



“A shift away from physician-centric healthcare”

By GA. Craig Hillemeier | February 16, 2018

According to athenahealth research, healthcare practitioners are not optimistic about the future of their industry. Some 74 percent of 1,029 practicing physicians surveyed in April 2017 said they expect the practice of medicine to change a lot in the next five to 10 years, and they're worried about those changes. Just 20 percent said they welcome those changes.

What does excite physicians and healthcare executives? In this occasional series, we ask industry leaders for their take on the road forward. Here, A. Craig Hillemeier, M.D., dean of the Penn State College of Medicine and CEO of Penn State Health, shares his vision for a different way to educate doctors.

As we know, changes over the past decade have made physicians feel less and less connected to their patients and to the passion that got them involved in medicine in the first place. Physicians feel that

increased regulatory and electronic documentation requirements make it more difficult for them to spend time with patients, and they fear this trend will only accelerate in the coming decade.

If we don't make some changes, they will be right.

As we prepare our health systems for the future, we need to focus on those things that deliver the highest safety and the best quality for the people in our care, and we need to structure systems in a way that lets care providers have more time with their patients, for their sake, and for the sake of their patients.

Preparing physicians to be team players

If you design a medical school curriculum that approaches care in a team-based fashion, you can

actually produce physicians who are much better prepared to deal with the types of healthcare we see developing in response to population health – and you can alleviate a lot of their anxiety and frustration along the way.

At Penn State, we focus on educating physicians to be comfortable as part of a team, many times supporting other members who might be taking the lead.

We have interactive, problem-based learning sessions where students have to work with all possible members of a care team – physical therapists, community social workers, nurse practitioners, and more. And we get our students involved in patient navigation very early on in their education.



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Even before we spend a lot of time on physiology, we help them understand how a complex care schema impacts the lives of patients, how to devise a care coordination plan that allows geriatric patients taking 14 medications and seeing four different providers to successfully manage their care.

It is essential that we integrate the clinical care our physicians provide with family support, social structures, everything that impacts the total care of the patient.

Revising our medical school curriculum to focus on the total experience means our students are coming out

with a more well-rounded approach to the health of the patient. They are better prepared to address the complex requirements of population health, to share the work with their colleagues, and to connect more deeply with the people in their care, all of which can mitigate the anxiety many physicians are feeling about the changes in healthcare.

Building a team-based healthcare system

All of this can be extinguished pretty quickly if the work environment new physicians encounter in residency and beyond does not support this approach.

Now, culture isn't going to change overnight – some senior physicians are still going to think of themselves as the center of the healthcare team, and organizations will still be beholden to some level of fee-for-service reimbursement that may incentivize behaviors that are not aligned with value-based care. But those of us who lead medical centers can begin to make changes that lay the foundation for the future.

One thing we have done at Penn State is establish a physicians' academy that takes groups of physicians and educates them on the current paradigm shift away from physician-centric healthcare to a patient-centric model that relies on a team.

Equally important is working closely with payers to develop a framework that really reimburses for health. This means being on the same page about what core quality and safety measures truly promote health and agreeing on some long-term goals around those measures. We have to be willing to work in genuine partnership with key payers to align around these goals.

And then we need to cut through the overwhelming amount of health data tracked and focus on just the measures that physicians and payers have agreed impact outcomes the most. At that point, predictive analytics make it much easier to prioritize patients for outreach – not by the physician, but by the care management staff on the team who can direct those patients into the appropriate level of care.

Again, when physicians are comfortable working in a team, these tasks do not seem so daunting. And when they are comfortable with the outcomes they are being judged against, they don't worry as much. Our best physicians don't obsess about their numbers, they focus on giving great care to patients, and they know the outcomes will follow. This is my hope for all of healthcare.

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