

Can We Do It?

Creating Health Care That Works

By WILLIAM P. THOMPSON, M.H.A.

As a relatively new CEO of a health care system, one of the myriad issues that keep me awake at night is how to move forward the transition we all must make, from a system built on providing episodic care — with billions of dollars of debt for building and renovating hospitals and other facilities and providing for the newest technology — to a system that will thrive on keeping people healthier, managing the care of those with chronic health conditions, avoiding unnecessary services and predicting future health care needs. All of this is not to mention intervening in new and creative ways to prevent the incidence of disease in the future.

Health care in the United States is in desperate need of reform. Neither the decision by the U.S. Supreme Court nor legislation by Congress is going to change several fundamental issues facing the country today, specifically, the aging population; the increases in chronic disease, especially obesity and diabetes; the increasing costs of health care; the increasing burden those costs are placing upon the citizens and the economy of the United States. We must move forward to design a health care system that meets the needs of all we serve in an affordable manner.

Catholic health care leaders know the problems of our present system all too well. As the saying goes, a system is perfectly designed to get the results that it gets. So, for good or bad, the U.S. health care system is perfectly designed to get the results that it currently gets. And no one really argues the fact that it needs to change. Most health care executives even have a sense of what needs to change and have begun to lay out a plan to make it happen.

So, what does the future look like?

Generally, the future health care system will be organized to deliver care that promotes the health

of defined populations. Physicians, hospitals, non-acute services (such as skilled nursing, rehab, outpatient services, home care) will come together, either under common ownership or through contracts, to deliver a well-coordinated continuum of care. Electronic health records will become the foundation upon which this new delivery system will be built, not only to provide the right information to the right person at the right time and place, but for analytic and predictive modeling to manage care proactively to prevent the most common of complications from occurring. Physicians and other caregivers will work together in teams, easily communicating among themselves the patient's conditions, diagnosis, treatment plans and results, allowing each to do what they do best, while maximizing the efficiency of the entire team and delivering a high quality, low cost outcome.

If we were starting from scratch, it might be possible to create this ideal system, but we don't have that luxury. We must transform the health care system without breaking it and, at the same time, fulfill our obligations to our bondholders and others who have invested in building the current system.



The path through this transition is far from clear, but there are a number of things that health care systems can begin to do now to prepare for the future. While each health care system and each health care facility will have to design its own programs, keeping the goals in mind will be important as we move together to shape the future.

■ First, we need to educate leadership, including boards, administrative staffs and physicians, so they understand change is not only inevitable but necessary for the future of the health care industry and the country as a whole.

■ Second, we have to shift our focus from being hospital-centric organizations to becoming people-centric organizations. The silos we have created that have become barriers to high quality, cost effective care have to be broken down and the organization reimaged and redesigned to meet the needs of the people we serve wherever and whenever they need care and support. We have to create communities of caregivers, physicians, nurses, therapists and countless others who interact seamlessly to provide for the needs of patients and their families. We also have to realize that organizations and entities other than hospitals will become essential partners in the new care model. We must open seats at the table for them to participate as equal partners in a newly envisioned care model.

■ Third, we have to create an information highway that will become the foundation of a new health delivery model. Again, we have to re-think the design of that information system to be centered on the needs of the people in our care. We have to move beyond a system that simply collects data during episodes of care to one that predicts the health needs of individuals and provides prompts and reminders to both caregivers and the person being served. Information systems must have the capability to analyze the efficacy and efficiency of the care being provided. As the health care system faces even greater financial pressures, we must have the data and information necessary to determine if the care provided is not only high quality, but is also the right care, neither too much nor too little, delivered in the right setting by the right people — and if it achieves the best result every time.

■ Fourth, we have to adopt performance stan-

dards that measure the value of care provided and the outcomes achieved. It will no longer be acceptable to simply measure care provided in any particular setting — it must be the care across all settings. Health status, quality of life, total cost to the individual and to society, have to be measured and systems designed to ensure these measures are being improved.

■ Fifth, we have to create a new culture that recognizes the providers are not the center of the health care universe — people are. Coordination, integration and teamwork are essential components of a new health system. Innovation, creativity, openness and a willingness to explore new approaches and new ideas must be embraced and nurtured in our organizations.

■ Sixth, we must recognize that good health does not just come from health care. We must work with the communities we serve to ensure that there are adequate jobs, safe environments for living, working and leisure activities and a strong educational system to prepare people for the future. The health care system must reach out and partner with others in the community to address all the factors that contribute to health

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and wellness and realize that we are only part of the larger system.

■ Lastly, we must have courage, hope and optimism. It has been said that the best way to predict the future is to create it. We must have the courage to face our fears and the uncertainties before us and to create what has not been created before. We must have hope that our efforts will lead to change that will result in healthier communities. And we must be steadfast and enthusiastic in our quest for change, so the naysayers do not keep us from what is possible.

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