



3 Steps for Better Care Delivery



Policymakers in the U.S. have recently focused their efforts on replacing the Affordable Care Act, failing to consider the need to transform the country's healthcare delivery system.

Two prominent physician leaders urge the government and lawmakers to take a hard look at the doctor-patient relationship and transform how medical care is structured, measured and reimbursed.

“Policymakers who are focused predominantly on how to improve the healthcare system by providing health insurance coverage will fail unless they simultaneously focus on transforming and modifying the delivery system; otherwise, the cost of providing that care will erode any programme they create, whether coverage is provided through private insurance, Medicare, Medicaid or another method,” write Robert Pearl, MD, CEO of The Permanente Medical Group, and Norman Chenven, MD, founding CEO of Austin Regional Clinic, in a Health Affairs blog post.

They encourage the Trump administration and members of Congress to consult with physician leaders, as well as health insurance executives, to help decide the future course for healthcare.

In their blog post, the two doctors discuss three steps that are necessary to improve the healthcare system:

1. Move rapidly from fee-for-service to value-based reimbursement. Public and private payer efforts to move towards accountable care organisations, capitated approaches and bundled payments for episodes of care need to continue, they write.
2. Shift to integrated electronic health records. The two doctors called for two actions: that policymakers create the expectation that EHR vendors cooperate so that third-party developers can connect separate systems and achieve full interoperability of HIT systems and that they promote payment policies that allow providers to use and be reimbursed for e-health interactions.
3. Track quality and patient satisfaction to improve clinical outcomes without overly burdening physicians. The current system of quality measurement is fragmented, redundant and burdensome and must be improved, they say. Establishing a set of two dozen or so measures in a limited number of domains, including prevention and chronic disease management, would allow for meaningful quality measurement.

“If these delivery system issues are ignored in the rancorous debate about healthcare coverage, then no matter the outcome, the system will fail,” Drs. Pearl and Chenven conclude.

Source: [FierceHealthcare](#)

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Published on : Thu, 20 Jul 2017