

Future of Community Healthcare Providers

Healthcare providers range from government to commercial sectors. In the government sector, this includes both civilian and military hospitals, academic medical and research institutes, and laboratory, diagnostic and other support organizations. In the commercial sector, includes the community health care systems, academic medical and research institutes, hospice centers, independent lab and diagnostic and other support organizations.

Provider health systems are the central archetype of the health industry as they are the glue that integrates Patients, Physicians, Health Workers, Payors and Community Population. Their success is the key to solving the problems facing health industry and their transformation will drive the needed changes across the healthcare ecosystem. To be successful the provider health system must, ***“Perform, Innovate, Transform, Collaborate and Grow.”***



Why Is The Change Necessary?

Success and growth of the health industry will be driven by Healthcare Providers having streamlined processes (business process reengineering), total quality management (lean six sigma), standards based services (best practices), access to the right information on-demand, collaboration as strategy, strategic innovation, and lastly, the ability to quickly adapt to these new requirements. Additionally, the industry stakeholders must recognize that the convergence of clinical/medical care, clinical research, public health, health education and the development of individualized healthcare solutions is inevitable. Further recognize that healthcare and the life sciences industry will integrate to provide the best healthcare for patients. Delivery of superior performance in healthcare will come from making continuous transformation, innovation and improvement as part of the industry’s culture. The understanding that an investment will be

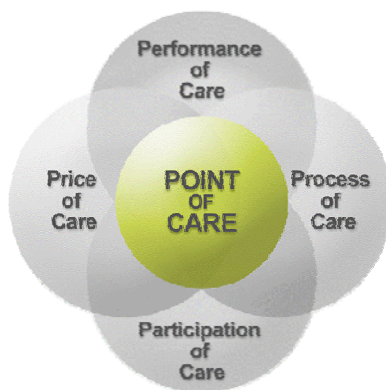
required for empowerment and talent development of people; building, partnering or acquiring innovative and performance technologies; to continue the commitment to improving processes and workflows. Furthermore, the recognition that health system must never lose sight of the core mission of improving the quality of life for the patients and communities they serve. If this necessary transformation is seen as an opportunity, the growth and success of the health industry has a promising future.

The healthcare systems core focus will be better safety and efficacy in therapies, drugs and devices; better safety and efficiency in care processes; better quality and integrity of information; better effectiveness and productivity by organization and people; better care access, control, continuity and management; and finally better outcome and value for patients.

What Needs To Be Done?

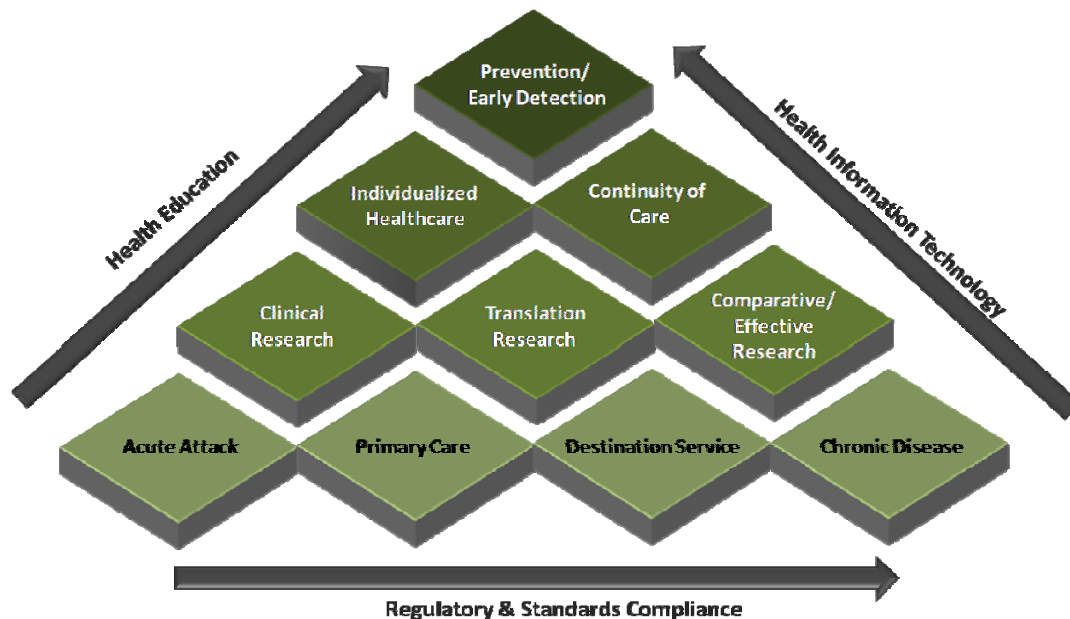
Healthcare systems and providers must place themselves at the forefront of changing the healthcare landscape, existing to fulfill both volume and value-based requirements. Ways to achieve this are:

1. **Be Patient-Centric by Treating Each Patient as a Person.** Keep quality and safety as a core commitment. Provide continuous, comprehensive and coordinated care across the health system by achieving a new focus of addressing the entire care continuum from comprehensive wellness and prevention, acute and post-acute care, routine treatment and secondary prevention. Develop mechanisms to improve treatment compliance; incentivize patients, physicians, and providers to make and sustain healthier decisions in collaboration with payers. The key to fostering this patient compliance is by building awareness, motivation, and clear benefits which can be delivered through a learning mechanism and the use of virtual affinity groups. Integrate in-care process with ambulatory/community physicians while incorporating work and home environments into each patient's individual healthcare plan. Develop evidence and outcome-based care mechanisms using required on-demand and on-time information at Point of Care for both physicians and patients. Throughout the entire care continuum, maximizing patient safety by reducing incidents of infection, accidents and adverse events must continue to be a major commitment. Provide individualized healthcare informatics integrated with system-wide data warehouse and interoperable information exchange with the community and collaborators. Provide chronic disease patients tailored and targeted treatment that includes alternative and complementary components of art, music, spirituality, meditation, yoga, simulation and other cultural mind/body relaxation and cure support.



2. **Be a Premier Accountable Care Organization (ACO).** Provide the best Destination Services to manage Chronic Disease and integrate with strategically located primary care network of

providers and physicians. Provide population outreach and health promotion, especially for communities afflicted with health disparity and chronic diseases. Focus on a system-wide commitment to Prevention and Early Detection by utilizing power of analytics to drive improvement in chronic diseases and health disparities. Utilize information data warehouses for secondary use in Clinical and Translational Research and Preventive and Epidemiology Research.



3. **Strategic Collaboration** - Develop three tier collaboration with Academic Medical and Research Institutes (AMIs/ARIs), Foundations, Pharmaceutical companies and Biotechnology organizations. Tier one collaboration involves the building of joint academic/medical/research institutes, innovative information and healthcare technology development and community communication Programs. Tier two collaboration is regional with like minded institutes and corporations. Tier three is national or global collaborations. Use of Telemedicine and online internet connectivity, building a digital health community, will be key to the success of the collaboration process.
4. **Financial Model** - Ultimately, the ability to provide the above mentioned capabilities, through transformation that include full Information Technology (IT) capability, total quality management, process streamlining, standards-based best practices, new innovations and strategic collaboration, result in development of an overall profitable and sustainable funding model. This will happen by establishing reliable sources of money; as 50% from inpatient care, 15% from research grants, 15% from preventive and other services, 10% from philanthropy and 10% from partnership-based Intellectual Property (IP). This model, over time (5 to 7 years), will reduce expenses/investments and generate more cash on hand driven services; and will drive the establishment of the ACO by becoming a leader in transforming from "fee for service" to value and performance-based reimbursement.

Where To Go From Here?

The best place to begin transformation is to substantially enhance the alignment and integration between hospitals and physicians by deploying a dramatic expansion of the ambulatory, outpatient and home-based network of services and programs. The next step is to define the

critical path for clinical services, identify bottlenecks and gaps and execute process streamlining and total quality management requirement by developing both a plan and process to remedy them. By focusing attention on enhancing system-wide efficiency and productivity, especially operating room and emergency processes, will drive a collaborative, integrated and synergistic relationship between the care providers and hospital systems.

Additionally, we must focus and invest in non-traditional, innovative and patient/population centric solutions and treatments. In addition to the medical and health benefits this will also provide higher-margin revenue opportunities. This new focus will improve the potential to earn a higher margin from government payors (including Medicare and TRICARE), while also having a direct relationship with large and small corporations for wellness programs that will increase margin revenue from private insurance companies. Ultimately, the development of a family-based preventive care and care giving services initiative; funded through the government, philanthropy and corporate donors, will help in continuing the necessary culture change from episodic treatment to preventative treatment in the healthcare industry. Lastly, building mechanisms for continuous development of needed management capacities, competencies and leadership skills, while aligning the organizational structures to meet this transformation need will benefit by the development of a matrix and knowledge organization based structure that provides command and control, while fostering collaboration and cross connectivity for strategic programs.

Utilize the power and productivity driven use of Information Technology (IT): Development of trustworthy and interoperable integration and interfaces with Enterprise and Community-wide Electronic Health Record (EHR)/Personal Health Record (PHR), Enterprise Resource Planning (ERP), Financial and Administrative and other systems. Develop federated data warehouses and deploy use of analytics.

The healthcare systems and communities can be better connected with the proper use of portals, dashboards and mobile devices. This strategy integrates as-needed and on-demand acute care, emergency departments, and in-house/community physicians for better coordination of care and management of entire episodes of care. The provider informatics strategy and learning environment should integrate at patient level biological/genomics, clinical/medical, lifestyle/behavior, social/cultural, and administrative/financial information. Provider Health Informatics System must integrate research collaborators, biotechnology partners, public health organizations, healthcare support organizations, payors, community organizations, provider physicians, affiliated physicians, patients and their family. This integration will provide and enable meaningful data use across the system, department and research analytics.



Information Technology would not only be useful but will be essential in the development of data warehouses and use of analytics that will provide:

- Secondary use of data for decision support, business intelligence and outcomes measurement
- Development of clinician's measurement indicators and system-wide quality measurements that support clinical trials protocol development, patient accrual, adverse event management and drug tracking
- Development of individualized patient healthcare and evidence based practices
- Training on best practices and changing regulations and guidelines
- Building of diagnostic algorithms, transferring or handing off protocols and analysis on population that can lead to epidemiology and prevention studies
- Development of research and analytical capabilities and are also necessary to understand outcomes of interventions for distinct populations such as those with chronic diseases and health disparities

The use of blogs and social networks to develop clear lines of communication and methods of feedback between all stakeholders system-wide, including community physicians and communities they serve. These networks also enhance increased continuity of care by connecting physician and ambulatory network services, primary and specialty networks, post-acute services support. Additionally, it can be an unconventional and useful tool in reaching specific *"Communities in Need"* including those with health disparities, chronically ill, underserved, and elderly.

Information Technology can be utilized in building better administrative, financial and resource management systems for insurance company management, account management/contracting, provider relations/network development, clinical liaison/medical management, managed care operations, resource utilization analysis, data processing/reporting, supply chain management, funds flow and patient registry, while additionally establishing the governance and management to distribute future revenue sources.

The transformation of provider health system is not only important to their survival but is also a key to solving the problems facing health industry. Tomorrow's healthcare systems will be like digital and physical mall, where the anchor stores are hospitals, research and learning institutes; the boutique stores are community physicians and alternative and complementary services; there is public health areas; healthcare support organizations including healthy food area, exercise and sports areas; and other healthcare service areas such as ATMs to get secure medical records before patients visit doctors. This can be dubbed as ***"Healthcare People Plaza"***.