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Forum Introduction: Transforming Healthcare through Collaboration, Innovation, and Technology

Healthcare remains one of the most pressing issues facing us today. The U.S. healthcare system continues down what most experts have concluded to be an unsustainable path, mired by ever-increasing costs, inconsistent quality, and access pressures. The U.S. spends over \$2 trillion on medical care annually, which according to the Organisation for Economic Co-operation and Development (OECD), represents about 2.4 times the average of other OECD countries.¹ “Though Americans spend [more than] twice as much per person as citizens of other industrialized countries, their health status is no better and by many measures actually worse.”² In fact, some researchers estimate that as much as 30 percent of healthcare is not contributing materially to patient outcomes.³ As chronic illnesses such as diabetes, heart disease, and high blood pressure continue to grow, managing them places tremendous stress on an already overextended system. Over seventy-five percent of total healthcare dollars is spent on patients with one or more chronic conditions.⁴ This in the face of spending projected to double within the next decade, and some 47 million Americans currently without health insurance. Against this backdrop, the current path appears unsustainable. For some, nothing but a fundamental transformation would have the necessary impact.⁵

Today, calls for a more collaborative, innovative, and technologically focused healthcare system have found advocates. These calls recognize that any truly transformative dynamism must have specific goals—to improve patient outcomes, to improve access, to reduce cost, and to build a more efficacious paradigm of health and care. This way of thinking tries to be responsive to our current predicament, meeting the challenges faced today. To some, this requires a fundamental refocus: away from the traditional episodic, acute care model of healthcare towards a more patient-centered collaborative model of care delivery. “The limits of what can be measured and, above all, of what can be effected through human intervention reach deep into the realm of healthcare. Health is not something that can simply be made or produced.”⁶

Collaboration and innovation may lead us towards a more team-oriented, patient-centered model of care delivery. We see this today with the expanding use of Patient-Centered Medical Home (PCMH). The American Academy of Pediatrics (AAP) first introduced the medical home concept in 1967, having to do with a central location for archiving a child’s medical record. Today, the concept has evolved into an approach providing comprehensive primary care that is accessible, continuous, comprehensive, family-centered, and coordinated. This patient-centered care involves a substantive shift in the patient-physician relationship. “Doctors must be able to look beyond the ‘case’ they are treating and have regard for the human being as a whole in that person’s particular life situation.”⁷ Under this paradigm, patients also become more engaged in their personal health and care, working with their clinicians to manage chronic conditions and enhance well being. Doing this well requires the capability of managing, monitoring, and tracking care provided as well as the health outcomes of patients. This relies on the capability of monitoring and managing enrolled populations. Moreover, recent studies have shown the efficacy of coordinated chronic care management to improve outcomes and reduce costs.

The success of alternative care models such as Patient-Centered Medical Home rests on the widespread adoption of information technology for care management and quality improvement. Health information technology, or health IT, will play a significant role in the success of innovative care models. It is also a central component to building a healthcare system for the 21st century—in fact the backbone of a truly transformed healthcare system. Health IT incorporates a diverse set of technologies for transmitting and managing health information among various stakeholders. “It is,” says Dr. Robert Kolodner, former national coordinator for health information technology at HHS, “a necessary component in order to be able to reduce errors, improve quality, and produce greater value for healthcare expenditures.”⁸ Health IT has a number of core components. First, there is the electronic health record (EHR), which is a tool or a set of applications that providers can use to record clinical encounters, capture diagnoses, order meds or lab tests, and review lab results. There is the personal health record, which is an evolving concept and distinct from EHR. It captures a detailed history of a patient’s clinical and health encounters. The other components are standards (i.e., data, technical, and security) and a formal secure network for exchanging information. Arguably, it is this capability to exchange secure personal information over a network that represents the foundation of health IT. Though it holds great promise to improve quality, outcomes, and efficiency, health IT is no magic bullet.

Transforming healthcare will require much effort and a willingness to experiment with options. Active engagement, collaboration, and innovation will help to lead and shape this transformation. No single solution can solve such a complex problem, but the status quo seems untenable.

This forum highlights possibilities. It explores the progress between the U.S. Department of Veterans Affairs and the U.S. Department of Defense in sharing health information, advancing the use of electronic health records, and expanding the adoption of health IT nationally. It also examines the successful piloting of a Patient-Centered Medical Home initiative at the National Naval Medical Center. The forum closes with a discussion on the potential uses of wireless technologies in managing and monitoring chronic diseases while describing key barriers to expanding the use of wireless technologies to transform healthcare delivery.

Notes

¹ Organisation for Economic Co-operation and Development. 2006. *OECD health data 2006: Statistics and indicators for 30 countries (15th edition)*. Paris: OECD Publishing.

² Uwe E. Reinhardt, Peter S. Hussey, and Gerard F. Anderson, “U.S. Health Care Spending in an International Context,” *Health Affairs*, June 2004. <http://content.healthaffairs.org/cgi/content/abstract/23/3/10>

³ Elliott S. Fisher, David E. Wennberg, Therese A. Stukel, et al. “The Implications of Regional Variations in Medicare Spending. Part 1: The Content, Quality, and Accessibility of Care.” *Annals of Internal Medicine*, 138(4): 273–288, 2003. <http://www.annals.org/cgi/reprint/138/4/273.pdf>

⁴ Gerard Anderson, Robert Herbert, Timothy Zeffiro, and Nikia Johnson. *Chronic Conditions: Making the Case for Ongoing Care*, 2004. Partnership for Solutions (Johns Hopkins and Robert Wood Johnson Foundation).

⁵ Adams, Mounib, Pai, Stuart, Thomas, and Tomaszewicz. “Healthcare 2015: Win-win or lose-lose?” IBM Institute for Business Value. October 2006. <http://www.ibm.com/healthcare/hc2015>

⁶ Hans-Georg Gadamer, *The Enigma of Health*. Trans. Gaiger and Walker, Stanford University Press, Stanford, California 1996, p. vii.

⁷ Gadamer, p.43.

⁸ Michael J. Keegan, “Leading the National Health Information Technology Agenda,” *The Business of Government*, Spring 2008, pp.30-32. http://www.businessofgovernment.org/pdfs/BOG_Spring08.pdf