

SOUTHWEST CONFERENCE ON HEALTH CARE REFORM

Executive Summary

*Jointly sponsored by Mayo Clinic Health Policy Center,
Arizona State University and Project for Arizona's Future*

On Sept. 16, 2008, more than 100 business, academic, health care and regional leaders from the Southwest gathered on the Arizona State University campus to discuss how regional health reform activities align with the national, patient-centered reform efforts championed by Mayo Clinic Health Policy Center.

Using handheld voting devices, participants weighed in on a series of questions about health care reform in America. Overall, participants believed fundamental changes are needed in U.S. health care and strongly supported the idea that U.S. citizens have a right to guaranteed health insurance. The group felt that drug companies and insurance companies were most responsible for runaway medical costs in the United States today. Attendees also indicated that they were not very optimistic that reform would occur within the next five years, citing the federal government as having the greatest influence on bringing about needed changes.



Participants work together to prioritize reform ideas.

Overview of regional initiatives

- ***Project for Arizona's Future (PAF)***

Gene Karp, president of the board at PAF, welcomed participants and explained that PAF is a moderate, non-partisan organization dedicated to educating Arizona voters about key issues, increasing their participation in the political process and working together to find real solutions. Karp noted that PAF supports several key issues, including improving access to health care for children and investing in a high-quality health care workforce.

- ***Arizona State University (ASU)***

Michael Crow, Ph.D., president of Arizona State University, acknowledged ASU's work with

Mayo Clinic Arizona on degree programs, biomedical informatics and seed projects, and said that continuing to find new ways to work together is key to redesigning health care in the U.S. "In my view, we've run amok in a variety of areas..." he said. "We should blow up current health care models and, looking at the rubble, find some way to advance on a different basis." Dr. Crow outlined five areas of health care redesign at ASU:

- Reshape science policy so that the output of scientific investment is improved health care *outcomes*—not simply new technologies and devices.



Old Main, Arizona
State University

- Develop new technology that makes health care more accessible to all Americans rather than more expensive.
- Build health care models that allow measurement of progress toward better patient outcomes.
- Create advanced information systems that can improve effectiveness and accuracy of health care decisions while lowering costs.
- Recast the economics of health care to remove disparities between people with differing income levels or from different ethnic groups.

• *State of Arizona*

Governor Janet Napolitano joined the forum to provide participants with an overview of principles for health care reform in the state of Arizona. She remarked that reform must be orchestrated at a federal level, but that states can serve as laboratories — allowing government to see what works and what doesn't — in order to move issues forward on a national level. "We need to engage in full-scale national health care reform," she emphasized.

Gov. Napolitano said that the goal of the health care system should be to provide high-quality health care to every man, woman and child in a cost-effective manner. To accomplish this goal, she said that her administration is focusing on five objectives:

- *Expanding the health care work force to care for a growing population of Arizonans.* In the last five years, Arizona has doubled enrollment

in nursing programs and doubled funding for physician training. The state has also promoted the use of telemedicine to provide accelerated diagnostics to people throughout the state, especially those living in non-urban areas.

- *Creating a health care system that is simple and smart.* Gov. Napolitano noted the complexity of health care regulations, saying that reading "Medicaid regulations makes the U.S. tax code look like children's literature." She called for health care to be cheaper, simpler and more accurate, and pointed to an executive order that she signed two years ago to move Arizona toward e-prescriptions and electronic health records.
- *Ensuring that the health care industry provides efficient and effective diagnosis and treatment.* The state has invested in several initiatives to ensure that Arizona remains on the cutting edge of basic science discoveries that can ultimately improve patient care.
- *Focusing on wellness.* The governor noted that health care typically focuses on people who are acutely ill or have chronic conditions, and called for more attention on behavioral health programs such as smoking prevention and healthy lifestyle education.
- *Embracing health care as a shared investment.* Gov. Napolitano said that all people — individuals, employers, the private sector and government — have a stake in a system that works toward universality.



Robert Smoldt, Executive Director, Mayo
Clinic Health Policy Center

Overview of Mayo Clinic Health Policy Center work

Victor Trastek, CEO of Mayo Clinic Arizona, compared health care reform to fixing an airplane mid-flight. "We have to keep modifying that plane [the health care system] so that it's more efficient and effective, and delivers real value for patients."

Dr. Trastek noted the cooperative spirit that exists in the Valley, especially around the topic of health care reform. "The Valley is a great melting pot for collaboration," he said. "Many people get together to solve the problems in front of us — especially health care. There is no one entity

that can solve this problem. We have to work together.”

Robert Smoldt, executive director of the Mayo Clinic Health Policy Center, explained that the Center has been built around the philosophy that widespread consensus and collaboration will be essential to successful national health care reform. Smoldt noted that Mayo Clinic formed its Health Policy Center and hosted an inaugural symposium in May 2006. The Center has convened more than 2,000 stakeholders — everyone from patients to national thought leaders — for a series of events designed to develop new, consensus-driven principles and specific action steps to accelerate the reform process.

To reform health care, participants in Mayo Clinic Health Policy Center programs — including providers, academics, medical industry leaders, businesspeople, insurers, political leaders and patients — recommend four areas of focus.

- **Create Value**
Improve patient health outcomes and satisfaction with U.S. health care. Decrease medical errors, costs and waste.
- **Coordinate Care**
To increase value, patient care services must be coordinated across people, functions, activities, locations and time. Patients must actively participate in this process.
- **Reform the Payment System**
Change the way providers are paid in order to improve health and minimize waste.
- **Provide Health Insurance for All**
Provide guaranteed, portable health insurance for all individuals, giving them choice, control and peace of mind.

Panel discussion

Phil Hamilton, benefits manager at the Arizona Department of Administration, supported the Center’s cornerstones but also thought that health care reform should address several other areas: uniform licensing standards for physicians; a health care court modeled on the worker’s compensation court to mediate claims against health care providers; a no-fault reporting system for medical errors; some form of control over the pharmaceutical industry; and a realistic and ethical discussion of rationing of health care.

“Not everybody needs ‘Cadillac’ care,” he noted. “It would be nice if everyone gets it, but it just isn’t practical. We have to admit that and look to see what basic package will satisfy most people.”

James Burrell III, M.D., chief medical officer of CIGNA Healthcare in Arizona, added that a new health care system must address transpar-



Hugh Downs, Moderator; Bernadette Melnyk, Ph.D., RN, Arizona State University; Leslie Shultz, Ph.D., Northern Arizona University; Phil Hamilton, Arizona Department of Administration; James Burrell III, M.D., CIGNA Healthcare

ency and identify outstanding providers based on quality. Dr. Burrell also pointed to barriers to transparency including the need to risk-adjust data for providers who care for the sickest of the sick; differing licensure requirements throughout the country; and shifting patients

to better providers when there is a shortage of providers.

Dr. Burrell identified the electronic health record (EHR) as a high priority. "The single best thing that the health system can do to better improve quality of care and patient safety is to install a robust electronic health record," he said. He advocated that the government step in to help small practices with the expense of purchasing an EHR.

Leslie Shultz, Ph.D., executive dean of Northern Arizona University, addressed an emerging workforce issue – new hospitals and clinics being built without adequate numbers of health care professionals available to staff them. She highlighted the need for medical education reform as a critical factor in addressing the shortage of health care professionals.

Dr. Shultz listed several barriers to reform in medical education including differing legal requirements among the universities and the

clinical training sites; faculty shortages; scope-of-practice issues for different types of providers; and differing standards from accrediting bodies.

Bernadette Melnyk, Ph.D., RN, dean at Arizona State University College of Nursing & Healthcare Innovation, addressed the importance of primary care in a reformed health care system. She advocated for patients to have a consistent primary care provider who could efficiently coordinate ongoing care, eliminating some of the duplicative tests and services that exist in health care today.

Dr. Melnyk also acknowledged the need to expedite the movement of evidence-based medicine from research to practice. "We can come out with all the wonderful, evidence-based practice guidelines in the whole world, but if care providers are not implementing those evidence-based guidelines, we will continue to have a poor quality of care," she said.

Results of group discussion

Smoldt began the session by sharing the results of the small group activities. The groups addressed two questions. First, participants brainstormed ideas around the question, "How do you energize the country, Congress and individuals to create a mandate for transformation of health care in America?"

Participants discussed ideas and submitted them via laptop to program coordinators, who

compiled a single list (see sidebar on next page for highlights).

Then participants discussed, at their tables, the question, "What do you think are the top three things that should be done to ensure cost-effective, quality, patient-centered care in America?" Suggestions from each table were submitted via the laptops and synthesized into a comprehensive list that was then voted on by participants. The highest-ranking ideas (in order) were:

- *Health insurance for all.* Everyone should have insurance and access to health care throughout their lives.
- *Chronic disease management.* Focus on prevention, coordination of care and disease management.
- *Develop a team-based, coordinated care model for clinical practice.*
- *Develop standardized health information systems.* IT systems should help providers coordinate care, facilitate advocacy for patients, allow for sharing of health information and medical records, and aid in public health planning.
- *Pay for value.*



Len Kirschner, M.D., AARP Arizona

Energizing the Country, Individuals and Congress to Transform Health Care

Southwest Conference participants brainstormed the following ideas for energizing the reform effort:

- Make health care costs transparent to the public.
- Suspend health benefits for Congress until they fix health care.
- Use examples of U.S. and international health care models that work to support the message.
- Identify a champion to “sponsor” this endeavor.
- Offer benefit plans with real incentives for positive health behaviors and disease management compliance.
- Inform the public about how much the government is not paying, causing cost-shifting to other payers.
- Create a national mission to improve health care and patient outcomes (similar to JFK and the Space Race).



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