
Health Reform and You - Let's Just Talk the Facts
My Story and Why You Need to Hear (Really Hear!) It
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We can reform US health care fast and do it smart. I intend to tell the story of rapid reform by addressing the following questions:

1. What exactly is good healthcare?
2. Why is it important to know what good health care is?
3. How can we assure everyone receives good health care at a cost they can afford?
4. Is good health care for all really possible?
5. What is missing today ... what has to be added to make this work?
6. And, most importantly: what does each of us do to add what is missing?

This is a story about all of you out there, every individual who is a potential patient. Not only do you have a role in this story... each and every one of us are the only ones that can make it happen! We are a country-wide community of patients when it comes to health care reform. My story will lift the fog created by Democrats, Republicans, Tea Parties, liberals, conservatives, libertarians, Fox News, MSNBC, CCN, Network News, ...

OK, let's get started.

First, I am going to make an unusual request: I am going to ask you to consider this in a very special way. Listen with a non-judgmental mind. Be open to the possibilities. Try to forget everything you've been asked to believe as being the only truths about this issue. I'm not saying accept everything I say, but be open to all possibilities.

Everything you think you know about healthcare reform is most likely delusional!

- If you like the recent reform legislation and think it will work perfectly... it won't.
- If you hate the recent reform legislation and think it is a disaster... it isn't.
- If you think there is no solution that will make a difference... there is.

Delusions are what you get when you look in the wrong place for answers.

We all have been asked to believe different and very scary plot lines about the health care reform story. Everyone is doing it, telling us about the horrors of trying to provide the best and same level of care to everyone throughout the country, no matter where they live or work ("Socialized Medicine!") Many just assume we can only do it through a national or federal

healthcare of some type, that it will require Medicare to steal from Peter to pay (take care of) Paul, force the need for “rationed care”, and create “death panels” – we’ve heard it all. And we have not heard it just from one political party, or one vested interest (political party, industry, healthcare organization), but also from very many well-meaning healthcare leadership teams.

Let’s try to address these concerns and assumptions by answering those questions I posed above. Here is where my request to think about this non-judgmentally comes into play.

1. What exactly is good healthcare?

I suggest that good healthcare is simply receiving the care you need to make you “whole again”, or at least as whole as possible, given your current medical condition. By whole again, I mean the ability to be able to do what is important to you - what gives meaning and satisfaction **to your life**. To be whole, you need to be able to do the kind of things you live for: spend time with family and community, have the ability to travel with friends and to pursue your hobbies – whatever is important to you. Those expectations are unique to your value system. You and only you can define the optimum health state for yourself – your healthcare team should collaborate and partner with you to get you healthy by your definition of needs and desires. Yes, you have as much to say and do in the process as the professionals.

In the end, good healthcare is three levels of knowing.

It’s you knowing what you want and asking for it.

It’s you getting good at knowing what you want and good at educating your health care professionals about what you want.

It’s a healthcare team that knows what you want and how to make you “whole again”.

Hold onto this idea: Whatever your current condition, there is a “whole again” outcome that the health care system can deliver for you. Each of us has to know how to express that outcome.

2. Why is this *knowingness* important?

This knowingness is important because it establishes accountability and responsibility for the outcomes we get.

Today’s system is free from accountability and responsibility. It’s a system of transactions. I show up, get a service I probably don’t understand and may not even need, and then someone pays the provider some unexplainable amount. That’s some system we have built!

Uncoordinated care from multiple providers is not uncommon. It’s random like care. On the other extreme there is the common absence of care needed to make patients “whole again” for known conditions. It is way too common. For example, watch patients with severe diabetes walk into and out of emergency rooms every day without proper hand offs and follow up care. That really is some system!

It is important to realize that getting “good health care” has two drivers. One is the health care team following the evidence based guidelines and doing the right thing at the right time for you. The other is you, as owner of your unique situation, with a clear understanding of your expectations about what it means to be healthy – that is, “whole again.” With both drivers you have a partnership accepting accountability and responsibility for the outcomes we get.

This *knowingness* introduces a new kind of conversation in the health care system. It’s a conversation about producing outcomes from reasonably priced total service. What is most important is that *knowingness* creates this conversation at the right place - on the ground, between patient and providers.

Hold on to this idea: Health care reform is simply an accountability conversation between patient and providers.

3. How can we assure everyone receives this kind of care at a cost they can afford?

Everyone needs access to a system and a primary healthcare team (physician and/or nurse practitioner, medical assistant, lab, social or community worker, pharmacist) capable of providing meaningful care, a team that has the understanding of what will make you “whole” and will to make it happen uniquely for you.

We can assure everyone receives this kind of care at a cost they can afford by making everyone healthy. In other words, once everyone is “whole again” healthcare is cheap.

If I had to take my car in every week for a new transmission, owning a car would be too expensive for me. That kind of unreliability would make car ownership too expensive for most people. But we build cars to take the unreliability out. If I use routine maintenance with my service team to take care of my car, I can afford the car.

By any measure, we now spend more than we would need to give everyone in the USA good health care. Unfortunately many can’t afford quality care because we are, in effect, spending healthcare dollars on new transmissions every week. In fact, it’s estimated that from 30% to 50% of what we spend now is waste and avoidable.

Hold onto this idea: If we make ourselves “whole again”, health care becomes cheap and affordable for everyone!

4. Is it really possible to provide to everyone this quality of care outcome (“being made ‘whole again’ to pursue what you value”)?

Yes, we know it is possible because we can see it today in three places.

We can see the right care we are calling for in a few world class health systems that assume responsibility for the health of patient populations. They include the Veterans Administration, Kaiser Permanente, The Cleveland Clinic, The Mayo Clinic. These multi-provider organizations stress preventive care, integrated care and innovation that drives down cost while increasing value. These health systems end up with a patient population with a variety of payment sources. What is special is that they do not let today's Balkan like payment policies (fees for discrete service) lead to uncoordinated care by cost center silos. For the populations they serve, they work to provide coordinated, integrated care that make patients "whole again."

The second place we can see it is in the "patient centered medical home" movement among primary care providers. Patient-Centered Medical Home (PCMH) is an approach to providing comprehensive primary care that facilitates partnerships between individual patients, and their personal providers. A leader in this movement are the Federally Qualified Health Centers. Using patient registries and care teams, the care to well-defined patient populations is managed to achieve evidence based outcome standards.

The third place is in our own communities. Today each community can be viewed as a non-system of independent health care providers, individually reimbursed, with weak patient hand offs and little or no coordination of care. Seeing this as ineffective, wasteful and poor quality, hundreds of local communities over the past decade have developed vehicles and methods to coordinate and integrate the assets and resources of this non-system. Community health care coalitions have formed to provide care for the uninsured and to establish integrated care that eliminates disparities and waste. Each coalition and program set is unique to the individual community. However a replicable technology has emerged and can be seen in the membership of Communities Joined in Action. Communities such as Muskegon (MI), Olympia (WA), Toledo (OH), Asheville (NC) have long experience with innovative integration that produces access and eliminates disparities.

All this can happen and is happening. We have to bring it to scale in the leading edge communities and spread it across all communities. You can expect your health care providers to organize themselves as a coherent, reliable system that produces outcomes that you want. You see what happens when a vehicle like MacDonaldis organizes food producers, distributors, preparers, servers, franchisees, programs... You get the quality service you want at a price you can afford.

Hold onto this idea: Our local health care providers can organize themselves into an integrated system to provide the health outcomes you want.

5. What is missing from the current system... what has to be added to make this work?

Generally, when we are angry about something or frustrated with something it's not the something, it's us.

When the health care system frustrates you, as it is designed to do, don't get mad at Congress, don't scream at the President, don't yell at the hospitals ... realize that it us and we have to behave differently.

To get the health care system we want, we have to act the way we would act if the envisioned healthcare system existed. By each of us assuming this knowing behavior, by expecting to see it in others, the healthcare system will change to deliver good care that makes us and keeps us "whole again".

Here is the missing link: You must be a full partner with your healthcare team to assure that you receive the level of care you need or expect to make you "whole again".

The first step in adding the missing link is *each of us accepting that we are the missing link.*

6. How can I make it happen?

If this makes sense to you, and you think its worth a try, then act now to add the missing link! You can act today in your role as a patient, as a community voice, and as a voter.

In action as a patient. Starting today, ask you providers for "good care" that makes you "whole again" at an affordable price. You might think, "that sounds awkward... how on earth would I ask that?" And that is the challenge, learning to act like a consumer with control!

We can get good at this together. Look at how the pharmaceutical companies are training us with repetitious TV ads to go into our physicians and ask for their medications. There seems to be a national campaign to assure that every old man can have an erection. If we can learn to go in and ask our doctor for specialized medication (with what often sound like horrific side effects) we can learn to ask for good care.

Here are the first four requests we all can make to our providers:

1. Comprehensive care with follow through. Whenever you have a health issue, ask the doctor for a comprehensive, automated program that will make you "whole again" and keep you there in an easy fail safe way. Expect call backs, reminders, web access to information, prevention, ... Expect to know that you have been made "whole again" Don't accept being left on your own after episodic care.
2. Emergency room alternative. Ask your provider to give you same day and off hour access to primary care for conditions that need immediate attention but do not require Emergency Department care. Expect your hospital EDs not to be handling non-emergent care. Expect smart use of expensive ED service. Don't accept wasteful use of high cost services for low acuity conditions.
3. Chronic condition management. If you have chronic conditions, ask for a multi-team protocol that quickly brings the condition "under control" and keeps it that way. Expect the full range of services needed to produce the outcome. Expect to see the outcome

demonstrated. Don't accept that its your fault if you didn't understand, if you didn't comply.

4. Safe, effective medications. If you have multiple medications from multiple providers ask for routine services from a clinical pharmacist to assure the medication regime is safe and effective. Expect that the medication mix is necessary, is safe, and is working. Don't accept "just take your medicine, its up to you to comply."

Begin today developing the ability to all your providers exactly the care you want. Request that they figure out a way to deliver it. Providing the care you are requesting will cause them to reorganize. Serving you in this way usually requires a primary healthcare team bringing their individual skills to the process: Clinician (Physician or nurse practitioner), pharmacist, social worker, lab tech, each bringing their individual skills and perspective to the process and sharing that accountability and responsibility. We've seen it happen. Millions of us are all ready receiving that kind of care. Everyone deserves to receive it.

In action as a community voice. As a member of the community become an advocate. Develop a game plan to spread these ideas and have others in action. For example:

- Speak to your supervisor at work or your employer's healthcare rep – or union rep. Show or tell them about this article and ask how they can help.
- Ask your church group to take this on as a community campaign.
- Recommend to friends your healthcare providers as effective practitioners of this new health care.
- Talk to your friends, neighbors, and family about these ideas. Ask them to do some of these things too.

And stay at it; every week have a plan of actions to move this forward.

In action as a voter. Go to your elected officials and share this article. Tell them that you want to see the public sector calling for service integration and paying for performance.

Your Senators and Representatives can push for an outcome-based system. Consider the fact that Centers for Medicare and Medicaid Services (CMS) pays for most care for those over 65 (Medicare) and many under that age (Medicaid). It is charged with paying many of the bills under the new Healthcare Reform program. They will set the pace for many providers and determine how private insurance companies structure their payment policies. Insist that CMS pay only for services that are continuously linked to appropriate outcomes. Changing what we pay for will change the health care system quickly.

Call for an effective system that is both affordable and able to provide reasonable profit. But not a profit after 38% of costs goes to waste.

As you go forward in action, remember it is not the big ideas that change the world; it's the small steps that many take. When everyone does a little, that's when the big changes happen.

Share this article. Keep on asking 'Why Not?' When they will tell you it can not be done, its complicated, it will take years, tell them it is already happening. "If millions of my fellow citizens are already receiving it, there must be a way for all of us to have it. **Please find it.**"