

The Changing Delivery of Patient Care

Author Commentary

CHAPTER ABSTRACT:

Many academic health centers in the United States are currently undergoing a major transformation to maintain their leadership position in the evolving healthcare landscape. These enterprises are evolving into high-value, integrated, transparent systems that effectively compete for market share and can impact the health of large populations. This chapter explores how the changing dynamics of patient care, including by teams and large data sets, are impacting academic health centers.

It was the Polish astronomer Copernicus who showed that the earth wasn't the center of the universe. A similar revolution in thinking is underway in academic medicine. The ivory tower is no more. The same applies to our traditional "hub and spoke" model. The hospital is no longer the center of our universe. It is really the patient who is at the center. We now have a group of delivery systems that rotate around the patient, and that whole group needs to be seamless and integrated.

We are in an era of a dynamic healthcare landscape. As we look at health delivery, health insurance, and health outcomes, they are changing at historic speed. At the same time, as an academic medical center we have an inherent wealth of knowledge, especially in our missions of education and research. Another way to think about this is that academic medical centers have unique brands. Effectively leveraging our brand and utilizing the talents that we have will help us succeed in this era of transformation.

As we work to meet the Triple Aim, integrating systems and processes that help us create value is absolutely critical. Through such integration, we can decrease our costs, improve our quality, and deliver on our value proposition. In that regard, academic medical centers are integrated in key ways that bolster our overall strength. In employing our own workforce, we have more control over quality metrics, how we manage utilization, and how we get people to adhere to best practice in clinical care pathways. Such integration helps us achieve our value proposition and should be an area of focus.

As we become integrated organizations and work to improve quality and lower costs, we also need to think about how our people work together. One of our central challenges today is changing our culture to make it more interprofessional, patient-centric, and focused on population management. Specifically, we need to think about how we can work effectively in interprofessional teams that leverage the knowledge that each individual brings to the table. Integrating an interprofessional team approach into our culture may be one of our biggest challenges.

Population health management also mandates that we change our culture and move from fee-for-service to a population health management approach. As we move to population health, and as markets become more competitive, we can no longer remain in our ivory towers. We have to go where the patients are and work with them in multiple locations, facilities, and settings.

We need to be creative in establishing partnerships, including collaborating with organizations with which we may not have partnered traditionally. At the University of Rochester, we are partnering in new ways with a hospital some 90 miles away. One of their neurosurgeons

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actually drives here every two weeks to treat some of his more difficult patients with our faculty members—he learns from them, and they learn from him.

Many academic medical centers are going beyond the word “center” altogether. For example, we recently unveiled a new brand, UR Medicine, which refers to all the clinical sites affiliated with the University of Rochester, including hospitals, labs, physician practices, nursing homes, and outpatient treatment centers. This change reflects what I believe is an evolution in ways that academic medical centers and systems now view themselves.
