Strategies To Allow Us To Confront The Changing Health Care System And ACOs

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My Disclosures

• No Disclosures

Key Theme

The future belongs to the most adaptive

What is certain about the future of healthcare?

• THE MARKET WILL ALWAYS ADAPT TO STIMULUS POSITIVE OR NEGATIVE
• Health care reform is a reality
• The ACA and its mandates have forever changed the landscape of medicine in the USA

# 3

Non-sustainable Costs of Healthcare

Current Charts for Healthcare

• Affordable Care Act (Obamacare)
• Agency for Healthcare Research and Quality (AHRQ)
• Medicare Program
• Medicaid Program
• Multiple Private Insurance Plans
• Academic Healthcare Policy Think Tanks
American Medicine is on a Hurricane Course

- What is known?
  - Many more old sick people
  - Huge pressure to decrease costs
  - Shortage of vascular surgeons
  - Less open surgical procedures

- What is uncertain?
  - Optimal system of care (ACO, CIN)
  - Payment system
  - Physician incomes
  - Impact of new technologies, genomics, etc
  - Workforce and access to care

- What can we do to adapt?

The Real Outcome

Well-built systems of care will stand and weaker ones will collapse

What are the systems that may deliver healthcare in the future?

#4 Major business is driving cost down!

- Clinically integrated networks of preferred providers (ACO- Accountable Care Organization)

Two-tiered care: VIP Care

Single Payer or/and Medicare Rates

Capitated Care

Bundled Payments

Patient-Centered Medical Homes (PCMH)

Clinically Integrated Networks (ACOs) with controlled budgets
How certain is the payment for healthcare?

A simple equation

Aging Population with cardiovascular disease

Limited $$$ Resources

Simple Math

• We are going to do “less for less.”
• Less inappropriate care
• Reliable good outcomes at a lower price
• Special care will for more personal investment (co-payment: VIP care)
• Stagnant to declining (but relatively good) physician and surgeon income

Who is going to pay?

• The patient is going to pay a larger co-payment
• Insurance companies will cap payment
• Business will do more of their own health care
• The system will be tiered!
• Government cannot afford it all !!!

Who will deliver vascular care and where?

Outpatient centers are likely to remain efficient methods of care at good value
The “Hybrid” Vascular Center and Team

• More of the “clinic model” for both outpatient and inpatient care
• More multispecialty collaboration (vascular surgery, interventional radiology, and cardiovascular medicine)
• Appropriate use of advanced clinical practitioners (PAs and NPs)
• Adoption of virtual care technologies to monitor outcomes

The Future of Medicine

“The future of medicine will depend on systems and teamwork.”

Charles Mayo, 1908

Next Steps in Adaptation

• Diagnose vascular disease earlier thru clinical screening
• Embrace less invasive and hybrid technologies
• Enhance patient education and involvement in care
• Give more attention to costs (value) .... or you lose!!!

Change does occur whether we like it or not

What if we do something earlier?

Annual Per Capita Healthcare Costs by Age

- US
- Germany
- UK
- Sweden
- Spain

40 yo smoking male with family hx of diabetes and CV disease

integrated Health Network that limit patient choice
Focus in 2018 moving to Medicare reimbursement based
More and more on clinical outcome, lower cost, and higher patient satisfaction
Tele-Health Post Surgical Follow Up

• Endless Possibilities,

Summary

• We are facing more vascular disease with less vascular surgeons and less money for all

• We must form clinically integrated vascular teams that can adapt quickly to provide access and appropriate therapy at best value.