

Preliminary information, not for general distribution
Prepared for the First Annual Health Care Systems of the Future Conference
September 26-27, 2008
San Francisco, CA

Introduction for “Health Care Systems of the Future”
Conference Sept. 26-27, 2008

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This Conference, “Health Care Systems of the Future” comes at a critical time in the national discussion about health care reform. Multiple surveys of the public’s attitude indicate widespread support for major reforms in our Nation’s health care systems. The Republican and Democratic candidates for President have described dramatically different approaches to reform. *Health Affairs* one of the leading health policy journals, notes in a recent Sunday Health Policy Update

“Everybody agrees the U.S. health care delivery system is broken. But there is no clear consensus on how to fix it”¹

In the journal’s September/October 2008 thematic issue, leading health care experts, including participants in this conference, explore many of the issues to be discussed at the Health Care Systems of the Future Conference. The conference is focused on a number of critical issues in health care, including innovations to improve the quality of health care, efforts to engage patients in their own care, and barriers to improving quality with a focus on systems. The focus at the conference on quality is much needed because, with few exceptions such as the Institute of Medicine’s quality initiative, the quality of health care has not had the attention that it deserves.

The conference also comes at a time when the national discussion on health care reform is moving beyond simply the need for reform. The goals of health care reform are being defined and have recently been succinctly summarized by Health Reform USA as follows:

- Solving America’s healthcare crisis requires nothing less than real healthcare reform. Real reform means a healthcare system that
 - Offers universal, continuous insurance coverage
 - Is affordable for individuals, families, and society as a whole
 - Provides efficient, safe, quality care.²

Why has so much attention been focused lately on the health care crisis and the need for major reforms? It is not only the problem of the many uninsured. The current system, including its fee for service payment and solo or small group model of care, was developed more than a century ago when acute, infectious diseases were the major problem. In my medical lifetime, now stretching 64 years since my entry into Stanford Medical School, chronic disease has surpassed acute disease to become the major cause of disability and use of medical services, consuming 80% of current health care expenditures, or more than one trillion dollars per year. More than half of Americans suffer from chronic disease. Because the system has failed to respond to this challenge, care for the chronically ill is often ineffective and frequently inefficient. The current health care system was not designed to deal with chronic disease.

Clearly a new approach is needed to provide health care in today’s environment (or today’s America). This conference reflects a range of these, much needed, perspectives. There are others. For example, I am an active participant in The Santa Clara Coalition to Improve Care of Chronic Diseases, called the Countywide Chronic Condition Coalition, or C4. C-4 has recently summarized the problem:

¹ Health Affairs Sunday Policy Update August 31, 2008

² HealthReformUSA.com

Chronic disease requires a different form of health care from acute disease, including a different form of medical practice. The required difference is not in new facilities or technology but in new understandings and behaviors:

- The patient, who must live with the disease, its consequences and its treatment, becomes the principal caretaker.
- The physician, in addition to providing professional care, becomes a partner helping the patient to learn new caretaking skills and to participate in management decisions.
- Care is provided by teams consisting, at minimum, of the patient, the physician and a case-manager based in the physician's office.
- Health care practices analyze their patients' health outcomes continuously, allowing evaluation of management effectiveness for both individual patients and groups.
- Health insurance plans must provide necessary service benefits for patients and reimburse physicians appropriately for those services.

The Chronic Care model was first developed by physicians at the group Health Cooperative in Seattle and it has now been tried, we believe successfully, in other parts of the country.

In Santa Clara County, California major health care organizations, including Kaiser Permanente, Santa Clara Valley Medical Center, Palo Alto Medical Foundation, Community Health Partnership, Santa Clara Family Health Plan and O'Conner Hospital Family Medicine Clinic are working together to create an integrated countywide network for the care of persons with chronic disease. Local efforts, like these and like C-4, will be energized and informed by the input of this conference.

At the national level, the stimulus provided by the Institute of Medicines' quality initiative should be invaluable to the efforts, including those by the federal government, to improve the quality of care within the context of health care reform. The IOM's quality initiative, begun in 2000, will be the topic of one panel's discussion during this conference.

The Institute of Medicines' quality initiative provides a clear picture of the problems and what needs to be done. Three reports have come out of the IOM initiative beginning with To Err is Human: Building a Safer Health System³, which focuses on medical errors, particularly in the hospital, followed by Crossing the Quality Chasm and Patient Safety: Achieving a New Standard of Care⁴ are invaluable resources. More recent studies^{5 6} indicate that there are also serious patient safety problems in ambulatory settings and nursing homes.

³ National Academies Press 2000

⁴ Crossing the Quality Chasm National Academies Press 2004 Patient Safety: Achieving a New Standard of Care National Academies Press 2004

⁵ http://www.nap.edu/catalog.php?record_id=10851

Essential to achieving the IOM's agenda is the development of a national health information infrastructure, including electronic health record systems that adhere to national standards for data, supporting patient safety in all health care settings. (see 2003)

I believe that this conference, Health Care Systems in the Future, by focusing on quality and bringing together many of the leaders in the field will be a catalyst for change that will lead in 2009 to federal health policy initiatives to implement the recommendations of the IOM during the past eight years relative to health care quality and patient safety. I believe that both the participants and the topics to be considered in Health Care Systems of the Future suggest very strongly that this is possible. The results of the conference can go a long way toward defining the obstacles that must be overcome and setting out a clear pathway toward the goal of safe, quality care. It can be done and we will do it!

⁶ <http://search.nap.edu/nap-cgi/de2007.cgi?term=To+Err+is+Human&GO.x=0&GO.y=0>