



4 predictions for healthcare in 2018

By Chelsea Rice | January 2, 2018

With heads still spinning from 2017's political whirlwind around the Affordable Care Act, and from disruption to the industry in general, *athenaInsight* asked three healthcare leaders to share their predictions for 2018.

And on one point, they all agree: Data will play a key role in every aspect of running their organizations, from mergers and managing the shift to value-based care to staffing and retaining patients.

Read on for more insights – and share your predictions in comments below, or tweet us @athenahealth.

Prediction 1: The shift to value-based care will be data-driven

Data will not only help health systems manage risk, but also complete the picture of the patient experience, says Robert Brenner, M.D., senior vice president and chief

physician executive of Valley Health System, a 451-bed hospital, home care services, and medical group in Ridgewood, New Jersey.

"As data analytics becomes even more efficient and interoperable, we will be able to follow patients through the care continuum and give that information back to the systems in order to manage populations better," says Brenner.



*Robert Brenner, M.D.,
SVP and chief physician
executive, Valley Health
System*

As Brenner expects the shift from fee-for-service to fee-for-value to continue into 2018, Valley Health transitioned the majority of its ambulatory contracts to shared savings in 2017, investing heavily in infrastructure to manage populations.

"Collecting data from practices — and making sure the cost of care is appropriate while ensuring that quality of care improves — is one of our biggest population health management challenges in the coming year," Brenner says.



Amy Abernethy, M.D., Ph.D., chief medical and chief scientific officer, Flatiron Health

Valley Health has close to 30 people dedicated to population health. "In essence, we've created a completely different entity within our health system," he says. The organization has added case managers, nurse practitioners, care coordinators, and data analytics team members across the continuum, from hospitals and ambulatory clinics to post-acute facilities and patients' homes.

At Flatiron Health, an oncology-focused technology platform that connects doctors, academics, hospitals, researchers and regulators, Amy Abernethy, M.D., Ph.D., anticipates that data collection will expand to measure health status and behavior beyond traditional settings, including patients at home.

The challenge will be changing clinical practice to respond effectively to the volume of valuable, often self-reported data from patients, says Abernethy, Flatiron Health's chief medical and chief scientific officer. "There's no mechanism right now for improving delivery through technology and monitoring. It's still very unclear how to put that into practice."

Prediction 2: Data management will drive strategic partnerships

"If you're not involved in the technological revolution of information exchange, then you're basically out of business," says Usman Mirza, M.D., chief executive officer of The San Antonio Orthopaedic Group, the largest orthopedic practice in South Texas with seven locations, an ambulatory surgical center, and a walk-in clinic.

Mirza anticipates that groups like his will face increasing pressure to enter strategic partnerships with hospital systems or payers in order to manage and afford the data and technology necessary to meet regulatory demands and patient expectations. "Otherwise we're history."



Usman Mirza, M.D., CEO, The San Antonio Orthopaedic Group

Mirza says consolidation will be inevitable for organizations that do not manage costs effectively — and expects that over the next five years, the number of independent orthopedic groups will reduce to 15 or 20 across the country. "The good groups that continue to remain independent will be the ones with the strong partnerships," he says.

And, in a major blow to potential partnerships, in November 2017 the Centers for Medicare and Medicaid Services reduced the rate for 340B payments, the program that reimburses hospitals for certain drugs purchased for low-income patient populations. It's an estimated \$1.6 billion revenue loss for the industry. Abernethy says this could have a dramatic impact on consolidation, particularly in oncology and rheumatology, specialties that rely on high-cost drugs.

"Now the health system incentive to buy up practices has diminished dramatically," Abernethy asserts. "A big question mark for 2018 is what will be the market impacts of those shifts. Will there be a hold on new acquisitions? Or will other factors in the industry like the cost of EHR systems and meeting the needs of MIPS ultimately continue to push practices toward health systems?"

Prediction 3: Patient expectations will drive technology adoption

Executives predict that patients will continue voting with their feet if organizations don't keep up with consumers' technological experience in other industries. Brenner says millennials will drive competition within healthcare to a more consumer-centric model into 2018 and beyond. "And that will drive access and transparency to a new height."

High-quality technology “will drive good healthcare forward. Those who don’t [offer] that, the patients might just walk away. And they should,” says Mizra. “If we don’t supply for the demand that’s out there, then someone else will come and take that place for us,” says Mirza.

Technology attracts not only patients, but also high-quality physicians and staff, Mizra says. “The entire technological process is important. Whereas before we may have primarily focused our technology efforts around the front desk, we’ve tried to incorporate it into every stage. And that work will continue to be our focus for 2018,” he says.

Mobile, speech-enabled clinical documentation platforms like Entrada, for example, enable The San Antonio Orthopaedic Group to streamline data entry in the clinical workflow. Applications like secure text messaging and real-time syncing of clinical content, such as uploading patient images to an EHR, allow care teams to move efficiently through patient cases.

Prediction 4: A tech-savvy workforce will be in high demand

Mirza anticipates that strategic staffing decisions in 2018 to enable necessary technological support of the patient experience. “We don’t just put bodies in. We need to find people who understand the nuances of technology.”

But in a competitive marketplace, qualified employees will need to be paid at a competitive rate, he says. Otherwise they simply need to “go down the street” to find a better hourly rate.

Staff who can interpret data and use it to implement clinical strategies will be a priority for the new year at Valley Health, too, says Brenner.

“Our biggest staffing challenge is to strategically hire more of the care managers or case managers and clinicians skilled in data analytics, so they can come together as a team to manage the populations at hand,” says Brenner.

At Flatiron Health, Abernethy also anticipates that more clinicians will look to data to inform their understanding care delivery. The missing piece, she says, is education. “Training physicians to become a part of the team to look at data is becoming a really big challenge for 2018.”

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