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 Author of *Mistreated: Why we think we're getting good health care and why we're usually wrong*

How healthcare can evolve to meet 21st century demands

The four pillars of transformation.

Healthcare systems around the globe are relatively unchanged in structure from the ones created half a century in the past. As a result, they are unable to solve the health care challenges of the 21st century.

Although there is variation by country, fragmentation of clinical care continues, with doctors working independently from each other, and hospitals disconnected from outpatient services. Reimbursement remains predominantly through a fee-for-service mechanism, and volume, not value is rewarded.

As a result, prevention is seen as less important than intervention, and medical error remains unacceptably high. In addition, the information technology available in doctors' offices lags nearly all other industries and fails to connect with the electronic health record systems used in most hospitals. As a result, patient data is rarely available to all clinicians treating the same individual, video remains underutilised and predictive analytics exist only in their infancy.

Overall, there is a paucity of clinical operational leadership capable of simultaneously raising quality, improving patient convenience and lowering costs. All of this will need to change for healthcare to meet 21st century demands.

FOUR PILLARS FOR SUCCESS

In *Mistreated: Why we think we're getting good health care and why we're usually wrong*, I provide a road map for the future and outline four pillars that will be essential to transform

healthcare delivery. Medical problems and treatments today are completely different than in the last century. Chronic disease has replaced acute problems. Costs have become unaffordable for nations and individuals. And medical procedures and pharmaceuticals are more complex, expensive and dangerous.

I look forward to expanding on this theme at the World Hospital Congress in Australia in October 2018. All four pillars will be needed to support the healthcare system of the future, and together they can raise quality, increase convenience and lower cost—as we have seen in the other areas of our lives from finance to retail. Integration is an essential first step. Just as the 'Mom and Pop' store morphed into the large mall and most recently to online, so healthcare will need to evolve. Done right, health care can be both 'high tech' and 'high touch'.

INTEGRATION: THE FIRST STEP AND THE FIRST PILLAR

There are four types of integration required to maximise the health of people and communities:

1. Horizontal within specialties—When physicians within the same specialty collaborate, there are major opportunities to offer patients better outcomes and added convenience. Integration facilitates sub-specialisation, adequate volume for maximal clinical results and more rapid access to care based on patient preference. This is particularly important in specialties such as orthopedics, cardiology, oncology, general surgery and ophthalmology. A common

electronic health record and physician leadership are needed to make this process successful.

2. Vertical between primary and specialty care—By working together in managing each patient, as many as 40% of patients who would have been referred to a specialist can have their medical problems solved immediately without having to miss work, and at a much lower cost. As a result, specialists can focus on those individuals for whom they can add the most value, and thereby diminish the backlogs that plague many nations around the globe. A common electronic record and a prepaid/capitated reimbursement model are essential for this to work.

3. Longitudinal between hospital and outpatient—Patients with chronic illness have medical issues before and after an inpatient stay. Integration, collaboration and coordination allow rapid hospital treatment and provide continuity of care following discharge to avoid readmission and medical errors. Modern technology, including video, supports these processes and reduces cost, particularly for those with the most severe medical conditions such as heart failure, cancer, and end-of-life frailty.

4. Comprehensive between the health care system, local community agencies and governmental organisations—Increasingly the social determinants of health are being recognised as equal in importance to medical factors in achieving optimal outcomes for individuals and populations of patients. A combination of educational resources and social support systems can reduce the need for hospitalisation and decrease the likelihood of a life-threatening complication for those with chronic medical illnesses. Across the globe, diabetes continues to increase in prevalence and smoking remains a major factor leading to premature death. Millions of lives could be saved annually, through a fully integrated model.

CONCLUSION

The hospital of the past was developed when inpatient care was relatively inexpensive and there were few alternatives available. All of that has changed, and disruption is inevitable if improvements don't happen in the near future. An integrated health care system, which is focused on value, not volume, supported by modern technology and effectively led, can maximise quality, and make care more convenient and easier to access at a lower cost. The time for change is now.

Dr Robert Pearl will be talking about the four pillars of transformation and what funding, structural, technological and clinical models are needed to support integrated care at 4:00pm on Thursday 11 October 2018 during day 2 of the World Hospital Congress.

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