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Patients Natural Rights to Quality Care

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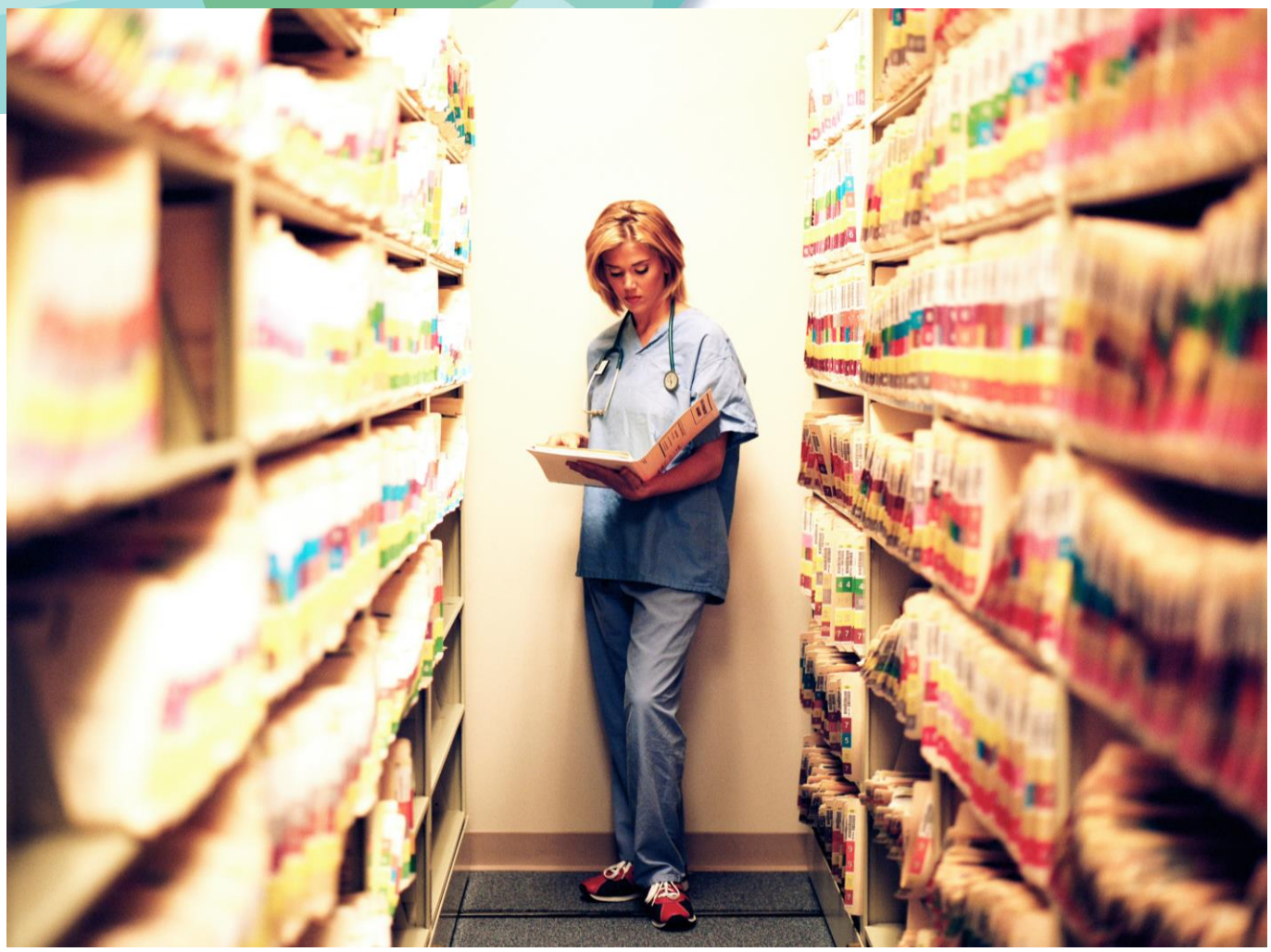
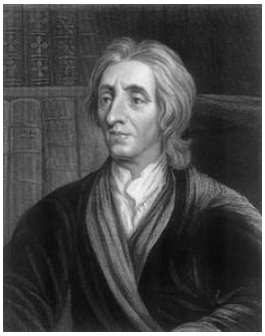


HEALTHCARE - A NATURAL RIGHT



The foundation of democratic institutions around the world lies with the John Locke's social contract between governments and their citizens. The social contract outlines individual's rights to life, liberty, and property. But can we as a society claim to honor these rights while the lack of access quality care directly threatens one's ability to all three? Without health, an individual's life is owned by a disease. Because a disease owns a patient's life, their liberty is infringed by limiting their ability personally and economically. With an economic disadvantage, patients lose the ability to maintain their property as it places tremendous financial strain on patients and their families through direct medical costs and lost labor productivity.

To realize the full potential and freedoms associated with a social contract requires the recognition that quality healthcare underlies all basic freedom. For this transformation to occur, the health system must refashion itself into a service-oriented enterprise capable of delivering quality care to each and every citizen affordably in a concerted public-private relationship.

DEVOLUTION OF *HOSPES*

The word hospital comes from the Latin hospes, signifying a stranger or foreigner, hence a guest. Thus, hospes is the root for the English words host and hospitality. Indeed, during the Middle Ages, hospitals served as almshouses for the poor, hostels for pilgrims, and hospital schools. Hospitals as we know them in the U.S. developed during the time of the American Civil War. At the time, hospitals represented a dramatic shift in how care was delivered: physicians and health professionals improved the health of patients by developing new standard practices for care and improved processes. Since that critical moment, however, care has not progressed to fully take advantage of the power of information and technology. Instead, it has devolved into an industrial machine detached from the original promise of the word hospes.

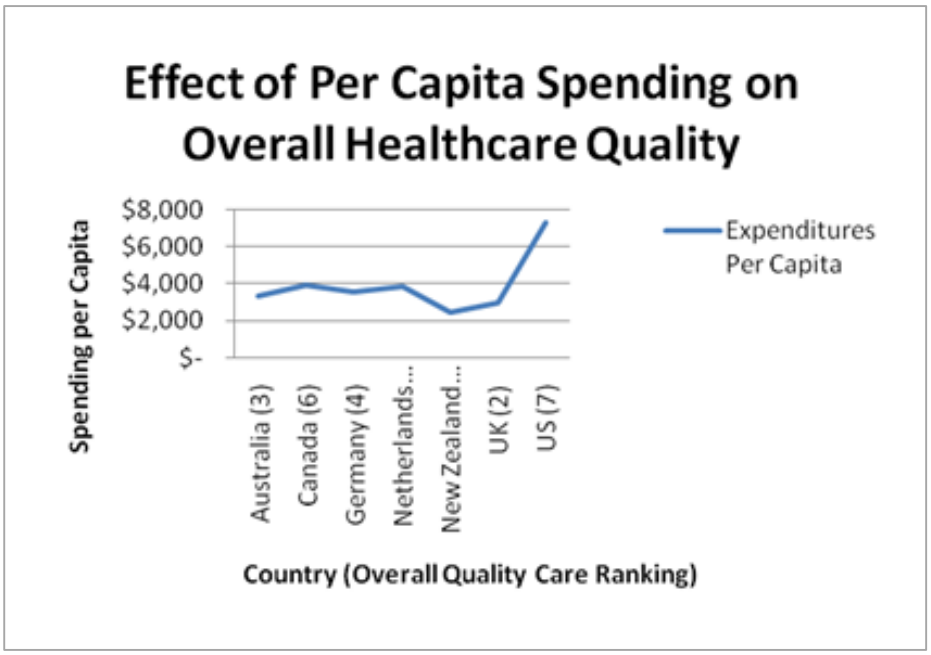
Our society must recapture the spirit of hospes by recognizing the inalienable right that each and every citizen has the right to receive quality, tailored care. By making this declaration, our entire society will economically and socially benefit through those individuals that are made healthier. Unfortunately, hospitals are losing meaning as patient care is being squeezed by both economic and social pressures. What the systems require are tools that allow for information availability on demand, improved point of care, individualized care, and proper clinical workflow.

Patients must be guaranteed that they can understand their conditions and prevent them. When they do become sick, they should have the ability to seek expert advice on demand. They should never feel as though they are a liability on the system. Instead, each patient should be treated as a consumer whose needs come above all other concerns. By committing to the belief that the highest quality care is a fundamental right and not a privilege, a tremendous change will be enabled within the system.

CURRENT STATE

Taking a look at statistics in our health system, one would not suspect trouble on the horizon. The U.S. has approximately one third of all hospitals on the planet, including 1 million beds responsible for approximately 38 million patients. The U.S. spends more per capita than any other nation on healthcare. Common logic would dictate that the U.S. health system should be the best in the world. If one came to that conclusion, they would be wrong.

A 2010 report, entitled Mirror, Mirror on the Wall, surveyed health systems in Australia, Canada, Germany, the Netherlands, New Zealand, the U.S., and the United Kingdom. The U.S. spends approximately double per capita for each country in the study group. However, it comes last in an overall ranking of the health system. This includes least safe care, next to last in coordinated care, lowest access to care, lowest efficiency, and last in leading long and productive lives. If our goal is to provide and deliver the highest quality care to patients, how can justify this dichotomy?



The issues we face today will be exacerbated without intervention in the coming years. Key trends include a decline in the number of physicians, increasing population size, and complications surrounding the retirement of the baby boomer population. Sacrificing the quality of care to address these trends is not an answer, but a consequence of the decisions we as a society make. In traditional economics, the price of a good or service depends on the correlating factors of supply and demand. As supply increases, the demand shrinks, leading to lower prices. Likewise, decreasing supplies lead to increased demand and prices. Applying this concept to healthcare delivery, however, throws an undeniable twist into the equation. The demand is from nearly 40 million U.S. patients annually facing down disease.

Hospitals have been focused on concentrating equipment, skilled staff, and other resources in central campuses, which clearly provides important help to patients with serious or rare health problems. However, hospitals also are criticized for a number of faults, some of which are endemic to the system and others which develop from fragmented approaches to health care. A recent study found that only 54.1% of Americans are receiving 'basic standard processes in care.'

A study published in 2009 by the Journal of the American Medical Association estimated that the United States had nearly 10% fewer doctors than previously estimated. Doctors are also much younger than before; physicians between their 20s and 30s now outnumber those who are over 65 years old. By 2020, this erosion will hasten, compounded by the fact that fewer physicians are being trained today. Reflecting this

growing shortage in supply of physicians is the habitually increasing pay for this segment, particularly within specialty fields.

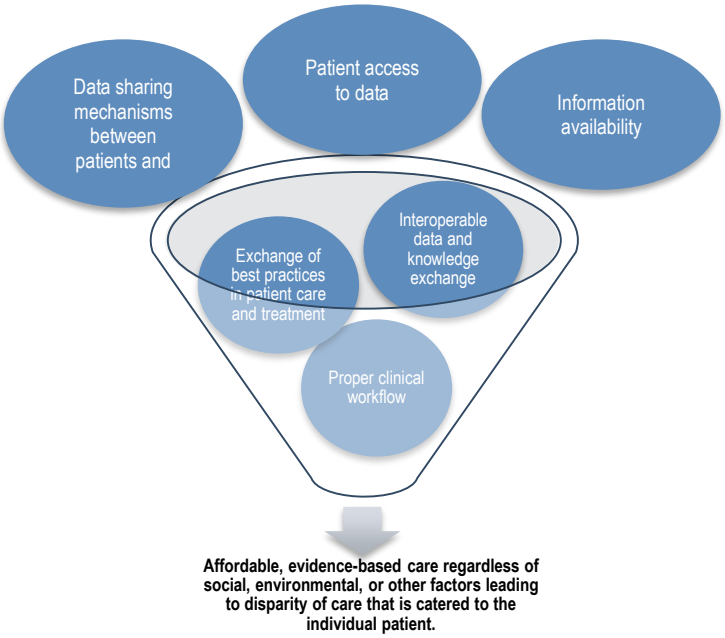
Another growing trend is that self-employed physicians—those who own or are part owners of their medical practice—generally have higher median incomes than salaried physicians. However, with challenging regulatory environment and uncertainty, younger physicians are shunning them for more stable jobs in larger hospital systems and health groups. Just eight years ago, 14% of new positions filled were at hospitals, the rest from sources such as hospitals. Today that number has jumped to51% of positions filled are from hospitals. Combined with constantly shifting treatment staffs, patients are dehumanized, preventing more effective care as doctors and nurses are rarely intimately familiar with the patient.

The result of these trends creates the issue that many feel care is becoming 'industrialized.' The high working pressures often put on the staff exacerbate such rushed and impersonal treatment. The architecture and setup of modern hospitals often is voiced as a contributing factor to the feelings of faceless treatment many people complain about. Rectifying this requires the utilization of tools that can connect patients to their caregivers through tools such as mobile devices and web portals. This can facilitate increased patient time with patients and caregivers and tailoring care based on an individual patient.

PATIENT CENTRIC, INDIVIDUALIZED HEALTHCARE

With the high cost of inaction, decision makers in health must take firm steps towards higher ground through applying innovative approaches to how they harness information, processes, and technology towards maximizing the supply and talent that manages our patient population.

Proper solutions must be well-developed and engage each stakeholder, including health organizations, payor/sponsors, patients, and health professionals. Although seemingly counterintuitive, accomplishing a total solution will allow for higher quality care and for more patients that can enter the system.



The proper and effective application of healthcare informatics solutions will create affordable, evidence-based care that respects the individual needs of the patients and treats them as consumers, rather than liabilities within the system. This shift will allow for patients to receive the highest quality treatments through evidence-based medicine. Over time, this will lead to care that is affordable and accessible regardless of environmental, social, or other factors.

Included in this push towards quality care must be the utilization of current resources that positively improve disease outcomes in patients. Take, for example, claims data, which can be used as a foundation for population level monitoring and tracking of encounters, chronic disease, and overall wellness. Through harnessing this information, health professionals can determine the overall effectiveness of interventions, which improves outcomes and resource allocations to reduce costs. Such an approach can be applied towards changing the lives of patients today, especially those in minority and underserved communities.

CONCLUSION

The development of patient-centric, individualized medicine that delivers patients the highest levels and qualities of care must be considered a vital component of any free society. Unfortunately, this dream is threatened by a myriad of problems within our current health system. Through vision, investment, and adoption of health informatics must be robust in order to facilitate affordable, evidence-based care available to patients. Only then will we realize the full freedoms of the social contract.