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Speakers



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Capitol Street



Richard Mulry
Northwell Ventures



Terry Fulmer
The John A. Hartford
Foundation

Moderator



Leigh Burchell
Allscripts

Planning for Fiscal Strength in Changing Times

Part 1: Federal health policy, the innovation landscape and the impact on healthcare finances

One constant in healthcare has always been change — increased consolidation of care delivery organizations, the nation's shifting demographics, changing expectations among patients and a changing landscape of federal and state regulations among the always-in-flux factors. And now, at what can feel like breakneck speed, healthcare executives must evolve to help the organizations they lead thrive within a quickly changing world and the resulting challenging-to-manage financial landscape.

During a June 23 virtual event presented by Allscripts and Modern Healthcare Custom Media, Ipsita Smolinski, Managing Partner of Capitol Street Research and Senior Strategic Adviser at McAllister & Quinn, and Richard Mulry, President and CEO of Northwell Holdings and Ventures, offered insights into and guidance specific to strategic planning in healthcare looking ahead to the next several years. Specifically, they discussed what healthcare leaders might expect as far as impactful policy from the Biden administration, the key trend of consumerism and its likely effects on hospitals and physician practices, and what the innovation trendlines are forecasting for healthcare delivery.

Smolinski explained that the healthcare industry is in “a bit of a waiting game” as the Biden administration and Congress continue hashing out issues that will impact the country. Now that President Biden's healthcare leadership team is confirmed, however, there are a number of priorities that will shape the industry moving forward, one of the most pressing of which is price transparency. “A desire for and expectation of increased price transparency is becoming widespread, especially with so many Americans having high-deductible plans,” Smolinski said. “Patients want

to know how much their MRI might be at the community hospital versus the one across town.”

A reckoning regarding the many effects of health inequities and the impact of social determinants of health is expected to have a significant influence on federal policy and shape upcoming innovations in healthcare, in addition to continued attempts to move to value-based payments, investment in freestanding medical centers, changing physician employment trends and adjustments to both Medicare and Medicaid coverage.

Mulry noted that Northwell has determined that it is beneficial for healthcare delivery organizations to invest in emerging innovations, but that doesn't mean all the best ideas come solely from brand new companies. “Northwell has invested in creating a culture of innovation, and we encourage our own employees to submit novel ideas and solutions. In addition, there are opportunities for employees to share financially if an idea moves forward, and we see growing success with that,” Mulry said. “The people on the front lines know more than anyone what need is out there. And when we're looking for investment or partnership opportunities outside of Northwell, we are leaning towards more mature products and companies which allows for the best use of resources and supports speed to market. The sophistication and experience of a startup's management team, as well as its clinical advisory groups, have become increasingly important.”

Digital health and telemedicine platforms are still in early stages and demonstrating rapid evolution, despite their emergence as critical tools during the pandemic, Mulry said. “What we see emerging out of telehealth is its integration into digital solutions—it's no longer going to be perceived as a wraparound or an add-on service.”

“People want ease of care, ease of access and they want to have easy navigation—those are major priorities in these integrated digital health solutions, and that is supported by telemedicine,” he added.

Mulry acknowledged that it is a challenge to adjust to recent trends that have moved beyond the paradigm of traditional healthcare. “There’s a generation of patients that are more comfortable texting a problem, sending a picture, receiving a diagnosis via email and then deciding if they want to go on camera. Health systems continually need to adjust to what patients are asking for,” he said.

The Center for Medicare and Medicaid Innovation appears poised to make some bold moves, particularly related to projects around primary care and smaller ambulatory practices, according to Smolinski, as well as revisiting the question of mandatory innovation pilots. “The last administration moved away from mandatory programs, but there are signs that the CMMI will be going back to that,” she said. “There have been bold statements coming from CMMI leadership about what it might take to re-energize the shift to value-based payment models. That is definitely something to keep an eye on.”

While healthcare-specific policy will impact the work of healthcare

organizations and innovators, both Mulry and Smolinski agreed that the industry will also be shaped by other significant shifts, including climate change and renewed attention toward the nation’s infrastructure.

As leaders consider where to invest time and resources, they should prioritize pragmatic innovations. “We review our investments with a very careful eye towards solving problems,” Mulry said. “We firmly believe in the digital solutions that are coming out of that improved workflow process, either clinical or business, and are investing in those that can improve care and relieve administrative burden.”

Smolinski agreed, noting that the future lies in providers’ ability to care for more patients, given the aging population in the United States, at a lower cost. “Investing in these lower costs of care—including maximizing providers’ licensing authority and expanding care in settings like urgent care and surgery centers—we’re going to continue to see that. I think you’re going to see hospitals invest more in rehab and treatment to fully maximize the potential from the full continuum of care.”

Part 2: Planning strategically for the impacts of an aging population

Terry Fulmer, PhD, RN, FAAN, is President of The John A. Hartford Foundation in New York, an organization dedicated to improving the care of older adults. During her presentation as a part of the NextNow series, Fulmer offered her assessment of how the complexity of care, so common in older adults, can best be addressed, and how we can create age-friendly health systems.

1. The “4Ms” are key to caring for aging patients

Age-friendly care is guided by an essential set of evidence-based practices known as the 4Ms—what Matters, Medication, Mentation and Mobility—which are key to ensuring the care delivered is patient-centered and attentive to functions that can dramatically impact well-being. A 4M assessment meshes with current geriatric care models already in place and ensures reliable practice when adopted. Specifically:

- **What Matters:** always starting with this M ensures patient-centered, goal-directed care which then guides the entire care team.
- **Medication:** frequent assessment of medications for untoward side effects, as well as consideration of what can be deprescribed, reduces iatrogenic effects that can lead to harm, suffering and increased costs. Attention to multiple prescribers is critical. When medication is necessary, use of age-friendly medications that have been empirically tested for safety in older adults is important and reduces the chance that the other Ms are not negatively impacted.
- **Mentation:** cognitive changes in older adults are frightening and often dangerous. Preventing, identifying, treating and managing dementia, delirium and depression across settings of care reduces harm and ensures early detection for optimal management.
- **Mobility:** older adults fear loss of mobility and the dependency that can ensue. Maintaining, and in some cases improving, mobility during hospitalization (as well as in every other care setting) should be a daily goal. Fall reduction programs are important, but are only half of the strategy.

2. Care should be age-friendly, regardless of care setting

The Institute for Healthcare Improvement and the American Hospital Association have successfully teamed up to offer action communities for age-friendly training with recognition programs for those who participate.

These trainings are tuition-free and open to all who wish to join the program. The action communities are inclusive of all care settings with an “all-teach, all-learn” approach. An array of curricula exists for those who request it, and some systems have adopted a do-it-yourself approach which is also supported. The opportunity to learn how to readily interconnect with programs such as geriatric emergency departments is also a part of these trainings.

3. Age-friendly care can increase health systems’ fiscal strength

The greatest success story of the 20th century is longevity. Over the last 100 years, life expectancy doubled around the globe. By 2030, one in five Americans will be 65 years or older, and more than 80 million people will reach Medicare age by 2040. These patients will have complex health needs with multiple chronic conditions, including dementia. These older patients will use health systems more and experience higher rates of healthcare-related harms, delays in care and discoordination. The ability of systems to meet the needs of these patients will have a tremendous impact on their fiscal strength, depending on the success of age-friendly efforts.

The 4Ms of age-friendly care represent major quality and cost opportunities. Applying them consistently to all older adults is an opportunity to reduce waste and create efficiencies. As just one example, an estimate shows that reducing inappropriate or unnecessary medications could save as much as \$62 billion over the next decade in unnecessary hospitalizations for older adults. Other examples of how the 4Ms help systems across the country deliver better patient outcomes and financial savings can be found on the Institute for Healthcare Improvement’s website in the Business Case for Becoming an Age-Friendly Health System and the Inpatient and Outpatient Calculators.

4. Consumerism will play a key role in the future of healthcare for older adults

While it is believed that older adults are less adept with internet-based healthcare access, there are a growing number of older patients who feel very comfortable using technology to their advantage, especially when they realize it can help them amplify their voice and get the care they need in a timely manner. It is important to reach older adults in the way that is most convenient for them, whether that be in-person, or by phone or online through virtual visits for those who have difficulty leaving their residences. Working toward increased patient satisfaction can be as simple as having a conversation with an older patient regarding their preferences, including app usage, appointment scheduling and visit follow-up.

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