

Care Without Walls

The Next Evolution of Healthcare

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Our current healthcare system is taxed and struggling to meet today's healthcare needs. It focuses on treating—rather than preventing—illness, and is provider-centric rather than patient-centric. The net effect is expensive care that, while excellent at managing illness, does not give patients or providers the tools they need for health promotion and maintenance.

In addition, the current system simply doesn't respond to patients on their own terms. When patients need care, they generally visit a physician or hospital. As a result, they tend to "orbit" around the healthcare system, rather than actively participating in a system that responds to their specific needs.

This model of healthcare delivery is not sustainable for many reasons:

- There aren't enough physicians and nurses to meet the demands of an aging and increasingly ill population. By 2035, 25 to 30 percent of the U.S. population will be 60 years of age or older.
 - In 2003, 55.8 percent of the U.S. population had at least one of seven chronic illnesses, at a cost of \$1.3 trillion in direct and indirect expenses (12.5 percent of GDP). This is expected to rise to \$4.1 trillion by 2023 (source: DeVol, Ross, Bedroussian, "An Unhealthy America: The Economic Burden of Chronic Disease," Milken Institute, October 2007).
- Expertise is insufficiently distributed to meet population needs. There are regulatory barriers to providing care across political borders in many parts of the world, notably the United States, making it difficult to provide access to the most cost-effective and knowledgeable experts, regardless of their location.
- It's difficult for providers to collaborate with other providers, and this costs hospitals billions of dollars a year in waste.
- Patients find it hard to see their physicians during available hours, and they are usually blocked from using alternative means of communications, such as telecare delivery, e-communication, and text messaging. Citizens are increasingly mobile and demand a healthcare system that accommodates them better.



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- Despite this, only 43 percent of physicians have a website for their practice, and just 25 percent communicate regularly with patients online (source: Manhattan Research, Taking the Pulse, v6, 2006).
- Hospitals and clinics are costly to build and maintain.
- Escalating costs are becoming unaffordable.

These challenges act as walls that prevent us from providing optimal care delivery.

Breaking down these barriers requires new ways of thinking about care. Care delivery must become more patient-centric so that healthcare is pervasive and easily available. Care must come to the patient, rather than always requiring patients to visit a healthcare facility.

We must expand access options for “virtual house calls” to include care delivered online, through mobile phones, or wherever the patient happens to be, and change regulatory and reimbursement policies to support this. Medical expertise can be applied more effectively when delivered this way. There will always be a role for the traditional, face-to-face physician-patient encounter, but this is not always necessary. When it is required, we should encourage care at smaller, distributed healthcare facilities rather than at large, congested, and costly locations. And because most care will be delivered outside of healthcare facilities, the patients who do come in will be those who are more ill and require facility-centric services.

As we implement these newer care models, physicians will likely become more distributed (some will choose to specialize in distance care and might even work from home), necessitating improved tools to facilitate communication and collaboration among virtual teams. These communication technologies have been adopted in other industries, but are underutilized in healthcare, where practically all business is still conducted using telephones, pagers, and fax machines. Secure e-communication, video conferencing, instant messaging, shared virtual workspaces, and other technologies can improve communication when integrated thoughtfully into workflow. In addition to new physician staffing models, new positions might be created: care coordinator, health coach, remote care assistants, and others. All of these add complexities that can be addressed by communication and collaboration tools. These same technologies can also promote better collaboration among patients and caregivers.

Just as we need to facilitate patient access to healthcare professionals, we must break down the barriers that separate patients from their healthcare information—all patients must have online access to their medical records. Although federal law dictates that patients have a right to request their medical records, it does not require online access to that information. If we wish to break down barriers to patient engagement and increase transparency in healthcare, we must allow patients to see their records online.

Today, there are barriers to providing high-quality, longitudinal care for patients. Care is provided in walled silos that are both institutional and episode-based. To improve the value of healthcare delivery, we must disrupt these information silos, implement interoperable health information systems, and provide appropriate financial incentives to promote a long-term focus on holistic—rather than episodic—care.

It is time we broke down the walls—both real and virtual—that prevent us from delivering the best care for our patients and the best value for our healthcare investment.

More Information

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