



Creating a Health Care System That Works for All Americans

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Stories of Two Patients

Donna Jones

- Born with spina bifida; 20 surgeries
- Major health event every 3 years, so hard to keep a job... and therefore health insurance
- Issues = Insurance; costs; safety/quality/coordination of care when outside of the Duke system

Stories of Two Patients

Marcie Roth

- Mother of two children; daughter had stroke at age 12; Son has severe ADD
- Children were on 19 total medications
- She called all providers involved in son's care together at her own expense because none of them were talking.
- Issues = care coordination, safety, quality

Is the Health System Broken?

The wrong question

- There is no system, never was, never designed by anyone
- We have not created a vision and a goal for a system of health and health care in the USA
- Ask two questions:
 - Who wants to be hospitalized tomorrow?
 - Who wants to be sick tomorrow?

Assume You Are A Patient

- “The best interest of the patient is the only interest to be considered, and in order that the sick may have the benefit of advancing knowledge, a union of forces is necessary.”
William Mayo, 1910

What do we want?

- Prediction of the risk for illness
- Prevention of illness
- Precise and timely diagnosis
- Cure if possible
- Control of chronic illness
- Wellness
- Quality of life
- Out of hospital

How do we want it?

- Excellent Quality
 - Timely
 - The right thing, the first time, every time
 - Superb outcomes
 - Safely done
 - Coordinated
 - Compassion
- Affordable
- Personal high-value health and health care

Components of a Learning Health Care System

Learning organizations

Value*

Individualized
Medicine

Science
of Health
Care Delivery

Integration and coordination

Payers pay for value

Insurance for all

*Value = Quality/Cost = Outcomes, Safety, Service/Cost Over Span of Care

What is the Delivery System?

- Patients
- Physicians
- Nurses
- Other providers
- Hospitals
- Pharmaceutical/device companies
- Research enterprises

Delivery System Responsibilities

- Learning system and organizations
- Value
- Integration and coordination
- Individualized Medicine
- Science of Healthcare Delivery

Learning System

- FAA like model for safety reporting
 - 747 example
- Everyone knows what is known: patients and providers
 - Get right advice for AFib 15 – 20% of time
- IT connected
- Medical evidence used to make decisions
- Knowledge generated as an output
- Transparency: O,S,S and costs

Value

- Not “cheap”
- Shoe example
- Quality in relation to the cost over span of care
- Quality = outcomes, safety, service
- Eliminate waste, mistakes, errors
- When patients begin to buy “value,” they become in charge of their own health care

Coordinated and Integrated Care

- Teamwork in getting it right the first time
- Team work to care for the patient / Conductor of orchestra
- Individual specific: wheel chair, diabetic, CHF, transplant, back pain, cold/flu
- Medical schools need to change
 - Teamwork: nursing, family, social service, others
 - Cheating example

Individualized Medicine

- Focus on the patient
- The new biology: prediction, prevention, precise diagnosis, personalized treatment
- Improve health of groups/population
 - Intermountain/Health Partners examples

Science of Health Care Delivery

- Mosquito spray: delivery system costly and toxic
- Improve the way care is delivered
- System engineering to reduce medical errors
- Establish the role in practice of new scientific advances.
- Disseminate medical evidence
- New models of care: Minute clinics, virtual consults

Roles for private and government payors

- Pay for value
- Insurance for all

Pay for Value: All payers

$$\text{Value} = \frac{\text{Quality (outcomes, safety, service)}}{\text{Cost over a span of care}}$$

- Pay for results, outcomes, value, not process compliance;
- Providers now make more when we are sick not when we are well.

An Example: Medicare Pay for Value Payment Reform

Medicare must be allowed to:

- Pay for value: Now, it's just the opposite
 - Dartmouth example
- Provide coverage with evidence development
- Allow comparative effectiveness considerations in benefit design and coverage decisions

To accomplish this:

- Medicare must be insulated from political pressures
 - Congress must cease as BOD
- Stop price controls in exchange for provider pricing transparency

Insurance for All

- Individual ownership should be expected
- Purchased by individual, employer
- States and/or federal government can subsidize or purchase
- FEHBP–like model; patients want choices
- Must be affordable
- All insurance companies take all patients

Mayo Clinic Health Policy Center

Goal

Influence stakeholders to implement substantive health care reform before 2011 that will enhance quality and availability of health care for all patients

Convening body

- 800 thought leaders
- 1,400 pts.
 - 1,000 surveyed
 - 400 on 9-city tour

MCHPC Cornerstones

Insurance
for all:
FEHBP
model

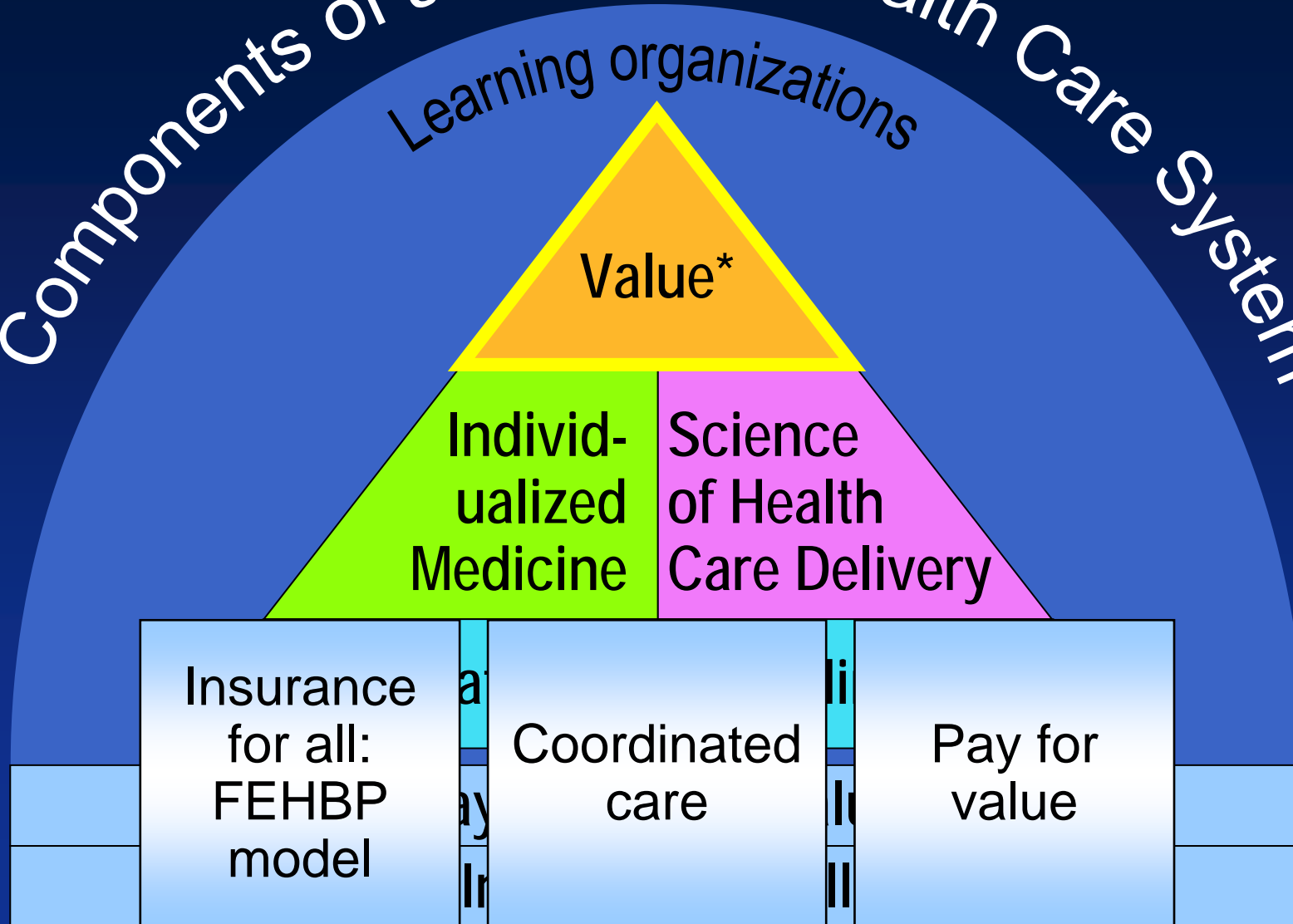
Coordinated
care

Value

Payment
reform

Note alignment with components and other proposals

Components of a Learning Health Care System



*Value = Quality/Cost = Outcomes, Safety, Service/Cost Over Span of Care

Results from March 2008 Symposium: Action Steps; Private and Public Sectors

- Insurance for All
- Payment reform - pay for value
- Universal Clinical IT – interoperable EMR, PHR
- High-Cost Service Programs: chronic, end of life
- Coordinating Care Teams – Reward Coordination
- Benefit Packages to Improve Health
- Federal Health Board

HPC Next Steps

- Cross-sector work groups to implement symposium recommendations
- Medical education conference – April 2009
- IT summit
 - Mayo Clinic recently hosted an IT summit... 13 IT companies – competitors.
 - The IT companies issued a challenge to us: Define what you want, and we'll build it.
 - Convener of IT and providers

A Call for Leadership

- Presidential candidates: health reform a top priority
- Time for presidential leadership is now
 - John Kennedy example
- President should ask every morning
 - Do we have a learning system of health care?
 - Is health care value improving?
 - Are we paying for value?
 - Does everyone have access?
- If answer is no, then hold people accountable
- If yes, then we've finally created a health care system that works for all Americans. Thank you.