



Prescriptions for Excellence in Health Care Newsletter Supplement

A collaboration between Jefferson School of Population
Health and Eli Lilly and Company

Volume 1

Issue 15 *Prescriptions for Excellence In Health Care*

Issue #15 Spring 2012

Article 2

May 2012

Understanding the Patient's Role in Health Care Reform

David B. Nash MD, MBA

Jefferson School of Population Health

Follow this and additional works at: <http://jdc.jefferson.edu/pehc>

 Part of the [Public Health Commons](#)

[Let us know how access to this document benefits you](#)

Recommended Citation

Nash, David B. MD, MBA (2012) "Understanding the Patient's Role in Health Care Reform," *Prescriptions for Excellence in Health Care Newsletter Supplement*: Vol. 1 : Iss. 15 , Article 2.

Available at: <http://jdc.jefferson.edu/pehc/vol1/iss15/2>

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's [Center for Teaching and Learning \(CTL\)](#). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in *Prescriptions for Excellence in Health Care Newsletter Supplement* by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: JeffersonDigitalCommons@jefferson.edu.

Prescriptions for Excellence in HEALTH CARE

A COLLABORATION BETWEEN JEFFERSON SCHOOL OF POPULATION HEALTH AND LILLY USA, LLC

Editor-in-Chief: David B. Nash, MD, MBA • Managing Editor: Janice L. Clarke, RN, BBA • Editorial Staff: Deborah C. Meiris, Alexis Skoufalos, EdD

Editorial

Understanding the Patient's Role in Health Care Reform

By David B. Nash, MD, MBA

Editor-in-Chief

In spite of fears and uncertainty about the Patient Protection and Affordable Care Act's (ACA's) future impact - and perhaps its very survival - forward-looking leaders in every sector are moving ahead with the process of transforming the US health care system. The restructured system will be one in which high-quality and safe care is delivered effectively, timely, and in a patient-centered manner.

Whatever our roles in the health care industry (eg, clinicians, administrators, technicians, pharmacists, clerks) each of us will one day be a patient. As suggested by its title, patients are central to almost every provision in the ACA and, to a great extent, success will depend upon our collective cooperation as patients. In order for providers and payers to meet the ACA's substantial requirements, we as patients must become better informed about our health, more engaged in our health care, and more attuned to the value proposition when making health-related decisions.

This realization was quite sobering, and became even more so as I read an intriguing commentary in the December 4, 2011, issue of the *Journal of the American Medical Association*.¹

With 30 years of experience as both practicing physician and health economics researcher as a basis, Allan S. Detsky, MD, PhD, authored a piece titled "What Patients Really Want From Health Care." Some of our collective patient preferences and priorities, per Detsky, follow:

Highest Priority

- A majority of us focus on symptom relief and restoring "good health" (by our own definitions) rather than on preventing future illness - which is bad news for population health.
- Even those of us whose health is unlikely to improve want to have "hope" and to be offered options that might help (ie, more tests and treatments even when these are unlikely to be effective).
- Most of us concur with the ACA's recommendations concerning continuity, choice, and coordination. On a positive note, we want to build relationships with our clinicians and expect them to communicate with one another.
- We want private rooms and no out-of-pocket costs.

- We want our clinicians to be "the best" as judged by other patients or trusted clinicians rather than objective information.
- We prefer medications and/or surgery (ie, treatments that require little or no effort on our part) to strategies that involve changing our behavior.

At the other end of the spectrum, Detsky observes that we, as patients, have virtually no interest in US health care costs, the percentage of our gross national product devoted to health care, or international comparisons pertaining to health. In short, we are a very self-centered bunch.

This eye-opening piece makes it patently clear that our patient priorities work against wellness and population health initiatives and, on an even more fundamental level, against the general acceptance of evidence-based medicine. Although patient preferences may not be entirely rational, they are not irrelevant. Marketing experts surely would agree with Detsky in pointing out that policy makers must understand and appreciate public preferences as they plan and undertake reform efforts.

(continued on page 2)

In this second issue of our series on how various provisions of the ACA have begun to affect health care quality and population health, we focus on patient-centeredness. “Health Care Reform: ‘Uhhhh, Do We Have to Include the Patients?’” traces the evolution of the patient’s role in health care – from passive, unquestioning subject of a physician’s assessment to full partner in all decision making concerning his or her health – a journey that hasn’t always been easy, but one that certainly is worth the effort.

The burgeoning population of seniors takes center stage in “Health Care Innovation in Medicare Advantage: The Humana Experience,” as the author

details the unique health care challenges posed by this population and discusses targeted approaches taken by a private insurer to meet the expectations of health reform.

As a strong proponent of population health, the final article really resonates with me. “For Health Reform Success, Context Matters Most,” is a thought-provoking piece that pushes the boundaries for most of us in the health care industry by reminding us that each patient is part of a family, a community, and a culture.

I hope that this issue will provoke discussion on the expanded role of patients in health care reform. As always,

I welcome questions and comments from our readers. I can be reached at: david.nash@jefferson.edu.

David B. Nash, MD, MBA, is the Dean and the Dr. Raymond C. and Doris N. Grandon Professor of Health Policy at the Jefferson School of Population Health (JSPH) of Thomas Jefferson University in Philadelphia, PA.

Reference

1. Detsky AS. What patients really want from health care. *JAMA*. 2011;306(22):2500-2501.