

## VIEWPOINT

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## Halfway There? Health Reform Starts Now

**Five-plus years** after the Affordable Care Act became law, the US health care system is finally undergoing the changes it needs to care for all of its patients. Regardless of politics, the law has spurred substantial gains in coverage and catalyzed new models for managing the delivery and payment of care.

Even the most optimistic agree that the promise of affordable, comprehensive, person-centered care is still a point on the horizon. However, this destination can be reached, but the road is long and everyone, regardless of politics, needs to share the journey. According to an old African proverb, "If you want to go fast, go alone; if you want to go far, go together."

Physicians, like many others, are markedly divided on the success of reform efforts. Too many US residents still have difficulty accessing care; the system is still too fragmented to consistently deliver high value; not enough transparent data are available to guide treatment decisions; and new requirements on physicians take substantial time, but with uncertain benefits. Nevertheless, the foundation of a health system that delivers high-value, patient-centered care, regardless of background or circumstance, is taking shape. To realize its potential, improvement is needed in 3 major areas.

First, a system must be created that supports physicians and hospitals treating patients with help from entire communities that work collaboratively to improve overall health, so fewer people develop illness. To build a culture of health, one in which every person has the opportunity to live the healthiest life possible, everyone must do his or her part to help bridge the gap between those working in health and those in health care, making a cultural shift in the approach toward keeping people healthy. At Lancaster General Hospital in Pennsylvania, for example, lawyers have become part of the care team for the hospital's highest-need, highest-cost patients. Its medical-legal partnership works to address patients' complex social and legal needs—such challenges as housing evictions, denial of insurance, disability benefits—that contribute to poor health and frequent readmissions. In a pilot study of 55 patients, the hospital found that 95% of its high-need, high-cost patients had 2 or more civil legal problems, such as threatened evictions, wrongfully denied disability benefits, or the need for adult guardianship, and that when those problems were addressed both inpatient and emergency department use declined upward of 50% and overall costs, as defined by charges, fell by 45%.<sup>1</sup>

Second, improvement in the usability and transparency of information on cost and quality is fundamental to health care reform. Most patients do not know the price of the treatments that are recommended to them and therefore struggle to understand the effects of the treatments on their finances. Separating treatment plans from patients' ability to pay will not work when consum-

ers are responsible for higher deductible levels and co-payment amounts than in the past. Patients want to talk to their physicians about what their treatments are going to cost, and physicians should embrace that opportunity to help them get care that is both effective and affordable. There is currently substantial variation in how well physicians and other health professionals respond in adjusting care plans to align with patient preferences, goals, and financial limitations.<sup>2</sup> As more information on the cost and quality of care becomes available, physicians can and should use it to enhance conversations with patients about ensuring treatment plans are financially viable.

Third, the number of uninsured persons must be further reduced. Quite simply, the system cannot work unless virtually all individuals are insured. Approximately 30 million people remain uninsured because policy makers in 19 states have yet to expand Medicaid. When millions of people remain uninsured, there are major implications for physicians and health care systems, as well as regional economies. Even though hospitals have been eager to expand Medicaid coverage, others must join them in expressing support.

### Partnerships Deliver Better Care

As the US health care system moves toward bundled payments, accountable care organizations, and reimbursement based on performance and outcomes, physicians will increasingly find themselves in collaborative partnerships with those who work outside the traditional spaces of health care. Urban planners, people who organize farmers markets, public health agencies, social service organizations, schools, behavioral health professionals, and others who play important roles in helping communities become healthier places are a few examples.

The economic downturn underscored health disparities that have affected the area for more than a generation since the coal industry began to wane. A collaborative effort called Sustainable Williamson, however, has galvanized people from many different sectors to work together. Collectively, they are obtaining economic development, better housing, healthier food, more physical activity, and increased access to health care. Maybe it is not coincidental that the chair of the redevelopment authority is a physician.

One entity that has emerged is the Williamson Health and Wellness Center. Veteran coal miners, putting in the same dedicated work ethic they honed in the mines, built the center in 90 days, retrofitting a historic building with energy-efficient design. Diabetes has been targeted through a comprehensive program that identifies and screens people at risk, provides comprehensive clinical care, and deploys community health workers to follow up with patients at home—teaching

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them self-management skills while addressing social and economic needs. Patients in this program who are being followed up for evaluation purposes (n = 100) have experienced a decline in hemoglobin A<sub>1c</sub> (HbA<sub>1c</sub>) levels. The data, which have yet to be published, reflect the final decrease in HbA<sub>1c</sub> concentration of 1.9%. Midstudy data showed a decrease in HbA<sub>1c</sub> of 2.2%.<sup>3</sup> According to the center's leader, "If you were a drug manufacturer and you were able to drop [HbA<sub>1c</sub> levels] by just 0.6 percent, you would have a billion-dollar drug."

In the future, health system and practice leaders everywhere will need to determine the kinds of community partnerships that work best for improving the health of their populations, not just meeting health care needs. Community involvement is the way to achieve outcomes these new delivery and payment models aim for.

### Effective Care Means Empowered Patients

Consumerism in health care—efforts to protect and enhance the interests of consumers—is increasing, and physicians should use the momentum to empower patients. Patients want more information about their care and its costs. Patients who become more engaged are more likely to adhere to treatment. A recent study showed that patients (n = 756) being treated for hypertension who were offered access to their care clinician's notes were more likely to fill their prescriptions (79.7% vs 75.3%) than those (n = 1391) without access to this information.<sup>4</sup>

The increase in patient cost sharing also provides opportunities to engage more patients in their care. To make more informed decisions, patients and physicians need more information about the quality and price of care. This arena of transparency is still in flux, and physicians must play a vital role in determining what to measure and how to do it. Having meaningful conversations about care decisions is needed. As this information becomes more readily available, physicians will be able to better engage their patients and

tailor care options to the specific goals, preferences, and constraints of each individual.

Some of these changes will occur, perhaps grudgingly, from reforms to the traditional payment model. Regardless, improving care will not happen without physicians, and successful reforms will give health professionals greater satisfaction.

### Policy Makers Must Do More

In addition to expanding Medicaid in every state—with most physicians supporting that goal—policy makers must do more to ensure that the cost of coverage does not create an undue hardship for consumers or businesses, while still ensuring that people have comprehensive access to care. Promoting competition and the efficient use of technology as well as increasing the use of value-based purchasing strategies for health care services, pharmaceuticals, and medical devices are promising strategies. Clinicians can lead the way in the adopting these innovative practices.

These changes are daunting, but they offer the United States the chance to continue to shape the health care system toward a high-value, high-performing health system that treats illness and disease while nurturing and sustaining wellness. With it comes the chance to practice medicine the way physicians and other health professionals hoped they would when they began their careers. Five years from now, a full decade after the ACA's passage, substantial progress could occur if most of these changes occur. There will be expanded access to integrated care, more communication between clinical and nonclinical partners, and transparent price and quality information that are linked.

If all stakeholders decide to work together on behalf of patients and the public, physicians can and will be recognized for leading the way to make the United States a healthier place to live and thrive. The road to effective and sustainable health reform starts with the medical profession.

#### ARTICLE INFORMATION

**Published Online:** March 3, 2016.  
doi:10.1001/jama.2016.1732.

**Conflict of Interest Disclosures:** The author has completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest and none were reported.

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