 - Admissions for Ambulatory Sensitive Conditions
 - Readmissions

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Imperatives for Change

- Delivery Systems
- Reimbursement Methodology
- Moving From Processes to Outcomes
- Paying too much for too little health

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Opportunities

- Health Homes
- Accountable Care Organizations
- Bundling
- Gain Sharing
- Time/Effort Reporting
- Systems Engineering
- Outcomes
- Comparative Effectiveness Research

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Increased Chronic Care Needs

- About 100 million people (40% of population) have one or more chronic conditions
- Chronic conditions account for more than two-thirds of health care expenditures (Robert Wood Johnson Foundation, 1996)
- 80/20 Rule: Limited number of conditions account for most of these health care expenditures (Ray et al., 2000)

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Systems of Care

- Our healthcare system is not a system
 - Physician practice as a cottage industry
 - Burdened by myth of the doctor-patient relationship (in 15 minutes?)
 - Fragmented, siloed, contradictory, causing harm
- Goals for a high performance healthcare system
 - Improve the patient's care experience
 - Improve health for the community population
 - Reduce the cost of care
- Systems thinking is the critical innovation
 - The human body is a system of systems, so too the healthcare system

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Chronic Care Delivery Models

- Planned, systematic approach
- Attention to information and self-management needs of patients
- Multi-disciplinary teams
- Extensive coordination required across settings and clinicians, and over time
- Unfettered and timely access to clinical information is critical

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Value Definition

The relationship between cost and the quality of care provided.



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UT's Success Stories

- Clinical Safety & Effectiveness Program
- Patient Safety Grants
- HIT grants focus on applications to improve care
- Meaningful Use as a path for Clinical Quality Reporting Initiative
- Bundled payment developments
 - Begin with analysis of patient-centered outcomes
 - Refine protocols, processes to increase reliability and control risk
 - Analyze costs, set a price
- Systems Engineering Initiative

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Systems Approaches

- Emergency Room Care
- Operating Rooms
- Perinatal Care
- Clinic Functions
- Care Models – health homes, ACOs
- Reimbursement Model

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Education Implications

- Multidisciplinary Learning
- Effective use of IT
- Continuous Quality Improvement
- Joint Problem Solving
- Team Management
- Understand the “10 Rules”

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21st

- | | |
|-----------------------|--------------------------|
| ▪ Autonomy | ▪ Teamwork |
| ▪ Solo Practice | ▪ Systems |
| ▪ Continuous Learning | ▪ Continuous Improvement |
| ▪ Blame / Shame | ▪ Problem Solving |
| ▪ Knowledge | ▪ Change |

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