

Be the Change



Improved health care requires a shift in practice and financial focus

By Ashok Rai, M.D.

Editor's note: This column is adapted from Dr. Rai's address as chair of the AMGA Board of Directors, made at the AMGA 2018 Annual Conference, March 9, 2018, in Phoenix, Arizona.

Good morning. It is an honor to be here today, not only as the Board Chair of AMGA, but as a physician and a person who is passionate, like all of you, about health care here in the United States of America.

I would like to begin by thanking my Prevea Health team and Board of Directors who are all here today and who have supported me in this role. I would also like to thank my AMGA board members who inspire me on a daily basis. And more importantly, I would like to thank my wonderful wife, Brooke, and our children for their patience and support during this busy time in my career.

There is someone else I would like to recognize—and that is my dear friend Don Fisher. He is truly one of the main reasons I stand before you today in this role. I had known Don since becoming a member of AMGA and was fortunate to call him a mentor, a role model, and a friend. He used to pull me aside and say, “Ashok. I don’t care about my age. I don’t care about the cancer diagnosis I’ve been given. I have no desire to step down from my role as the leader of this organization. This is the most fun time in health care! And, do you know why? Because this is a time we can truly *change*.”

The Power to Change

I miss my friend. And today, in honor of Don, I want to continue that conversation about change—because change in the American healthcare system is needed now more than ever. And we don't just need incremental change. We need revolutionary change. I strongly believe that the power to make that revolutionary change sits right here—in all of you—in this very room today. But, if we're going to change successfully, we need to take a hard and honest look at why it is we're failing. So here are some examples of our need for change and how our fellow members are leading the path.

I want to start by addressing our addiction to the fee-for-service methodology of payment for health care in this country, because I think it's what we should be most embarrassed about. Do you know what we ultimately end up doing when we operate on fee-for-service? We benefit financially when very bad things happen to very good people.

I want you to think about how many times someone has confronted you with a clinic dashboard or a hospital dashboard, worried that there is a number “in the red” because you haven't performed enough procedures.

Take cardiothoracic surgery for example. Say the hospital has a goal for 20 open-heart surgeries a month. Should we really be upset that we didn't reach that number because instead of having to cut a patient's chest open, we were able to manage their cholesterol or use a minimally-invasive technique—one that would get them back to their lives, their families sooner?

The fee-for-service payment system results in us seeing patients as numbers—sometimes as dollar signs—rather than *people*. And this is something we—all of us sitting in this room today—must change. As physicians who went to medical school to help people, and who took the Hippocratic Oath, we have the responsibility to change this.

We have to challenge ourselves in the exam room, in community conversations, and more importantly, in our very own board rooms about what it is we were put here on earth to do. If it's about filling a hospital bed, if it's about hoping every morning that when you wake up, the dashboard is going to be “in the green,” then we have a real problem as a profession.

Let's celebrate and encourage a healthier America, not a sicker America. But let's remind ourselves—and we see it every day in America—that

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health can be addicting, too. Look at the amount of money people in this country spend on products every day in their mission to get healthy. And we as clinicians know that some of those health items or products Americans are buying are worth it and some are as good as snake oil. We need

to do a better job of guiding Americans in their desires to be healthier. Being healthy is good! A healthy America is good for us all—and we can still profit from a healthy America.

As clinicians, we need to change our research focus and our practice focus. And as administrators, we need to change our financial focus to lead to a healthier America. This isn't about affecting the bottom line—it's changing how we get to that bottom line: by investing in value, by taking risk, being accountable for the health of our community, and by understanding that Americans truly want to be healthier.

The Road to a Healthier America

It is time to get on the road to value, to truly become the high-performing healthcare systems we strive to be. And we don't have to be on this journey alone! We don't have to start from Ground Zero. Because there are organizations like Kaiser, Intermountain, Geisinger, and Sharp—and so many more that sit in this very room—who have already made the change, who have pivoted and taken a risk to make their patients healthier.

In addition to adopting a value-based healthcare model, we need to start attacking the origins of the poor health of this country. The problem is this: People are shouting from the rooftops that there is a need for healthcare reform, yet nothing is being done to address why Americans are so unhealthy in the first place.

<Dr. Rai shows a cartoon of a doctor speaking to a patient in the exam room, with the caption, “Unfortunately, John, the fact that you're the same weight as the average American doesn't mean you don't have a problem.”>

Take a moment to read this.

Last year, the CDC revealed troubling new findings that just over 70% of all Americans are either overweight or obese. And people like “John” up here are beginning to think that this is normal and healthy. While John needs to take responsibility for his lifestyle choices, our government is also to blame for the abundance of fat, sugar, and calorie-laden foods being served up to America on a daily basis.

AMGA 2018 Board Chair **Dr. Ashok Rai**, president and chief executive officer, Prevea Health, addresses the successes and failings of American health care in his speech at the 2018 Annual Conference.

Our government plays a major role in the production, regulation, research, innovation, and economics of our food supply. And research from the Physicians Committee for Responsible Medicine shows the government is continuously funneling money into the exact foods that it is telling us to avoid.

How many more people have to die before we take serious action and *change* this? We need to have a real conversation about what’s really best for the American diet. One that is evidence-based, and not one that is driven by money and greed.

There are some wonderful examples of multispecialty groups already having these conversations and finding success as a result of their own research. In Wausau, Wisconsin, Aspirus has done some great work in researching the effectiveness of a physician-supervised diet program on the total cost of care. This example and many others within this room once again serve as a reminder that the power to change, the power to fix what is broken, lies within all of us here today.

Another great example of a healthcare organization leading change is reflected in the work of Gundersen Health System based in La Crosse, Wisconsin. And yes, for those of you keeping

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track, this is my *second* example of a Wisconsin-based healthcare system doing great work.

Gundersen has led the way in advance care planning with its internationally recognized program called “Respecting Choices.” It is helping Americans and communities across the world that have adopted this model of care to answer two very important questions: How do I want to live and how do I want to die?

This is a program that is enhancing patient care, improving population health and reducing healthcare costs <see Table 1>. And it serves as a good reminder for all of us: that we need to do a better job in the exam room engaging our patients and talking to them not just about diet and exercise, but about the life they want to live and how we can help them get there. And we need to have that difficult conversation about end-of-life as well and what it is they want us to do and don’t want us to do before they die. Research shows that a *significant* and often *unnecessary* amount of Medicare dollars are spent in the last six months of a person’s life. We have the power to change that. We just have to be willing to have those difficult conversations with our patients in the exam room, to help them live the way they want to and die the way they want to.

Table 1

Respecting Choices Controls the per Capita Cost of Care

| | Per Capita Cost of Care | | |
|--|---|---------------------|------------------|
| | La Crosse, Wisconsin | Statewide Wisconsin | National Average |
| Reduces unwanted hospitalizations—percent hospitalized at least once during last six months of life | 59.5% (below 10th percentile) | 67.5% | 71.5% |
| Reduces costs of care in last two years of life due to elimination of unwanted treatment | \$48,771 | \$67,443 | \$79,337 |
| Reduces hospital care intensity in last two years of life | 0.49 (half the national average) | 0.72 | 1.00 |
| Reduces inpatient days in last two years of life | 10.0 days (below 10th percentile) | 13.2 days | 16.7 days |
| Reduces hospital deaths | 20.4% | 20.9% | 25.0% |
| Reduces percent of decedents seeing 10 or more different physicians during the last six months of life | 22.7% (well below the 10th percentile) | 31.0% | 42.0% |
| Reduces percent of decedents spending seven or more days in ICU/CCU during last six months of life | 3.8% (well below the 10th percentile) | 6.8% | 15.2% |
| Reduces percent of decedents admitted to ICU/CCU in which death occurred | 9.5% (well below the 10th percentile) | 13.1% | 18.5% |

Reduces healthcare costs: For each dollar spent on advance care planning, the cost of health care is reduced by \$2. The ROI is \$1 for every dollar spent.

Who Is Leading Change?

The last, but certainly not “least” problem with our country’s healthcare system is this: We continue to allow those who have never sat at the bedside to determine how we provide care.

I’m talking about congressmen, senators, even the President. I’m talking about Amazon, J.P. Morgan, and Berkshire Hathaway. Can someone explain to me how this is happening, and why we as a medical profession are allowing this to happen? It is because we ourselves have not embraced change. We know our system is broken and because we are not at the forefront of change, we have allowed others to step in front.

I’ll never forget the time I was at a conference in San Francisco several years ago. There was a short presentation about the benefits of placing primary care clinics directly into manufacturing environments. The presentation ended up inspiring me to take Prevea Health in this very same direction and implement on-site primary care clinics at companies throughout Northeast Wisconsin. But the presentation also left me feeling *angry*. And here’s why: The person who was delivering the presentation was someone employed by Quad Graphics, a *printing* company. I was angry because it took a printing company to inspire me to do my job better. Because, at the end of the day, we in the medical profession should be the

ones leading the change. Not printing companies, not financial experts, and certainly not retail giants.

Be the Change

I want to close by saying this: While the healthcare system in America is plagued with problems, there is no question that what we do in the medical profession day-in and day-out impacts lives for the better. We relieve people’s suffering, we keep them moving, we keep them *alive*. We have so much to be proud of. But I hope you can agree that we can all be doing better—for our patients, for our country, and for ourselves.

Mahatma Ghandi is often paraphrased as saying, “Be the change you wish to see in the world.”

It is time for *us* to be the change that we wish to see in health care. It won’t be easy, but the ways in which we will do it won’t be difficult to find. All you have to do is look around, right here in this very room. Because once again, I strongly believe that the power to change, the inspiration for new ideas, and the key to better health care for all of America lies in all of you—the AMGA membership. [GRJ](#)

Ashok Rai, M.D., is president and chief executive officer, Prevea Health, and chair of the AMGA Board of Directors.



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