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## Looking Ahead

By Karen Wolk Feinstein



When I gaze into my healthsystem-futures crystal ball, I come up with three words, all beginning with A: Accountable, Automated and Ambulatory. The overlay for all three is Technology. Technology will accelerate and transform the transmission, analysis, and availability of data at a speed and functionality we can hardly imagine. For the patient, payer, purchaser and entrepreneur, this is likely for the best. For the provider, it probably entails serious disruptions in roles, responsibilities, training, practice, reporting, and more.

Let's begin with *Automation*. Technology is already transforming the work of radiologists and pathologists profoundly. But what is to stop the rapid advancements of technology — transforming diagnostics, prescribing, telemedicine and care management? Patients can have their medical histories, biogenetics, family histories, demographics, lifestyle, travel, residential and occupational data entered into their medical records. From this information, automated clinical functions assimilate and process the data, forming recommendations for treatment within various confidence intervals. Technological sorting and matching exceed the capacity of the human mind. The question is: how will clinicians make use of this information, how will the doctor-patient relationship evolve, where-how-and from whom will patients receive care? Everything may change fundamentally. Clay Christiansen et al. in the book *The Innovator's Prescription* lay out some possible scenarios for this brave new world of medicine. In any event, we cannot underestimate the profound role that technology will play as the disruptive innovation of the future. Another outcome that may arise from automation is an increase in the patient's responsibility for his/her own health (the part controlled by behavior, not genetics), resulting from easy access to personal health information.

Moving on to *Accountability*. For eons, the patient has selected or been assigned physicians and hospitals without the benefit of evidence regarding their safety, reliability, clinical acumen, and efficiency (aka cost.) But in an automated medical community, with their interventions and outcomes recorded, assessed and monitored through electronic health records and health information exchanges, providers enter a new era of accountability. Patients, payers and purchasers can make comparisons among providers (hospitals and clinicians) based on both cost and quality. Clinical teams will have baseline measures against which they can measure progress in performance. But their critical stakeholders may well have access to this same information. The old assumption— that it's ok if they are well meaning folk doing their best in light of their education and circumstances— will be superseded by new expectations for high performance, now verified by measurable, credible and comparative data on their cost and quality. Will this produce more stress, burnout and early retirement for providers who already express record low levels of satisfaction with their work—no one knows. The patient, however,

could benefit greatly. Right now, research suggests that only about half the population gets best practice care for their chronic conditions. Perhaps a new generation of health professionals will be trained to thrive and strive in the new accountable work environment.

Finally, *Ambulatory Care*. Developed nations, who spend 1/2 to 1/3 of what the U.S. spends on health care per capita, working within the confines of global budgets, know that they have to do more with less. They have designed healthcare systems that achieve better outcomes than the U.S. in safety, efficiency, quality, equity, accessibility and the health of populations. Most of these countries have achieved better rates of life expectancy and lower rates of infant mortality by focusing on prevention and primary care. The U.S. has too long neglected or overlooked the value of investments in keeping people as well as possible and minimizing hospitalizations and long-term skilled nursing. So, hello to better Ambulatory Care—from wellness centers to primary care to outpatient surgery to hospice and home health. We may also see the rise of new clinical players, roles and paraprofessions in community settings. The U.S. has neglected investments in ambulatory care to the serious detriment of its population health and the happiness of patients. Far too many people die or suffer from virulent antibiotic-resistant organisms contracted during hospital stays—up to 20-25% of which could be prevented. People die in ICUs hooked up to tubes and having meaningless painful and expensive interventions into the last hours of life that neither they nor their families wish!

So this is my forecast. I welcome these changes. As an optimist, I think that the world keeps improving. And, the Pittsburgh Regional Health Initiative will do its best to move the world in this direction.

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