

Nov/December 2010

MetroDoctors

THE JOURNAL OF THE TWIN CITIES MEDICAL SOCIETY



The Rising Scale of the Obesity Epidemic

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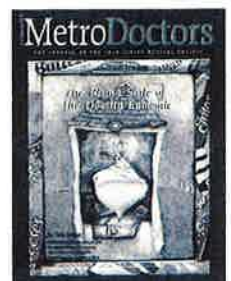
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On the cover: Is there a solution to the rising rate of obesity? Articles begin on page 12.



“Minnesota Connect”

A recent best seller about the legendary investor Warren Buffet was entitled “The Snowball.” The book title came from an investment philosophy created by the “Oracle of Omaha,” that states, “Life is like a snowball. The important thing is finding wet snow and a really long hill.” We think that we have found both with the current health care crisis. Our wet snow is the multitude of problems and opportunities that constitute the current medical environment; and our long hill is the impact of caregivers, organized in a specific manner, providing the best care for the patient, which will result in significant cost savings for the system.

If we were running for Governor of this great state of ours, we would focus our intellect and our energy on health care reformation, not only because it is our area of expertise, but also because it touches almost all other components of public policy—education, employment environment, and equity.

There seems to be a general consensus on objectives with respect to health care, both here in Minnesota and across the country: (1) improve the health of our population and (2) management of costs, i.e. expense reductions. While there may be no serious disagreements on health care objectives, there is a vast range of opinion on solutions to providing affordable health care to all Americans. Since we want to be part of the solution, rather than part of the problem, we offer the following program, which might be called “Minnesota Connect.”

1) Accountable Care Organizations—The Patient Protection and Affordable Care Act will evoke a wide expansion of health care networks, to be called “Accountable Care Organizations” or ACOs. ACOs will have a significant impact on both health care delivery and reimbursement. An ACO is an integrated medical network that enables providers to come together and coordinate care, improve cost and quality and participate in the savings generated from their uniform and collective efforts. Think Allina or Fairview and their network of hospitals, owned clinics and independent physician groups. Think the Mayo Clinic and their system of employed physicians. ACO’s feature collective responsibility for patient care, which means coordinated decision making, even though there are multiple points of entry in an integrated system. An ACO is an investment in health care, not transactions. Payment is not tied to output, but rather to care results. We will be delivering better care, not more care, with the ACO model.

2) System Retention—It is imperative that patients stay in the ACO integrated network long enough to see definitive improvements in their health status. Measurement improves performance, and healing and wellness are generally evolving, not revolutionary.

3) Information Management—Accelerate the electronic

transmission of health related information among medical organizations through the use of standardized Electronic Medical Records. EMRs will improve the health of all Minnesotans, while maintaining patient privacy through appropriate safeguards.

4) Prevention—Encourage prevention initiatives across the continuum of care: seat belt utilization, dietary measures, helmet use, cholesterol-lowering drugs, smoking cessation, health club memberships, etc. Whatever it takes to change behavior and alter lifestyles for the better should be enhanced, incentivized and supported.

5) System Productivity—According to Dr. Tor Dahl, from the School of Public Health at the University of Minnesota, productivity is... “A measure of output over input, results over resources consumed.” Productivity techniques, whether they are Six Sigma or the teachings of W. Edwards Deming, can increase life expectancy, lower infant mortality, reduce and/or control chronic diseases and preserve functional capacity. These methods and comparable others should be embraced and employed relentlessly throughout every health care organization.

6) Fraud and Abuse—It is estimated that Medicare fraud costs American taxpayers \$60 to \$90 billion each year. Every effort should be made to prevent and prosecute these crimes through the increased sharing of information across governmental bodies and the expansion of overpayment recovery efforts.

7) Increase Competition—Start here with allowing health insurance companies to compete on a national basis for customers, thereby minimizing state oligopolies and their market dominance.

8) Medical Tourism—Encourage health care utilization from the world-wide global community, along the lines of the Johns Hopkins Medicine International program. This project could be spearheaded by the Minnesota Department of Tourism; with assistance from all the major health care systems in the state. Minnesota’s clinical services are next to none and should be shared with the world!

9) Jobs-Jobs-Jobs—Minnesota is on the cusp of change as it relates to health care reform. Its Accountable Care Organizations could be replicated across America, thereby creating the next generation of a Mayo Clinic type entity. Medical Tourism could also expand, with a commensurate increase in the need for health care professionals and their support cadres.

A journey of a thousands miles always begins with that first step. Minnesota health care is a vast and complicated industry, with no easy answers, only difficult solutions. We hope that we have suggested a few.♦

Tom Pettus, M.D., Twin Cities Geriatrician, and Peter R. Bartling, Health Care Consultant.