

June 5, 2014

Dear Friends and Colleagues,

Improving the state of our community's healthcare is our primary mission at NCH. And improving the state of our state's healthcare is the primary mission of the Florida Hospital Association's (FHA) Quality Committee, which I chair. This body of 23 high-level quality and process improvement experts including healthcare system CEOs, Chief Medical Officers, Chief Nursing Officers and Chief Administrative Officers met last week, with quality, safety, cost, access, and transparency high on our agenda.

Florida has about 326 hospitals, of which about 214 are members of FHA; about 145 of those are also members of Hospital Engagement Networks (HENs), Federally-sponsored programs that share best practices by submitting information about quality, safety, complications, infections and other parameters critical for excellent outcomes. (http://hret-hen.org/index.php?option=com_content&view=article&id=18&Itemid=136)

The goal of our FHA Quality Committee is to engage healthcare leadership, including Boards, across our state to lead their institutions in eliminating harm, coordinating care across all environments, and continuing the journey to better clinical outcomes. Florida has made remarkable progress over these past five years, ascending from a fourth quartile ranking to well into the third quartile (<http://www.commonwealthfund.org/publications/fund-reports/2014/apr/2014-state-scorecard>). The good but paradoxical news is that the rest of our country is improving at a rate faster than Florida, so we are slipping by comparison.

One prime challenge for our state is dealing with new Medicare and Medicaid reimbursement regimes. Florida has about 3.5 million people insured by Medicare and 3.3 million on Medicaid, with this number anticipated growing to 4.5 million as the Affordable Care Act increases access for previously uninsured state residents. Both Medicare, paid for by the Federal Government, and Medicaid, paid for by the state of Florida, are rapidly evolving to paying for outcomes, prevention, and wellness. Those Florida healthcare systems and providers content to practice the status quo in light of payment system changes are in for a rude awakening.

Currently, payment by Medicare has some modest incentives for doing well and penalties for doing poorly. Soon, both Medicare and Medicaid will transition from paying for volume—namely the number of admissions or other medical encounters—to paying for value (quality/cost), as measured by how well a person does over a period of time. Obviously, this new mandate makes great sense. Wouldn't all of us rather stay well? Similarly, all of us in healthcare—institutions, physicians, and every other caregiver—should prefer to be compensated for keeping our friends, neighbors, and communities well. This makes much more sense than having to care for sickness, much of which is either self-induced (smoking and obesity as prime examples) or secondary to the environment around us (not encouraging walking, exercise or healthy diets).

Enhancing wellness is an enormous and important challenge which needs to be recognized and accepted by all caregivers in our state, as we change the healthcare culture of Florida. Together with our fellow caregivers, we have huge opportunities to share best practices, use limited resources prudently, incorporate improved metrics, and be recognized among the best in the nation. These goals will require everyone putting aside regional rivalries. Some systems and providers will need to consolidate, others will grow; but all must understand the status quo is no longer tenable. "The times they are a 'changin'," Bob Dylan sang decades ago. This refrain has never been truer than today in terms of healthcare, in our nation and in Florida.

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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