

# Health Value and Access Commission in New Mexico

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# MULTIDIMENSIONAL NATURE OF HEALTH

- Our health system is a series of constantly moving parts – not always in coordination
  - Payor priorities, provider priorities and patient needs not always in sync
- Need to a new paradigm reflecting intersections of public health, service delivery, coverage
  - ❑ Access barriers: geographic, capacity (clinical), coverage/\$\$
  - ❑ Race/ethnicity, Socio-economic status often missed in coverage
  - ❑ Basic prevention, health promotion, crises management



# Structural Fragmentation = poor outcomes

- Plans are constantly changing networks –patients' continuity of care at risk
- Administrative burden on providers
  - ❑ Payer priorities across plans for quality and outcomes should reflect patient populations and socio-econ factors
  - ❑ Proposed value-based compensation should use consistent & compatible across plans
  - ❑ Providers/patients need ready access to patient records from other sites as well as to costs of procedures/referrals



# Spillover Impact of Out-of-Pocket payments

- Increases in Out of pocket huge burden on patients
- Out of pocket requirements on patients are varied & make providers de facto collectors: also an admin burden
- Treatment plans for serious illnesses (e.g. cancer) with co-pays per visit often put patients and providers in a bind if \$\$ rack up



# CRITICAL! Effective Primary Care Team Access

- Building greater access to primary prevention is goal
- Effective primary care reduces the need for complex treatment in expensive settings
- If we succeed, need to assess impact on capacity of Emergency Depts & Hospitals as inappropriate use reduced
- Expanded thinking needed by Hospitals on community based care



# Mount Sinai goals

- A few years ago, Mt Sinai Hospital in New York placed a full page advert in the NY Times which said:

- **IF OUR BEDS ARE FILLED IT MEANS WE'VE FAILED**

- In addition, the ad said
  - “We’re focused on population health management...”
  - “...patients receive care that’s continuous and coordinated”
  - “Preventable Admissions Care Team” works w at-risk patients & caregivers
  - A new way of measuring success: “The number of empty beds”

# The moment is now

- Manage our health system smartly not be managed by it
- Change the paradigm of “more is better” to “value is better”
- Need a Commission to examine all options .... and some we haven't thought about yet
- We need a sustainable, value-based health system where we define and measure value and access

