

## President Robert L. Barchi, MD, PhD

### Thomas Jefferson University 2011 Commencement Speech

June 2, 2011

*Kimmel Center for the Performing Arts*

This year marks the 187<sup>th</sup> Jefferson commencement, continuing a long tradition that recognizes our outstanding graduates in the health sciences. It is a tradition built on great clinicians, transformational scientists, and influential policymakers, on compassionate care and discovery.

And to the graduates of the Jefferson Medical College, the Jefferson College of Graduate Studies, and the Jefferson School of Population Health, Class of 2011 – my warmest congratulations! For almost two centuries it has been Jefferson's mission to lead the nation in the art and science of healing – to define the future of clinical care. The degree that you will receive today signifies a reaffirmation and renewal of that mission.

You can take tremendous pride that today you become alumni of one of the oldest and most distinguished health science universities in the nation. Today's commencement marks the starting point of your professional journey, a journey that will lead you into a life of service, learning and discovery, a life intimately bound up in the public trust, a life that will be both fulfilling and rewarding in every sense of the word.

Traditionally at this point I should be laying on the platitudes and laudatory phrases, sending you off with words that might have applied equally well to thousands of graduates who have preceded you across this stage. But this year is different. This year you will enter a professional world in which the practice of medicine in our country is in the midst of fundamental change.

Recently, the most important piece of health legislation since Medicare was passed into law. You all know that a central and well-publicized element of this bill insures routine

healthcare coverage for more than 34 million previously uninsured Americans who were lost in the midst of our nation's prosperity. The new law also takes significant steps toward health insurance reform. To be sure, these are landmark changes in policy.

But are these changes enough? Can we claim victory in dealing with our nation's healthcare crisis? Unfortunately the answer is "no." Make no mistake; fixing health care is not just about insuring the uninsured. While this is a critical first step, doing this alone will not change the fact that the cost of this nation's healthcare system is simply unsustainable, while the quality of health outcomes for our population lags significantly behind that of other developed nations.

Insuring the uninsured certainly creates great sound bites. But the real glimmer of hope in the new legislation lies in its mandate for experimental programs that explore new ways of delivering clinical care, and new approaches to how that care is paid for. The buzz words in the news these days include such terms as bundled payments, medical homes, and accountable care organizations. Although just pilots, these programs set out a new way of thinking about the manner in which we deliver and finance health care. These trials are the leading edge of the groundswell that will change your profession.

So, instead of platitudes, let me lay down a simple challenge to each of you. Be the leaders of that change. Use your Jefferson education to show others the way forward.

As tomorrow's physicians, you cannot afford the luxury of practicing in isolation. You must work collaboratively with other professionals, and rely far more on colleagues beyond the

MD ranks, including advanced practice nurses, pharmacists, and allied health professionals as integral members of the new health care delivery team. Autonomy and independence must give way to interaction and coordination in the interest of quality clinical care. Sharing responsibility for clinical care will be a difficult social change in our profession. But as Jefferson graduates, you have already been trained in team-based medicine, and it is a transition that you can lead.

In order to meaningfully impact healthcare costs, you must assume more responsibility for outcomes and for objective measures of quality. Your focus as practitioners must broaden from the acute episode of illness to include the burden of chronic disease; from the treatment of sickness alone to include the maintenance of wellness. Many diseases that were fatal early in my career have been converted to costly chronic conditions by advances in medical science. Other critical risk factors such as obesity have skyrocketed in clinical impact, yet reflect societal attitudes that are not amenable to the approaches of traditional American medicine. Add to your list of personal challenges the need to engage actively in managing chronic disease and in modifying risky behavior in your patients. With the interpersonal skills that you learned first in the Hamilton Building, help your patients take ownership of their care.

In your professional world, medical piecemeal, with individual providers billing for each consult, each office visit, each surgery, will rapidly disappear. Your professional compensation will be tied to measured quality involving multiple providers along the entire continuum of care from hospital to home. Emphasis will shift to improving outcomes while reducing overall cost,

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and savings will be shared among all members of the healthcare team.

Well, that's simple to say, but hard to do. . . .

As tomorrow's policy-makers, you must not only design these new plans, but also help your colleagues accept them, even as the basic foundation of medical economics shifts.

Tomorrow's medicine will be built on today's research, and all of us who receive federal funding for research are beneficiaries of the same public trust that encompasses the rest of the health care professions. Those among you who embark on careers in research will find increasing demands for relevance and accountability in your use of shrinking federal research dollars. You will be challenged to put more emphasis on moving your discoveries from your laboratory to application in real healthcare settings. And throughout this all, the ethics of your research must be as central a concern as the outcomes. But you have been deeply grounded in research ethics at Jefferson; here, again, lead the way.

These transitions in research and practice will not come easily. Many will threaten the status quo of your professions. Some will be resisted by those trained before you. But as Jefferson graduates you should be among the leaders of change. Make your own voice an independent one that speaks out clearly, one that sounds loudly enough to be heard by your colleagues, by your neighbors, by the establishment in medicine, and by your legislators. These issues are just too important for you to remain

silent; the risks of failure, the consequences of the status quo, are too great.

Well, that's the challenge. But while all this may sound daunting, the good news is we are finally at a tipping point in national attitudes toward healthcare policy. There is at last recognition of the magnitude of the problem, and perhaps even a strengthening will to undertake fundamental change. These events will overtake you as you start your professional journey. They will engulf you. But you must not simply let them happen TO you.

- You must be activists in driving change within your professions.
- You must alter your own approach to patient care from isolated practitioners to care team members.
- You must accept responsibility for the full continuum of care while improving quality and outcomes.
- You must create an academic research system that weighs ethical risks and benefits, and that values transparency and accountability.
- In short, you must become the architects of a healthier future.

And here's the real excitement. Never in our history has a class of healthcare graduates had such an opportunity to change a profession, to

shape policy, to make a difference. We on this stage now look to you, the next generation of healthcare providers, to accomplish what we could not.

You will recast American healthcare into a model that provides the highest quality care, with the best outcomes, to all of our population at a cost that our nation can sustain. And we are fully confident that you can indeed accomplish this.

On this note of optimism for your future and ours, we start you on your professional journey with a bit of nostalgia, a feeling of joy and the absolute certainty that you are well-prepared for the tasks ahead.

- In getting to this day, each of you has had to do well. But I believe you have yet to do your best.
- You have worked hard, but I know that you have yet to work your hardest.
- You have chosen a difficult path, but you have yet to meet your most difficult challenge.

You will change people's lives.

You will fix this broken system.

You will do this institution proud.

I wish you good luck, congratulations, and Godspeed. ■