If you could launch an audacious goal for health, what would it be?

Responses from attendees at IHI’s International Summit on Improving Patient Care in the Office Practice and the Community – March 2014

Top Category: Value

There is no transforming health and health care without a radical shift in thinking about health care spending, including realigning incentives to reward greater value, the creation of health, instead of endless tests and procedures. US health care has the biggest and most expensive habit to kick, our respondents point out, but those who focused their audacious goals on value are optimistic: “Financial drivers will be about health, not visits,” says one. Another example: “20 by 2020: Each health care system would devote at least 20% of its total funding to primary and community health by 2020.”

Below are the responses we received that pertained to value.

- Transition to a payer system with a capitation model in the next 10 years and equalize payment to primary care and specialties.
- Change physician-centric health care to patient-centered care.
- Health care system seen as an asset instead of draining the resources, where savings are pumped into empowering communities.
- Financial drivers will be about health, not visits.
- Restructure payment models for transparency, clarity and consistency – allowing individuals to more clearly understand services, costs and payments.
- Politicians will not decide what is best for the health of the US.
- Payer contacts will be based on 85% quality of care and 15% production. The more preventive care demonstrated the higher in the quality score.
- Redirect the energies of the established providers (physicians) back to the ideals of doing good for their communities and people that they had in their youth. Now the focus is volume and income.
• Standard work throughout the health organization in order to reduce (and ultimately eliminate) waste and use the increased time savings for patient education.
• Medication errors (healthcare and patients) will be a never event in 10 years.
• Move from the business and profit of treating disease to balancing the business with preventing disease and end of life care planning.
• Redefine the American health care system to focus on the health of its people at an affordable cost. Improve the quality of patient care one health care worker at a time — standardize training, education, testing.
• Eliminate unnecessary hospital admissions.
• A shift in looking at quality as a true measure of quality, not just checking a box.
• Stratify in categories; plan to intervene at the weakest point with the maximum result.
• Allow health care providers to make medical decisions — not insurance companies.
• When federal regulations are being written there are all other stakeholders at the table (consumers, providers, insurers) not left out in the hearing room.
• Every test result/study a patient has would be available to the patient and providers. Decrease waste and risk of additional testing because tests were done at different offices.
• Bring a new defined health care system to all Americans through increased access, increased quality and reduced costs.
• Reduce hospital admissions/readmissions by 5% for people with complex medical conditions through patient education, support, and community resources.
• Eliminate the need for hospitalization.
• Single payer to drive goal, single cloud-based EMR, accurate physician time with patients and remove incentives for testing.
• 20 by 2020: Each health care system would devote at least 20% of its total funding to primary and community health by 2020.
• Boards of health care organizations should be shuffled every six months.
• Remove most of the administration of the clinic to staff instead of doctors — no forms, no RX refills.
• No one profits from people getting sick.
• Medicare coverage for preventative care / physical exams.
• Develop healthcare standards that can fit any type of populations / health care systems.
• Celebrate nationally audacious health improvements proven successful to move across the world, so that these may be duplicated.
• The United States will be the most admired health system in the world. Renowned for our innovation outcomes, service and financial strength.
• The health care system becomes completely reliable such that health / health care are no longer central to the national dialogue about problems.
• Change the cost differential to beginning of life care from end of life care.
• A system of health that incentivizes providing appropriate care instead of incentivizing more care even when it is not appropriate.
Invest as much financially in creating health in the populations as we do in treating disease.

Health care is risk stratified to give appropriate care at all levels at a pace, time, and place convenient to patient, focusing on value not volume.

Create the highest quality and most affordable patient experience.

The United States will be the most admired Health System in the world. Renowned for our innovative outcomes, service, and financial strength.

Equitable, quality, patient driven care for all delivered by a health care community (focus on prevention, access, and education.

Universal health care with doctors in the system as opposed to entrepreneurs.

Eliminate hospital readmissions.

For the state/county to break the curves and a system that’s budget neutral. Just design the system according to known best practices and disregard the political fallout. Just do the right thing.

Reimbursement for teamwork and pre-visit and post-visit work.

Define accurately quality of care. Allow quality improvement resource in a busy clinic environment.

My goal would to make healthcare affordable and educate the public on better healthcare. Also have more health fair and encourage to public to be more engage in their health and other.

Cost and outcome transparency. Patients, families, and healthcare workers would know both the true cost of delivering healthcare and the health outcomes for all care conditions and procedures. If we can’t measure it, we can’t improve it (Peter Drucker).

Complete overhaul of payment system. Make payment for physicians, markedly more equitable between primary care and specialties—to make high quality care available to all.

Transform health care in the US from the highest cost to the highest quality and the best outcomes.

By Dec 2015, we will increase our panel by 20% and reduce our TNA by 25%. This will be done by shifting the balance of power from MDs to other team members, namely community health workers and allied health providers. This will require a significant investment in training for the team.