

"My hope is that our principles will set a vision for the country."

Denis Cortese, M.D., Mayo Clinic

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BUILDING A NEW VISION FOR HEALTH CARE IN AMERICA



CORNERSTONES OF A NEW APPROACH

Mayo Clinic believes America's health care system urgently needs reform to ensure the future of quality patient care. Over the last two years, Mayo Clinic Health Policy Center has convened more than 400 national thought leaders for a series of events to help develop new, consensus-driven principles to guide the reform process. This report summarizes these activities to date.

To reform health care, providers, academics, medical industry leaders, business people, insurers, political leaders and patient advocates recommend four areas of focus: universal insurance coverage, coordinated care, value and payment reform.

UNIVERSAL INSURANCE COVERAGE

Provide health insurance and access to basic health care for all Americans — regardless of their ability to pay.

 Move from employer-based insurance to portable, individual-based coverage. Employers could still help finance a portion of their workers' health care expenses and should be encouraged to promote employee wellness.

- Create a simple mechanism (similar to the Federal Employees Health Benefit Plan) to offer private insurance packages to buyers.
- Require individual ownership of health insurance, with sliding-scale subsidies for people with lower incomes.
- Appoint an independent health board (similar to the Federal Reserve) to define essential health care services. Allow people to purchase more services or insurance, if desired.

COORDINATED CARE

Patient care services must be coordinated across people, functions, activities, sites and time in order to increase value. Patients must be active participants in this process.

- Center care around the needs of the patient.
- Realign the health system toward improving health rather than treating disease.
- Form coordinated systems to deliver effective and appropriate care to patients.
- Develop a "portfolio of incentives" to encourage teamwork among health care professionals.

- Increase support for health care delivery science, which generates new knowledge by using common tools such as information systems, process improvement techniques and outcomes measurement.
- Provide complete and accurate information so patients can make informed decisions about their care.

VALUE

Increase quality and patient satisfaction. Decrease medical errors, costs and waste.

- Develop a definition of value based upon the needs and preferences of patients, measurable outcomes, safety and service, compared to the cost of care over time.
- Measure and publicly display outcomes, patient satisfaction scores and costs as a whole. Create competition around results through pricing and quality transparency.
- Create a trusted mechanism to synthesize scientific, clinical and medical information for both patients and providers.
- Reward consumers for choosing high-quality health plans and providers.

 Hold all sectors in health care accountable for reducing waste and inefficiencies.

PAYMENT REFORM

Change the way providers are paid in order to improve health and minimize waste.

- Design payment systems to provide patients with no less than the care they need and no more than fully informed, cost-conscious patients would want.
- Create payment systems that provide incentives for colleagues (physicians, hospitals) to coordinate care for patients, improve care and support informed patient decision-making.
- Pay providers based on value. (See item #1 in "Value" section.)
- Further develop and test models of payment based on chronic care coordination, shared decision-making and mini-capitation (i.e., one bundled fee for the physicians and hospital delivering acute care).

