

June 25, 2009

Dear Friends and Colleagues:

No topic these days is more important than **healthcare reform**.

The many comments and emails I received about last week's *Straight Talk* reinforced this point. So this week, I thought I'd continue the discussion and even humbly suggest a solution.

In last week's overview we talked about the problem—goal *incongruence*, in which the patient, caregiver and payer have different expectations. This week, I'd like to offer a three-part solution, which would provide goal *congruence*, with everyone rewarded for the same mutually-beneficial outcomes.

- First, let's reward patients for good behavior, such as smoking cessation, weight control, exercise, alcohol moderation, lowering fats in the blood and correct prenatal care. Some companies such as Safeway already reward these behaviors (<http://online.wsj.com/article/SB124476804026308603.html>). So do countries such as France, where employees or patients either pay less health insurance premiums or receive cash payments for doing the "right things" for their health. In fact, a February 12, 2009 *New England Journal of Medicine* article documented how patients were more successful with smoking cessation when they received incentive payments.
- Second, let's pay physicians and hospitals for keeping people healthy. At NCH, we used to consider ourselves a "repair shop" for sick individuals. Today, our mission has evolved into "*preventing, maintaining and restoring health in those we serve.*" Our two state-of-the-art Wellness Centers, the von Arx Diabetes Educational facility and all of our community education and outreach programs are just the beginning of a concerted effort to improve the health of all of our neighbors and friends.
- Finally, let's encourage payers to improve profitability and save on health insurance costs by rewarding patients and caregivers for prevention and efficiency/effectiveness. The health care industry is said to suffer from 30% inefficiency and waste. One unquestioned driver of added value is *prevention*. Another is *evidence-based medicine* (EBM)—or "comparative effectiveness," as the government is now calling EBM. Many of the therapies used today are known to be less effective, yet many caregivers insist on continuing to use them. One example: Still using medical therapy for acute heart attacks, when the much more effective technique of physically opening the blood vessel to the heart is available. This opening the blood vessel technique is the "Code Save-A-Heart" program at NCH that has been in place since 2000.

What holds us back from goal congruence?

Well, for one thing the continuing debate on the payment mechanism—single payer, universal health care, bundled payments, etc.—causes us to lose proper focus. The system already has more than enough money to care for everyone. We just need to direct the right behaviors to make the change. Another retardant is that big pharmaceutical companies, claims processing firms and makers of devices such as pacemakers and stents, all stand to lose as people stay healthy.

This is no time to worry about whose ox will be gored. Healthcare reform is key to the future of our economy and our society. For all of our own and our children's benefits, we need to get from *goal incongruence* to *goal congruence*. And we need to do it now.

Respectfully,



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

P.S. Feel free to share *Straight Talk* and ask anyone to email me at allen.weiss@nchmd.org to be added.