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The View From Here

- Not for Profit Healthcare Organization
- Mission: Improve quality of life through better health
- Duty to Provide Care regardless of ability to pay

- Federal regulations: EMTALA
- No discrimination on the basis of ability to pay
- Culture of healthcare: Take care of the patient
- Culture of hospital professionals: respond to the crisis

The Good Ole Days

- Provide the care needed
- Reimbursement/payment = cost-based
- Incentives = do everything possible/clinically sound

Today's World

- Reimbursement = pre-set fees linked to diagnosis or procedure
- Providers' costs are mostly irrelevant
- Financial incentives = do as little as possible

? Payment Formulas Irrational

- Highly complex medical patients
 - Multiple problems
 - Consume high percentage of resources
 - Much lower reimbursement

Surgical Procedures

- May be less resource intensive
 - Short stay, few complications
 - High dollar reimbursement

Creates Winners & Losers Across Service Lines

- Losers: Obstetrics, Pediatrics, Behavioral Services
- Winners: Neurosurgery, Spinal Surgery, Heart Surgery, Sleep Medicine

A Delicate Balance

- “Successful” hospitals must balance meeting the needs of the communities they serve while offering a mix of winners and losers that produces enough cash to pay the bills and re-invest in facilities and technology

Bottom Line

- Public and payors believe that healthcare services today are fragmented, too expensive, and often error-prone
- Perceive that we have lost the art of medicine that relates to compassion, spending time with patients, and seeing the whole patient, not just the parts and pieces

On The Other Hand---

- Healthcare consumers' expectations are higher than ever
- Want cost-effective, high quality healthcare
- Unless, of course, the patient is one of us, or one of our family members
- Then – we are highly offended that costs would play any role in determining what care is provided

Bottom Line

- Healthcare providers, not just hospitals, are increasingly focused on reducing costs, improving patient safety and clinical quality
- However, focus is still on the acute side of care because that's where the dollars are

What Does This Mean for End of Life Care?

End of Life Care: the Red-Headed Stepchild?

- Why?
 - Lack of available and targeted resources
 - Culture of healthcare

Culture of American Healthcare

- Demand for a quick fix
- Lack of accountability for personal health
- Denial of reality and unwillingness to confront death and dying
- Lack of planning, decision-making and communication
- Crisis focus

The culture of healthcare workers

- Preserve life, “call a code” , use all available skills and technology
- Highly skilled and trained healthcare professionals –
- Often not at their best in providing end of life care
- Proficient in using CT, cardiac catheterization, high-powered drugs
- ? Not so proficient in developing the unique skill set required to provide supportive, comfort care

Resources

- What gets spent, and where do the dollars go?
- Believe it or not, these resources are limited and becoming increasingly so
- Annual strategic and financial plans must provide for a balance of services, investments for a hospital to continue operations

Unquestionable Need for Better End of Life Care

- Comprehensive
- Patient/Family driven
- Evidence-based, safe, cost-effective

Zero-Sum Game

- If no new dollars in the system
- What is the trade-off?

- Individual's responsibilities:
 - Make decisions ahead of time and communicate
 - Seek understanding of issues and options
 - Recognize and weigh in on public policy
 - How much as a nation are we willing to spend on healthcare
 - How do we see the dollars allocated
 - Medicare/Medicaid are the most powerful influencers of how healthcare is provided, what's paid for, what's incentivized
 - How do we use that power to incentivize the development and deployment of the services we want and will pay for as a society?

Final Comments

- Resources – balancing of dollars and needs
- Culture – recognition of right to die, with dignity, pain-free and as much skill and expertise provided as that available for management of a cardiac arrest
- What is our national public policy as it relates to our society's needs for healthcare services and how they are met?