

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**

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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

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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  **Societal needs**

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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

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New paradigm: Balancing our obligation to individual patients with our obligations to society at large

Paradigm Shift #4

Profligate —————→ **Parsimonious**

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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

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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**