

Communities Shaping a Vision for America's 21st Century Health & Healthcare

Marcia L. Comstock, MD MPH
Wye River Group on Healthcare
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Background

- ◆ *WRGH executed healthcare leadership roundtables or “listening” sessions in 10 diverse communities across the country*
- ◆ *Goal: develop a healthcare agenda that transcends politics & sector competition*
- ◆ *Start with community discussions of our healthcare values*

Financial Sponsors

- ◆ *American Assn of Health Plans*
- ◆ *American Cancer Society*
- ◆ *American Hospital Association*
- ◆ *American Medical Group Association*
- ◆ *American Psychological Association*
- ◆ *Blue Cross Blue Shield Association*
- ◆ *National Assn of Chain Drug Store*
- ◆ *National Chamber Foundation*
- ◆ *PhRMA*

Supporting Organizations

- ◆ *AARP*
- ◆ *Center for Evaluative Clinical Sciences, Dartmouth Medical School*
- ◆ *National Alliance for Hispanic Health*
- ◆ *National Business Coalition on Health*
- ◆ *Progressive Policy Institute, an affiliate of the Democratic Leadership Council*
- ◆ *White House Council of Economic Advisors*

Site Selection

- ◆ *Geographic diversity*
- ◆ *Community size*
- ◆ *Cultural diversity*
- ◆ *Regulatory environment*
- ◆ *Rate of uninsured*
- ◆ *Medicare costs*
- ◆ *Quality ranking (HCFA study)*

Pre-Meeting Site Visit

- ◆ *One-on-one & small group meetings*
- ◆ *Focused on gaining understanding of culture, marketplace dynamics, relationships*
- ◆ *Identification of “case studies” of successful partnerships at the community level that can provide the basis for knowledge transfer & constructive change nationally*

Participants

- ◆ *Physician leaders*
- ◆ *Hospital executives*
- ◆ *Insurance/managed care executives*
- ◆ *Pharmaceutical industry executives*
- ◆ *Local business leaders*
- ◆ *White House CEA & Democratic policy staff*
- ◆ *Consumer representatives*
- ◆ *Public health commissioners/officials*
- ◆ *Directors of community health centers*
- ◆ *Civic thought leaders*

Selected Communities

- ◆ *Salt Lake City, UT*
- ◆ *Chicago, IL*
- ◆ *Hanover, NH*
- ◆ *Portland, OR*
- ◆ *San Diego, CA*
- ◆ *San Antonio, TX*
- ◆ *Albuquerque, NM*
- ◆ *Durham, NC*
- ◆ *Fort Lauderdale, FL*
- ◆ *Jackson, MS*

Leadership Meeting Agenda

- ◆ *Identification of two most critical issues*
- ◆ *Discussion of the social contract for healthcare*
- ◆ *Attributes of a well-functioning healthcare system*
- ◆ *Aligning incentives*
- ◆ *Resource allocation*
- ◆ *Cultural change*
- ◆ *Engaging communities*
- ◆ *Identification of common values & principles*

Results of Leadership Meetings

- ◆ *Professional writer prepared a “transcript” of each meeting that served as the basis of the community report*
- ◆ *The report was provided to participants for additions, corrections*
- ◆ *Changes were incorporated & participants had a 2nd chance to edit*
- ◆ *The community report was provided to sponsors*
- ◆ *Transcripts and reports from the 10 communities provided the basis for the draft of “Values & Principles”*

Advisory Board Process

- ◆ *Recognition of the need to “drill down” into key issues in Phase I*
- ◆ *Boards comprised of a diverse cross-section of leaders from different communities*
- ◆ *Process designed to bridge the gap between local healthcare issues and a broad agenda with national application*
- ◆ *Board members asked to develop recommendations they would be willing to pursue in their own communities or urge their elected officials to adopt*
- ◆ *Each board was provided with “framing” questions to consider*

Advisory Board Process

- ◆ *Three one-hour conference calls were held over 4 months*
- ◆ *Groups reviewed and provided comment on notes from the 1st two calls, then reviewed a draft summary prior to the 3rd call*
- ◆ *Each advisory report is organized with an overview of the issue relative to the community leadership initiative and a “recommendations /potential next steps” section*
- ◆ *The community activity can/will inform the development and execution of national policy*

Shared Vision Retreat

- ◆ *Two leaders from each community and our sponsors were invited to participate in the “shared vision” retreat July 9th-11th*
- ◆ *Draft documents (summary of values & principles; advisory reports and recommendations) were reviewed, discussed and debated*
- ◆ *Input from the retreat drove modifications for the final report*
- ◆ *All participants had the opportunity to review revised documents*

National Summit

- ◆ *September 23rd, 2003*
- ◆ *Press conference at National Press Club*
- ◆ *Summit with community leaders, sponsor & public policy panels*
- ◆ *Showcase the findings of the 10-city tour*
- ◆ *Launch a national dialogue on health care among the American public, policymakers & health care stakeholders*

Findings

- ◆ *Deep concern about the current direction of health care and a great desire to move forward with constructive changes*
- ◆ *Belief there is a window of opportunity to engage health care stakeholders, the public and public policymakers in constructive dialogue*
- ◆ *Agreement that we have not developed a social contract for healthcare that is well-articulated and broadly understood; we have not defined the “common good”*
- ◆ *Americans don’t know what they can and should expect from their healthcare system, nor do they understand their responsibility to contribute*

Findings

- ◆ *Expectations often out of line with reality; the health care system has fostered these unrealistic expectations*
- ◆ *Americans don't want to make trade-offs, though tough choices will become increasingly necessary*
- ◆ *We need to increase our sense of community & collective responsibility by thinking about health care as a shared resource*
- ◆ *There is broad support for more individual responsibility, but recognition that it must be balanced with more institutional accountability*

Findings

- ◆ *Need for adequate safety net to provide for the medically disenfranchised; healthcare should be equitable & address disparities*
- ◆ *General agreement that we must reexamine consumers' role in health & healthcare & evolve toward one with more choice, control, and responsibility*
- ◆ *Need for transparency of information on price & quality to support good decision-making*
- ◆ *Consumers also need to trust the healthcare system & their providers, but health care institutions have lost much public credibility*

Findings

- ◆ *The issue of financing is at the heart of our nation's health care challenges*
- ◆ *We need to restore balance in how health care resources are allocated & better align incentives to truly support health*
- ◆ *Universal access to health care is broadly seen as socially desirable & economically beneficial*
- ◆ *We need to better integrate & coordinate services, with a greater focus on primary & preventive care, public health, behavioral health & care management for chronic diseases*

Findings

- ◆ *Progress cannot be made without political leadership & public pressure*
- ◆ *Communities can play a critical role in laying groundwork for a national dialogue; discussions will pull from “grassroots” & reflect local values & principles*
- ◆ *Creating a national conversation that leads to action will necessitate moving beyond the battleground of special interests*
- ◆ *Community leaders recognize this is an enormous undertaking, but believe it is worth the effort*

Advisory Board-Cultural Change

- ◆ *Cultural change (the behavior of individuals & health care organizations & their expectations with regard to health care) is an intrinsic part of addressing health system challenges*
- ◆ *Communities can facilitate transformation of health care culture from one of entitlement to one of collective responsibility*
- ◆ *We need to focus not from the individual but rather the organizational & community perspective*
- ◆ *Collectively, we can shape our future & create a more satisfying system*

Cultural Change-Recommendations

- ◆ *Formalize Community Healthcare Leadership Board to serve as a catalyst for the change process*
- ◆ *Expand dialogue through a series of community forums coordinated by leaders with constituents & citizens*
- ◆ *Identify common achievable goals & tangible actions for public & private sectors*
- ◆ *Identify cultural advisors to help engage diverse community groups in discussion of health care values*

Advisory Board-Access

- ◆ *Need to consider logistics, cultural & social components, in addition to financing coverage*
- ◆ *All Americans should have access to rationale healthcare--efficient, evidence-based, practical, non-wasteful*
- ◆ *Equity is a core value*
- ◆ *We should expand what is working, while addressing deficiencies*
- ◆ *Need to specifically define the problem at the local level, then address fragmentation of financing & delivery*

Access-Recommendations

- ◆ *Conduct a community self-assessment of health care needs and strengths*
- ◆ *Identify needs; inventory services currently provided; note gaps*
- ◆ *Evaluate funding streams--sources, fragility, flexibility*
- ◆ *Assess the cultural & linguistic competency of community providers*
- ◆ *Reach agreement on how community will address gaps*
- ◆ *Educate the community about how to access services & make healthy choices*

Advisory Board-Quality

- ◆ *Widespread involvement of communities & individuals in quality efforts is the only way to pursue opportunities & build consensus on what works*
- ◆ *Community quality collaboratives may be able to tackle issues too big or complex for any one sector to handle alone*
- ◆ *Quality efforts require cultural acceptance of the approach & the right incentives*
- ◆ *The science of quality improvement is in its infancy; much of what is known has not been implemented & represents a significant opportunity*

Quality-Recommendations

Develop an agenda for community action to improve quality:

- ◆ *Identify how healthcare safety & quality affects the community & individuals (preferably review local data)*
- ◆ *Assess local quality activities (physician, hospital, health plan, employer, etc.)*
- ◆ *Assess capacity & resources to launch & sustain the effort*
- ◆ *Select one quality improvement effort to start (e.g., reducing the burden of a specific disease; developing an integrated approach to “pay-for-performance”, etc.)*

Advisory Board-Incentives

- ◆ *The absence of value-based behavioral & economic incentives distinguishes health care from nearly every other service industry*
- ◆ *Incentives are key to creation of a new “ethos” in health care that encourages consumers to take responsibility for maintaining their health & the health system to be accountable for providing quality health care*
- ◆ *In considering financial incentives for personal responsibility, we should distinguish consumers (“healthy” individuals) from patients*

Incentives-Recommendations

Request the appropriate government leaders to support alignment of incentives by taking certain steps:

- ◆ *Urge public sector payers to reward efficient providers who demonstrate good quality indicators with higher payments*
- ◆ *Make it possible for payers to use the CMS database in “real time” to provide on-going feedback to providers to improve patient safety & assess guideline adherence.*
- ◆ *Create Medicaid & Medicare waivers to reward for quality*
- ◆ *Devise a new system for setting & periodically resetting the payment level under Medicare & Medicaid for physician services, treatments & tests*

Advisory Board:

Information Infrastructure

- ◆ *A robust information infrastructure is important for individual, population & public health & has potential to significantly improve medical service delivery & patient satisfaction*
- ◆ *The goal is timely & appropriate information flow*
- ◆ *Systems must be built from the user's perspective to ensure adoption*
- ◆ *Barriers include the need for transparency, and a lack of standards, incentives & leadership*
- ◆ *Development of infrastructure in other industries may provide a model*

Information Infrastructure: Recommendations

- ◆ *Develop & advance programs to educate Community Health Workers (CHWs) to enable less informed citizens to learn more about their health & to bridge cultural & linguistic barriers to accessing information*
- ◆ *Prepare case study vignettes of approaches at the local level that are addressing identified information needs*
- ◆ *Consider advancing a bond issue to fund healthcare infrastructure*

Advisory Board: Public Health

- ◆ *Transformation of the healthcare delivery system needs to focus on the continuum of public health & medical care with an emphasis on health, of individuals & populations*
- ◆ *There is a need to define public health in the minds of citizens, as there is much confusion*
- ◆ *The healthcare purchasing role of the government should be separated from essential public health services*
- ◆ *There needs to be clear delineation of responsibilities for services where there is the potential for overlap*

Public Health : Recommendations

- ◆ *Survey public health officials regarding the type of data they collect & sources of that data; identify gaps in information necessary to create a “community health” profile*
- ◆ *Establish a “national community dialogue” initiative to determine the optimum role of public health*
- ◆ *Identify public health “best practices” at the community level, considering recommendations from CDC regarding accreditation*

Phase II:
Community-Based Leadership For
Constructive Health System Change

Phase II--Goals

- ◆ *Engage community leaders in raising public awareness*
- ◆ *Create channels for national health policy leadership to gain insight from communities*
- ◆ *Demonstrate constructive change from ten diverse model communities*
- ◆ *Identify replicable case studies of local solutions*

Phase II--Components

- ◆ *Formalize community workgroups & national oversight*
- ◆ *Media education/consumer awareness campaign*
- ◆ *Development of web-based dialogue/communication channels*
- ◆ *Community demonstration/pilot projects*

Organization & Governance

- ◆ Community HC Leadership Board: *Diverse representation. Provides recommendations for & guidance on local activities; responsible for planning, project management, review*
- ◆ National HC Cabinet: *One representative of each national sponsor; two local leaders from each key stakeholder group. Serves as counsel to overall process, & an ad hoc advisory group to administration. Cabinet is public policy link between community & national initiatives*
- ◆ Issue Advisory Boards: *Continue to develop and recommend appropriate next steps for each issue*

Engaging Communities

- ◆ *Execute multi-disciplinary public outreach campaign tailored to each community*
- ◆ *Focused on values & principles, expectations & preferences captured during Phase I*
- ◆ *Develop “template” materials tailored to local community*
- ◆ *Raise public awareness of challenges & associated trade-offs & offer the public the opportunity to help shape the future of health care*

Web-Based Communications

- ◆ *Provide easy access to information on community leadership project*
- ◆ *Provide mechanism for easy exchange of information between & among communities*
- ◆ *Capture & share individual thoughts & ideas about addressing health system problems*
- ◆ *Create links to relevant work of like-minded organizations*

Pilot/Demonstration Projects

- ◆ *Work with local boards to identify potential pilot projects & assist with identifying & securing resources*
- ◆ *Consider building upon existing community success or tackling an issue through the approach recommended by the issue advisory boards*
- ◆ *Facilitate recognition of efforts by sponsors, media, national public policy community*

Contact Information

Marcia L. Comstock, MD MPH
COO, Wye River Group on Healthcare
1157 Lafayette Road
Wayne, PA 19087

Ph: 610-687-2320

Fax: 610-687-5963

Email: mlcomstock@wrgh.org

Website: www.wrgh.org