

SYMPOSIUM DAILY NEWS

Tuesday, May 23, 2006

Leadership teams and transparency – best-practice models for health care

Tackling problems of ineffectiveness and inefficiency in the health care system requires strong leadership and a commitment to transparency, according to presentations and symposium participant input during Monday sessions at the Mayo Clinic National Symposium on Health Care Reform.

Paul O'Neill, former U.S. Treasury Secretary, told the luncheon crowd about how leadership can set an organization's culture and expectations to reduce medical errors.

One step toward reducing medical errors, he said, is to require physicians to write their prescriptions legibly.

John Wennberg, M.D., M.P.H., pointed out how lack of transparency and lack of leadership has led to great variations in how patients receive medical care.

Providers need to work together to manage their patients, said Hugh Smith, MD. "Physicians have to put their ego aside in the interest of the patient. If you're uncertain, you have to find someone somewhere who knows more."

Steve Case expressed optimism about consumer trends for greater use of Internet tools which would foster greater transparency. When it comes to health care, Case said, "It seems to me we need to blur the lines [between sickness and health] so that it's more of a process and you're on a spectrum of care, with interactive online contacts with a physician."



Paul O'Neill, former U.S. Treasury Secretary, spoke about the effects of strong leadership.

Session summary in brief

Reducing health care inefficiencies: Panelists discussed how to change business management structures in health care and other changes.

Sharing Scientific Knowledge: CNN's Sanjay Gupta, M.D., led panelists in discussing greater transparency for physicians, patients and their families, and consumers in obtaining and using information

Insuring the Uninsured & Underinsured: Participants and panelists built a consensus around individual- rather than employer based insurance.

TODAY AT NOON – SETTING PRIORITIES

At 11:30 a.m. today, participants will break into three groups to take the recommendations from the discussion sessions and set priorities for actions.

CONSENSUS FOR INDIVIDUAL-BASED INSURANCE

Panel agrees that the direction for health care reform is away from employer-based insurance benefits, but the public isn't there yet.

"Americans really do not understand investment in health care is an investment in the future and it's an investment that has a return,"

Louis Sullivan, M.D.

Health reform is on a path to replace employer-based insurance with individual-based benefits, according to a panel of five health policy experts at Monday's session on the uninsured and underinsured. Symposium participants reflected that view during electronic voting.

Panelist Stuart Butler, Ph.D., said individuals need more options than employer-based insurance, including new tax incentives. "We give enormous tax benefits to people who have insurance through their employer, and none to those who don't."

Two of the experts, Ezekiel J. Emanuel, M.D., Ph.D., and Victor Fuchs, Ph.D., have proposed an alternative: vouchers for individuals to obtain health coverage, along with new controls to contain cost. The vouchers could purchase essential, benefits and individuals would have the option to buy extra coverage.

Essential benefits

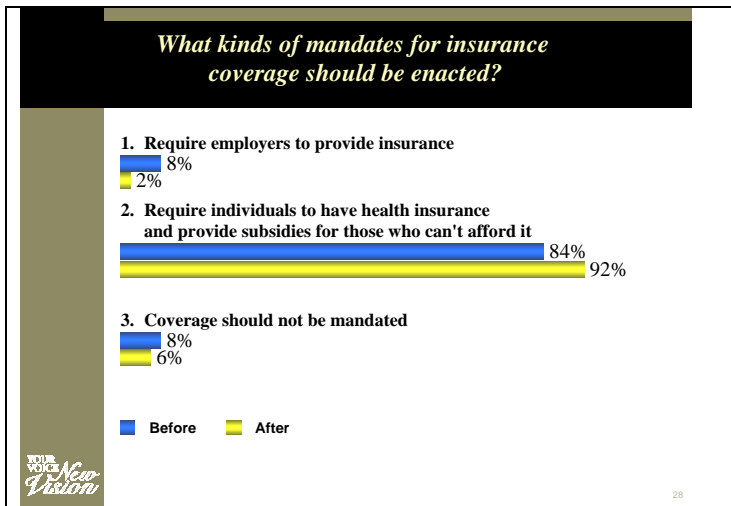
Butler said the public needs to decide what would be an acceptable level of benefits that a voucher would cover.

Louis Sullivan, M.D., suggested decisions for health care reform need to emphasize more prevention efforts.

Lack of a public mandate

While the experts came to a consensus about employer-based insurance, Fuchs noted that the public has not come to any consensus about the need for health care reform.

"Up until now, despite what the polls say, there hasn't been strong, persistent support on the part of the American people for change. If there were opposition by organized economic interests, that would be overcome. They are not the main problem. The problem is us," Fuchs said.



Expert panelists for the session on the uninsured

BUSINESS ROUNDTABLE

Leaders from international businesses provide insights about the impact of rising health care costs on their operations and their employees.

"Investing in the health of employees is an investment in healthy business."

Carlson
Companies CEO
Marilyn
Carlson
Nelson

Employee cash incentives and discounts on fruit and vegetable purchases are some of the approaches used by four international businesses to reduce their health care costs. Among the other insights offered at Monday night's business roundtable:

Carlson Companies

Carlson Companies works with other employers to contract directly with health care providers to manage costs. As part of the *Bridges to Excellence* program, the company rewards physicians who treat patients according to defined protocols.

Wal-Mart

Wal-Mart's benefit costs for its over 1 million employees consume nearly 50 percent of annual profit, said Linda Dillman, executive vice president. Wal-Mart has scorecard systems to track its suppliers' performances, so why can't health care have scorecards, Dillman asked.

Sun Microsystems

Sun Microsystems CEO Scott McNealy wondered why health care does not use existing technology. "It's ludicrous we're not utilizing these capabilities in the health care arena."

Individuals need to accept responsibility for the choices and decisions that affect their health. "It's not Wal-Mart's job to make sure you don't eat pizza every night," McNealy said. "It's your life - it's your responsibility."

IBM

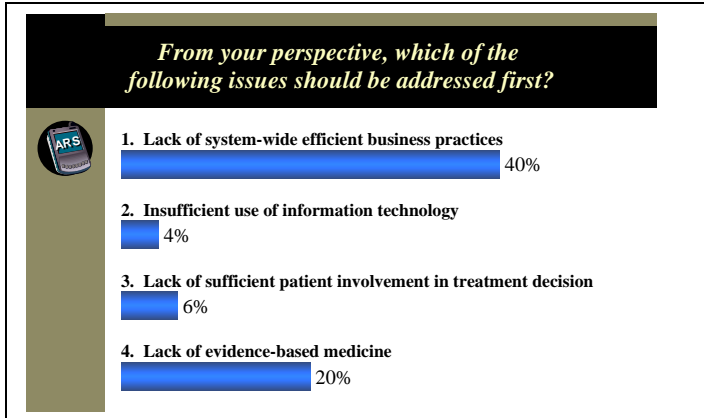
IBM employees have access to primary care physicians at zero cost, said Harriet Pearson, chief privacy officer. Aggressive disease management strategies have delivered significant cost savings for the company. IBM is developing personal health care records and offers cash incentives to employees who participate in wellness programs. The company is also among a group of large, influential employers looking to create processes to protect health information.



INFO AT THE RIGHT PLACE & RIGHT TIME

Medical practices need better system-wide systems.

At the *Reducing Costs* panel on Monday, panelists spoke about the need for medical practices to replace their disjointed operating systems with work flow processes and business management systems.



Gary Kaplan, M.D., suggested Toyota as a management model. Eugene Litvak, Ph.D., explained the critical need to coordinate hospital admissions.

John Wennberg, M.D., M.P.H., commented on hospital construction: "How that capacity gets organized around a community is interesting, but it has nothing to do with illness."

An efficient health system, said Roger Feldman, Ph.D., requires competition in the choice of health plans and health providers. He noted that consumer-driven health plans are having an effect in making consumers choose more wisely.

Setting up systems to foster effective sharing of knowledge among providers, researchers, patients, patient families and consumers.

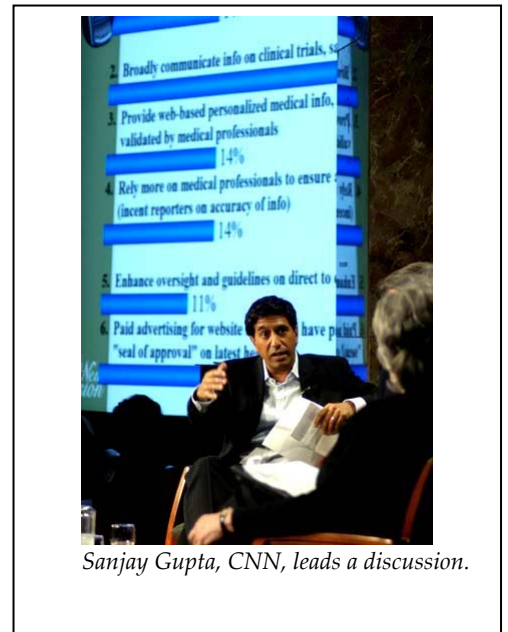
"The physician model is to read, read, read and store it on your memory, your personal hard drive. Then, when the patient shows up, you can immediately retrieve the right file. The promise of IT is that it will help us to pull information in for patient in front of us."

Making the leap from information into applied knowledge can be challenging, said Sanjay Gupta, M.D., CNN health reporter and moderator. Physicians, patients and their families, and consumers can all benefit from having better information, if they know how to interpret it.

Hugh Smith, M.D., said everyone along the line in health care, from patient to family to physician, needs incentives to take care of themselves.

Carolyn Clancy, M.D., anticipates that physician quality measures will become more common, including for individual physicians.

Carolyn Clancy, M.D., Agency for Healthcare Research and Quality



Sanjay Gupta, CNN, leads a discussion.