



YOUR  
VOICE *New  
Vision*

Ensuring the future of quality patient care

## NATIONAL SYMPOSIUM ON HEALTH CARE REFORM

[www.mayoclinic.org/healthpolicycenter](http://www.mayoclinic.org/healthpolicycenter)

*"I look out at this group of you and I see the people whose insights, vision, passion, experiences and perspective are exactly what we need to come out of this symposium with new outcomes."*

Pat Mitchell  
Chairman and CEO  
The Museum of Television and Radio  
Symposium Co-Chair

*"We are here to mutually explore solution options and we are going to reach objectives through collaboration and to move beyond things that aren't working."*

Hugh Smith, M.D.  
Mayo Clinic  
Symposium Co-Chair

*"I think there is a path to get to higher quality, more convenience, at lower cost and there is no single magic bullet. It is a lot of different things coming together. It feels like momentum is building for change."*

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

## EXECUTIVE SUMMARY

### A NEW VISION FOR HEALTH CARE

More than 300 national leaders representing business, health care, government, public policy and patient advocacy convened for Mayo Clinic's first National Symposium on Health Care Reform. The goal was to begin to reform the "nonsystem" of health care in the United States into one that delivers effective, efficient and equitable care.

As expected, the interaction of this dynamic group resulted in engaging discussions, extensive opportunities for input and feedback and finally, consensus on solid reform recommendations.

### A WINNOWING PROCESS

Panels of thought leaders from across the nation brought their best ideas for health reform to the table. Discussions and an audience response system helped identify the ideas with the greatest level of support. Participants reduced the 18 best ideas to six in the final session, and these were ranked by importance and urgency.

### NEXT STEPS

Through the Mayo Clinic Health Policy Center, we will continue the mission of coalescing the many voices of health care reform into one collective voice and vision. A series of Policy Forums, comprising small workgroups of leaders, will hone the symposium's recommendations into concrete proposals.

The first forum will be held this fall. The ultimate goal is to recommend actionable solutions that can be discussed in the 2008 presidential debate and in the early days of the next administration.

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## HIGHEST RANKED FINAL RECOMMENDATIONS

1. Build public and business mandate for national change
2. Transparency among systems and physician practices
3. Define essential health care services for all Americans
4. Results-based reimbursement, with a patient component to incentive plan
5. Encourage formation of integrated systems
6. Reward consumers for choosing high-quality health plans and providers

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*“One of the myths out there is that any reform is going to cost more money. If we can’t solve the problem by spending less money on health care, then we haven’t solved the problem ... We’re already spending 40 percent more than the second-most expensive country.”*

Tom Daschle  
Former United States Senator  
Symposium keynote speaker

## SYMPOSIUM OUTCOME

The consensus among symposium participants was strong in its directive for change in these three key areas:

- I. Building a mandate for national health care reform
- II. Health care that delivers value
- III. Payment that reimburses for value

### I. BUILDING A MANDATE FOR NATIONAL HEALTH CARE REFORM

Of the final recommendations, the one identified as most urgent and important is to build a public and business mandate for change. During the symposium, panelists and participants set out ideas for parameters on this mandate in numerous ways.

The symposium consensus:

#### **The public expects major health care reform**

Symposium participants believe the public expects – and needs – major changes in the health care system. Over the three days of the symposium, participants moved from being highly pessimistic to more optimistic that major reform at the national level is possible. However, participants believe federal policymakers are willing only to make incremental changes. A public and business mandate could embolden policymakers.

#### **It is a moral imperative for all Americans to have health insurance**

Symposium participants agreed that all Americans have a right to health insurance, which should be adopted through these actions:

- Universal coverage all at once, rather than incrementally expanding coverage through pre-planned stages or through groups
- Health insurance should be mandated, similar to how home and car insurance is mandated
- Health benefits should transition from employer-based to individual-based, with government subsidizing individuals who can not afford health insurance

#### **The U.S. already spends more than enough on health care**

Given that the United States currently spends 16 percent of GDP on health care, the consensus of the symposium was that health care reform does not require more money. What is needed, said panelists, is to use our existing resources more wisely: implement best practices, streamline processes, eliminate unnecessary care and reimburse based on value. “I believe if we simply apply things we already know ... and we did it excellently every day across the country ... we could have a huge improvement in outcomes from medical intervention and we could simultaneously reduce the cost of medical care 50 percent,” said Monday keynote speaker Paul O’Neill, former U.S. Treasury Secretary.

## II. HEALTH CARE THAT DELIVERS VALUE

Two of the final recommendations coalesced around health care that delivers value:

### **Transparency among systems and physician practices**

This recommendation was based on discussions about the critical necessity for the medical community to share scientific knowledge and to practice evidence-based medicine. Central to this recommendation is the objective of improving quality and reducing medical errors. Transparency could give medical organizations the ability to be learning organizations, to constantly share successes and failures and learn from them.

Symposium participants, for the most part, rejected the idea of a central clearinghouse to disseminate medical knowledge. Rather, the consensus was to foster transparency with financial incentives, liability waivers and, most important, to have transparency not just for providers, but consumers, insurers, the news media and professional societies.

### **Encourage formation of integrated systems**

The priority to encourage formation of integrated systems encompasses many of the ideas put forth during the symposium to improve the coordination of care, particularly care for patients with chronic illness.

Expert panelists offered numerous options for integrated systems and demonstrated how the integration adds value, including:

- Integrated systems can take various forms: an integrated medical group practice; an integrated network of independent physician practices; a hospital that integrates practices of its admitting physicians; or physicians networked by electronic medical record systems
- System integration should encourage sharing of medical knowledge and adoption of evidence-based medicine.
- Patients who receive care from multiple medical specialists have better health outcomes and lower medical costs when their care is provided by an integrated medical system
- Integrated systems are able to use systems engineering and business management practices to improve coordination of care for patients

## III. PAYMENT THAT REIMBURSES FOR VALUE

Symposium participants placed priority on three actions:

### **Results-based reimbursement, with a patient component for incentive**

Panel discussions during the symposium focused on how reimbursement based on results would transform the health care system from one that serves acute episodic care to one that reimburses for coordinated care delivered over a period of time. Revised regulatory structures and payment systems would allow providers to shift from processes of primarily acute

*Telling the truth and shining the brightest light on our processes shouldn't be such a novel thought. Educating the public, educating ourselves and being willing to identify the defects and the wastes in our processes so we can actually redesign our care, and then have the abundance of funding that currently exists for the health care industry go to value-added activities."*

Gary Kaplan, M.D.  
Virginia Mason Medical Center  
Panelist

*"It's not just marrying together doctors and hospitals with a health plan; it's providing them with the intellectual support to be able to do their business better."*

Donna Lynne  
Kaiser Foundation Health Plan  
Panelist

*"Most people in this country spend more time deciding what movie to go to or what restaurant to go to than what doctor to go to. And they actually have better tools to pick the movies and they have better tools to pick the restaurant."*

Steve Case  
Revolution, LLC, former CEO,  
AOL-Time Warner  
Panelist

care delivery to results of patient health over the long term. Hospitals would evolve from revenue generated on a per-procedure basis to payment for coordinated, integrated care of patients.

Patients would have choices and could choose providers that deliver the best value, or results. This would create financial incentives for providers to deliver better results.

#### **Reward consumers for choosing high-quality health plans and providers**

Transparency for consumers is the critical component of this proposed reform for consumers, health plans and providers. The symposium panelists said we should strive to make information for consumers easy to access and understand, to help consumers choose health plans or providers.

#### **Define essential health care services for all Americans**

This final recommendation from the symposium reflects the symposium's emphasis on identifying those elements in health care delivery that offer the greatest proven value and eliminating coverage for those health care services that do not provide value and do not improve patient health.

## CONCLUSION — BUILDING A MANDATE FOR ACTION

The symposium panelists and participants who invested their time, energy, ideas and inputs have created the beginning of an action plan and road map for substantive health care reform. The multifaceted approach will require a commitment to change from all sectors.

In choosing the need to build a public mandate as the most urgent and important need, symposium participants conveyed that the time for action is now. Mayo Clinic is committed to being an integral part of this effort to build a mandate for change. We hope that those of you who helped start this momentum will continue to help us drive change.

Learn about the symposium and keep in touch with continuing activities at [www.mayoclinic.org/healthpolicycenter](http://www.mayoclinic.org/healthpolicycenter)

*"What would the cost of [a] hamburger at TGI Fridays be if, instead of paying for the outcome of good food delivered in a congenial location by friendly service, we actually just paid for the number of cooks ... and how many wait staff that went by ... What would happen to the price of a hamburger? The economics of [health care] are not that dramatically different. We are paid for the process; we're not paid for the outcome.*

Robert Nesse, M.D.  
Mayo Clinic  
Panelist



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