October 10, 2013

Dear Friends and Colleagues,

In last week's *Straight Talk,* we acknowledged that in today's constantly changing healthcare environment, *"To get better, we must constantly learn."* Here is the latest example of learning best practices and bringing them home to NCH.

This week's "continuing education" comes courtesy of the recent meeting of the Southeast United States and Puerto Rico Regional Policy Board (RPB) of the American Hospital Association, one of nine such boards that meet three times per year to share best practices, benchmarks, concerns, opportunities, federal relations activities, grassroots lobbying, and next steps to improve our quality of life. Here is what we learned.

- Topic #1, not surprisingly, was the Affordable Care Act.

We were joined by teleconference with three other RPBs and Michael Hash, director of the Office of Health Reform at Health and Human Services, who is collaborating with the White House to implement the new law. One notable statistic he offered was that 80% of uninsured Americans reside in three states—California, Texas, and Florida. Mr. Hash pointed out that the law has already removed a dollar limit on health insurance policy payouts; removed co-pays and deductibles for preventive care; allowed young adults up to age 26 to stay on their parents insurance; and, for the more than one-third of the states willingly participating, will help 60% of previously-uninsured folks get some form of health insurance for less than $100/month. It is a fact that people with access to health insurance and healthcare live longer and better than those without. So the intent here is the right one.

At this early stage in the Affordable Care Act, there is much confusion, controversy, uncertainty, and fear of change. Most of our southern RPB region is in a watch-and-wait mode, as are we. As other states which are embracing the ACA become economically advantaged, it will be interesting to follow this evolution.

- Next topic for discussion was managing an intergenerational workforce and strategies for healthcare transformation.

For the first time in world history, we have four generations teamed up together —Traditionalists, Baby Boomers, Generation X, and Millennials. How can we as healthcare practitioners engage and satisfy everyone? The common answer from RPG attendees: Focus on what is most important to all, regardless of age, attitude, or background—namely, the patient. All that we do must be patient-centric.

- We then took on a discussion of meaningful "quality" measurement.

Quality is NCH's strong suit. But we are subject to so many rating agencies with so many metrics that confusion inevitably follows among all of us—patients, families, payers, physicians, hospitals and other caregivers. The question is, *Should we care how we get to a good outcome, i.e. the "process," or is the good outcome the goal?* Most everyone agreed that we need simple, understandable, relevant, and trustworthy metrics.

The RPG discussed many other topics, from declining reimbursement in a globally competitive world to the need for continuing medical education. My parents used to tell my brothers and me that, *"Nothing happens when you stay home."* Likewise, in healthcare, we've learned that profiting from the experiences of others, both near and far away, are crucial to our own personal development and the quality of the institution we represent.

Respectfully,

Allen S. Weiss, M.D., President and CEO

P.S. DO YOU HAVE A COLLEAGUE OR FRIEND WHO WOULD BE INTERESTED IN THESE UPDATES?
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