



The state of healthcare: Four reasons for optimism

By Joe Cantlupe | January 10, 2018

In general, practitioners are not optimistic about changes in healthcare in the next 5 to 10 years. Some 74 percent of 1,029 practicing physicians surveyed by athenahealth in April 2017 said they expect the practice of medicine to change a lot, and they are worried about those changes. Just 20 percent said they welcome those changes.

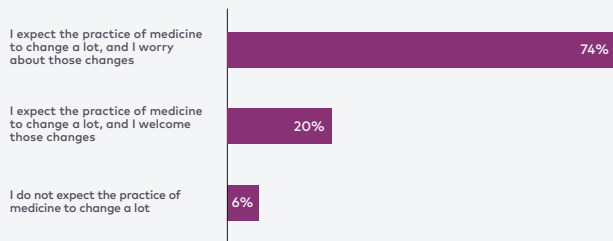
Are there *any* bright spots on the healthcare horizon for 2018?

Answer: yes. athena**insight** spoke with five physicians with optimism for the new year and beyond. They're excited about innovations in clinical care, improved working relationships among multidisciplinary teams, thriving as solo practitioners, and tapping into technology to improve the quality of care they deliver.

Here are edited excerpts from their observations. We hope you will join the conversation with your thoughts in the comment section below or tweet us @athenahealth.

Physicians are worried about the future

Which of the following best describes your attitude toward changes in healthcare in the next 5-10 years?



Source: athenahealth
Sample: Survey of 1,029 practicing physicians, April 2017.

On quality of care

Robert Hart, M.D., is the executive vice president and CMO at Ochsner Medical Center in New Orleans.



Hart: There are a lot of good things happening in healthcare as the government and commercial payers move toward quality. The government is no longer paying physicians for being

busy. It wants results. There's more and more focus on managing the whole patient and managing their illness and wellness. So much more information is available and easily attained through technology.

Everyone working as a team, from physicians to housekeepers. Recently, recognizing the growing threat of antibiotic resistance and superbugs, one of the Ochsner hospitals, Ochsner Medical Center-Jefferson Place, deployed pulsed-xenon ultraviolet light disinfection in its cleaning protocols. That resulted in a 49 percent overall decline in infection rates.

Tamer Abdelhak, M.D., is division chief of inpatient neurology, vascular neurology and neurocritical care at Spectrum Health in Grand Rapids, Michigan.



Abdelhak: Hospitals in this country have made major inroads in stroke care, continually reducing its threat, compared to other diseases. Here at Spectrum Health, we are among those who received Comprehensive Stroke Center designation from the Joint Commission in 2017, which shows that our team of vascular neurologists, vascular neurosurgeons, and interventional, critical care, and rehabilitation specialists are making advances in thwarting stroke more quickly and more efficiently with lasting impacts.

We have been able to reduce the amount of time between when a patient presents in the emergency department and when the patient undergoes a thrombectomy to remove a blood clot from an artery or vein. We also performed twice as many procedures in 2017. This means a dramatic difference for an increasing number of patients who were able to go home in a few days, versus facing a lengthy rehab or other problems. This comprehensive unit will continue to have a great impact on the community and beyond.

Meredith Warner, M.D., has a private practice in complex foot and ankle reconstruction in Baton Rouge, Louisiana.



Warner: The science that is happening today is just awesome. I am so optimistic about healthcare in its basic sense of curing disease and getting people better. The technology available to orthopedic surgeons in the operating room is also advancing rapidly, and we can do so much for people now than ever before.

On data integration and interoperability

Shashank Patel, M.D., is a physician practitioner for Rockville Internal Medicine Group, part of the Privia Medical Group in Olney, Maryland.



Patel: Health systems are getting better at integrating data across systems. It helps speed up day-to-day tasks, allows for easier access to data and improves safety. The CRISP regional health information exchange in Maryland has really helped me reduce ordering redundant tests and coordinate care for patients between hospital and office settings. We have probably saved thousands of dollars for patients by just having more accurate vaccine records, and being able to see what they're getting at in pharmacies.

Hart: For a long time, the medical community has viewed electronic health records as a focal point for what's wrong with healthcare. [But] I was at a panel discussion recently, and the moderator of a group asked, "How many in this room would like to go back to paper records?" Not a single hand went up.

A robust electronic health record provides so much information that helps manage a patient – if they have diabetes or hypertension, or if they need a colonoscopy or mammogram appointment. We can pull information out of the medical record and proactively care for the patient.

And with apps, a patient can be checking their blood pressure every day with an electronic cuff and upload that information to us. So you go from four different interactions in a year to getting information 200 to 300 times. Suddenly, you are more engaged in care.

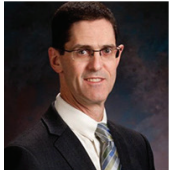
Patel: Perhaps as a response to all the multiple requirements and regulations, I see more and more physicians' groups working together, whether as an ACO or integrated health groups like Privia, which we joined two years ago.

Being able to share our performance data and compare it to other providers in the area helps us fine-tune where we are succeeding or failing. It also gives those who are excelling in a certain performance metric a chance to

be able to share their strategies with others. In the past, we all tended to work in our own siloes with little idea how we were doing compared to the guy next door.

On value-based care

Alan Pitt, M.D., is a professor of neuroradiology at the Barrow Neurological Institute in Phoenix and the chief medical officer for Avizia, a telemedicine company in Reston, Virginia. He also writes his own blog, *Healthcare Pittstop*.



Pitt: In the future, I see doctors practicing at a lower reimbursement rate, and hopefully we'll see a return of the physician as more respected member in the community. And hopefully their relationships with patients and overall job experiences may be somewhat better, from that kind of macro perspective.

The revenue cycle will slow down, and all those billing codes from tremendous overhead may disappear, as we move from fee-for-service to at-risk [reimbursements], where patients have to take more responsibility for their health and providers and hospitals are aligned with value and have a different relationship.

Patel: I'm somewhat optimistic that the increase in value-based reimbursement will benefit those physicians who practice good medicine. It encourages physicians and patients to discuss the cost of certain treatments, and there is more transparency and more access to labs, specialists, blood tests and CAT scans and results. There is faster, more accurate care with no redundancy of testing. It helps reduce errors and establishes more of a priority of preventive care.

On being a solo practitioner

Warner: I am a solo practice orthopedic surgeon in a city dominated by two large hospital systems and two large orthopedic groups. There are many narrow networks and conflicts of interest that are designed to reduce competition that I deal with on a daily basis.

However, I am very optimistic for a number of reasons. I value my autonomy and I like being the best patient advocate possible. That is absolutely not possible in any other setting. I can be very agile and responsive to needs. I can spend as much time as I want with my patients, and I do not have a time quota or visit quota to accomplish.

The list goes on and on; basically, as a solo practitioner, I can provide a very good healthcare product that is much better than what is available at "big box medicine."

Joe Cantlupe is a frequent contributor to athenaInsight.

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