Are You Ready For The Paradigm Shifts?

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Let’s view the healthcare system as if it were a patient
Presenting symptoms

Too costly
~17% of GDP; > 2X what other developed countries spend

Too little value
Outcomes no better (and often worse) than other countries

Too many people without health insurance (35-40M)

Too much inequity
Geographic, economic, insurance status, racial/ethnic

Too many errors
Overuse; underuse; misuse of healthcare resources
Findings on physical exam

Fragmented, uncoordinated, competitive

> 4,000 hospitals
> 600,000 doctors (~200,000 in groups of <10)
~40 private health insurance companies plus Medicare and Medicaid

Paper records

Fee-for-service

Volume driven

Provider-centric
Diagnosis: Obsolescence

Our current healthcare system is a holdover from a bygone era, when:

- Costs were a single digit percent of GDP
- Most illness was acute, self-limited
- Technology was rudimentary
- Older people were a relatively small proportion of the population
- Widespread acceptance of the inevitable
Prognosis: Imminent demise

The obsolete system we’ve inherited is inherently incapable of dealing with today’s realities and must give way
What are today’s realities?

- Dominant burden of disease is chronic, unremitting
- Huge variations in care; no evidence that more is better
- Population shift toward older Americans with more needs
- Younger generation demanding more health care services
- Technology has exploded and is still accelerating
- Science (esp. genetics) is enabling effective preventative strategies
- Epidemic of medical errors, mostly traceable to flaws and inadequacies in the system – not in the people
To address these realities
we need fundamental, system-wide
*transformations* in how and by whom care is delivered

Here are a few examples:

- Fragment delivery model → consolidation (e.g., ACOs)
- Fee-for-service → pay-for-performance (i.e., quality)
- Mode of financing → bundled and/or capitated payments
- Individual accountability → integrated system accountability
- Chronic diseases → managed by interdisciplinary teams
Successful transformation will require doctors to embrace major paradigm shifts
Paradigm Shift #1

Autonomy → Accountability
Paradigm Shift #1

**Autonomy** — **Accountability**

Historically, doctors have had exceptional autonomy.
More professional freedom than virtually anyone.
Patients have trusted doctors to do the right thing.
Freedom to make autonomous judgments is critical.
But judgments must now be coupled to accountability.
Old paradigm: “Trust me, believe me.”
New paradigm: “Trust me, but verify what I do.”
Paradigm Shift #2

Paternalism → Patient-centric
Paradigm Shift #2

Paternalism → Patient-centric

Norman Rockwell image of the all-knowing doctor telling patients what had to be done is over.

Today’s information-empowered patient expects to be a partner in the decision-making process.

New paradigm: “No decision about me, without me.”
Paradigm Shift #3

Individual needs  $\rightarrow$ Societal needs
Paradigm Shift #3

Individual needs → Societal needs

An *exclusive* focus on the needs of individual patients is no longer tenable.

The health problems plaguing our society demand that we take on a more expansive set of obligations.
Some Examples of Pressing Societal Needs

Educating the public about the behavioral and social determinants of disease

Working together to reduce medical errors

Advocating on behalf of vulnerable populations

Engaging actively in advancing the quality and effectiveness of the healthcare system
Paradigm Shift #3

Individual needs → Societal needs

An *exclusive* focus on the needs of individual patients is no longer tenable.

The health problems plaguing our society demand that we take on a more expansive set of obligations.

New paradigm: Balancing our obligation to individual patients with our obligations to society at large.
Paradigm Shift #4

Profligate  →  Parsimonious
Paradigm Shift #4

Profligate  ➔  Parsimonious

No greater challenge exists than doing what’s required to bring healthcare costs under control.

Our penchant for the profligate use of resources must shift toward an ethos of parsimony.
Practicing medicine parsimoniously

Does not mean:

✓ skimping on what’s needed to provide excellent care
✓ rationing
✓ death panels

It does mean:

✓ avoiding unnecessary duplication
✓ shunning services of little or no benefit ("Choosing Wisely")
✓ using the least costly of equally efficacious interventions
✓ knowing and respecting patient preferences, especially at the end of life
Paradigm Shift #4

Profligate → Parsimony

Our penchant for the profligate use of resources must shift toward an ethos of parsimony.

No greater challenge exists than bringing healthcare costs are brought under control.

New paradigm: Prudent stewards of limited resources.
Paradigm Shift #5

Authoritarian captain → Teammate
Paradigm Shift #5

Authoritarian captain → Teammate

Medicine’s hierarchical culture – with doctors having all the authority - is antithetical to needed reforms.

Well-functioning, interdisciplinary teams are key to providing cost-effective, high quality care esp. to patients with chronic, unremitting disease.

The new paradigm: Non-hierarchical, full participation of all who can help achieve optimal health outcomes.
So, to get ready for the paradigm shifts

Be prepared to be accountable for everything you do

Be prepared to welcome your patients’ participation in decisions about their care

Be prepared to devote your professional energies not only to your patients’ needs but also to those of society at large

Be prepared to husband society’s limited resources, and

Be prepared to be respectful members of multidisciplinary teams
THE END