

FUNDAMENTAL STRATEGIES FOR ACADEMIC HEALTH CENTERS



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IMPROVING HEALTHCARE DELIVERY THROUGH SYSTEM REDESIGN

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While we continue to see significant specific improvements in healthcare, flaws in the structures and financing of delivering care impede efforts to reform healthcare writ large. Here, expert Donald Berwick offers his perspective on strategies to reform healthcare in the context of academic health centers. Academic health centers have an important role to play in the redesign of healthcare delivery.

1 Center the Tripartite Mission Less on Personal Incentives and More on Team Care, both within the Academic Health Center and within the Community

The designs we currently have, from the way that acute care works to the way the whole system works, are not capable of achieving the Triple Aim—better care for individuals, better health for populations, and lower per-capita cost through waste reduction and improvement.

While policies intended to improve healthcare tend to focus on incentives, that approach alone is inadequate.

How can needed reform take place? Our focus ought to be on redesign. The real future of healthcare, if it's going to be characterized by improvement, is to redesign delivery so it looks much different from what it does today and can better achieve the Triple Aim.

Academic health centers ought to be the engines, or at least the intellectual leaders, of thoroughly redesigned healthcare. They should redesign care delivery with a more integrated and holistic view of the individual patient and patient care. We need care that is grounded in the community instead of in hospitals. Hospital care should be the last resort, but our system, as it is designed now, defaults to hospitals rather than building community-based structures and strengthening primary care.

2 Apply New Technologies to Streamline and Reform Care Processes

Care should be modernized with respect to its use of information technologies and artificial intelligence.

Among the highest priorities for academic health centers is to focus on improving the process of care. We need care that is designed for smooth flow. Right now, we have very staccato care, with lots of waiting, and that's not inevitable or necessary. There are science-based flow designs that work far better.

Academic health centers can and should be applying remote care technology to bring care to the individual. With their access to information sciences from other departments and centers within the institution, they can lead in redesigning this flow of care to bring personal control back to the individual patient and to better respect the particular needs of each individual patient.

3 Focus Care on the Actual Causes of Illness and Innovative Approaches

We also need care that is focused on actual causes of illness, as well as care that addresses social determinants of illness, such as housing, transportation, and community safety.

We need care that reflects social justice and equity as primary attributes. One specific area for leadership in improvement, in my view, is America's

criminal justice system, where our current, broken systems cause immense harm and suffering. Academic health centers could and should be forceful change agents for criminal justice reform.

Change in healthcare is extremely difficult to achieve, in part because current investment structures and the current payment systems

support the status quo. By default, or perhaps by complacency, academic health centers are usually rooted in that status quo. There are exceptions, but on the whole, academic health centers tend too much to uphold existing systems rather than create disruptive new models.

KEY CONSIDERATIONS FOR ACADEMIC HEALTH CENTER LEADERS

- How can academic health centers shake loose of status-quo thinking and activity and move intentionally to foster some of the disruptive innovations that are needed to reform the delivery of healthcare?
- To best accomplish reform, how can we shift from a focus on incentives to one that intentionally supports the continual and fundamental redesign of care systems?
- How can an academic health center best apply its intellectual power to foment and leverage meaningful reform of healthcare?
- How can the considerable intellectual capacities inherent in an academic health center, and in the university as a whole, be marshaled to inform and drive reform of healthcare delivery?
- How can academic health centers advance interprofessional education so that it is fully inculcated in education, research, and care?
- How can academic health centers take a lead role in moving to the next level in the application of health and data technologies, including communication, artificial intelligence, and machine learning?
- How can academic health centers reform the practice of care so that it defers more regularly and definitively to the needs and wishes of individual patients (i.e., care that asks not only, “What’s the matter with you?” but also, “What matters to you?”)?
- How can academic health centers contribute to help develop smoother, more efficient designs for the delivery of care?
- How can academic health centers help extend the reach of community-based facilities for delivery of healthcare and change the current hospital-focused paradigm?
- How can academic health centers broaden their focus to encompass more work devoted to understanding the root causes and social determinants of health, and link those insights to action?

KEY TAKEAWAYS

Academic health centers can lead reform if they intentionally eschew the status quo. To that end, we should have aggressive and bold research on fundamentally new designs of delivery. We should have an education system that helps young professionals to embrace, celebrate, and find joy in the new delivery context. We should have care that does not follow the old hospital-centric, physician-dominated delivery, and that uses the question, “What matters to you?” as its compass. In that regard, academic health centers can particularly apply new technologies to help reform delivery. Whether a patient needs a heart transplant or very complex chemotherapy, academic health centers need to be the pinnacles of technological excellence and innovation as well as leaders in improving performance of familiar high-tech care designs.



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