Department of Health Policy Hosts 12th Annual Summer Seminar
FOCUS: Facilitating Opportunities to Create Universal Success

Sara L. Thier, MPH
Project Director
Department of Health Policy

The Department of Health Policy hosted its 12th Annual Summer Seminar on July 19, 2006. With over 100 Senior Scholars, dozens of former outcomes research fellows, and numerous national and international clients and colleagues, it seemed appropriate to present an overview of the burgeoning programs and projects in the growing Department of Health Policy.

FOCUS (Facilitating Opportunities to Create Universal Success) 2006 welcomed nearly 100 attendees for a morning of sharing and discussion. After staff presentations, an invited panel of five senior scholars participated in a discussion about some of the key issues and trends that they feel will influence health care in 2020. Below is a summary of the key points from each panelist.

Michael Sokol, MD, MS
Medical Director, Health Management Innovations – GlaxoSmithKline®
Topic: Benefit based co-pay and Value based purchasing
Instead of the current tiered benefit design, various PBMs (Pharmacy Benefit Managers) and managed care organizations are considering adopting the benefit-based co-pay, and/or value-based purchasing for consumers. A study conducted in Ashville, NC proved that educational interventions and decreased out-of-pocket costs for medications resulted in improved disease state management outcomes and reduced overall health care costs. The Ashville project should be replicated in different cities, and also in different chronic disease states to validate findings to support the benefit-based co-pay and value-based purchasing systems.

Stuart Henochowicz, MD, MBA, FACP
Internal Medicine and Allergy Associates
Topic: Future of primary care
Primary care is essential in health-care delivery to minimize cost of care and to increase efficiency. Primary care faces several challenges, such as 1) effectively promoting primary care to the public, 2) shortage of primary care physicians, and 3) need for an electronic health record system. Health care utilization is expected to increase due to a larger segment of Americans entering old age. Due to challenges primary care faces, there may not be sufficient number of small primary care practices available to serve this larger geriatric population, who will require primary physicians to help manage chronic diseases.

John van Steenwyk, AB, MBA
President – Health Economics Inc.

Topic: Cost of health care in 2020
Healthcare costs will continue to rise in 2020. Providers will find a way to share these costs with private sectors, the government and consumers. Cutbacks will involve increasing cost sharing (e.g. increasing co-payments), restriction and eligibility, and creative provider payment program.

Bryan Luce, Ph.D, MBA
Senior Research Leader & CEO
The MEDTAP Institute at UBC
Topic: Aging and health care cost
In 2020, the U. S. health care will have to meet the educated, Internet-savvy baby boomers' demands high quality care. The major pharmaceutical companies will shift from their current focus of primary care products to the development and commercialization of specialty drugs. These biotechnology drugs will offer personalized regimens for patients, but also they will be very expensive. Questions surrounding the value proposition for these drugs (access, cost, quality of life, outcomes) remain unanswered, but will need to be addressed.

James Cross, MD
National Medical Director
Aetna, Inc.
Topic: Health-care in 2020
Current estimates place the cost of healthcare expenditures in the United States at nearly 18 % of the national gross domestic product (GDP). It is anticipated that by 2020 this percentage will increase to 25 %. The question is, will that be an acceptable amount for what the type of care consumers will receive? Healthcare costs in the United States will continue to rise, despite the limited amount of funding available from the government. The cost of health care will either be shifted to private payers or shared with consumers. By year 2020, electronic personal medical records will be available. Overall care will be more personalized, using pharmacogenetics, and possibly encrypted implantable chips for tracking individual health data. The United States may not always be home to the best therapies and treatments, and there may be a spike in tourism fueled by individuals seeking high quality, affordable health care around the world. Preventive medicine, vaccinations, and innovation in delivering health care will be demanded, and consumer outcome driven practice is expected.

Question and Answer Session
Dr. David B. Nash, chair of the department, and others in the audience posed questions ranging from to their thoughts about "retail medicine" chains (e.g., TakeCare, MinuteClinic) to disruptive technology to health literacy.

To access the podcast of the entire one-hour panel discussion and Q&A session, as well as the slides from the staff presentation, please visit:
http://contribute.jefferson.edu/dhp/presentations.cfm

For more on podcasting and implications in health care, keep your eyes pealed for the upcoming December 2006 Health Policy Newsletter and an article by Rodney B. Murray, Ph.D., Director, Application & Web Services, Jefferson Information Technologies, Thomas Jefferson University.