

The future is here, but there is no reason to fear



Nicole Fisher, MPP, PhD, Washington, DC

Nicole Fisher, MPP, PhD, is the founder and chief executive officer at HHR Strategies, a health care and human rights focused advising firm. Additionally, she is a senior policy advisor and expert on health economics, technology, and reform, specifically as they affect vulnerable populations. Nicole runs a health innovation and policy page at Forbes, highlighting and advising companies, ideas, and people that are changing the health landscape. She also is currently pursuing her PhD at the University of North Carolina in the Health Policy and Management Department. Her writing has appeared in many publications and her talks can be found on the United Nations website. Before pursuing her PhD in health policy, Nicole earned her Master's degree in Public Policy from the University of Chicago and her undergraduate degree from the University of Missouri. (Surgery 2017;161:308-11.)

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ALMOST EVERY INDUSTRY in recent decades has fundamentally changed its processes—except health care. The care process has not been redesigned profoundly, despite the fact that we have never had better technology or more opportunities and advocates to improve health. Nonetheless, we all agree that if we designed a system from the ground up, it would look nothing like the system we have currently, at least not in most developed and developing countries.

Nevertheless, there are many reasons to be hopeful about the future of health care around the world, particularly as it pertains to surgery and innovation. Although the process to access health care has not changed in many decades, the innovations of the future, and the evolving health and technology policies that accompany them, will create fundamental shifts during the next 5–10 years. Therefore, we need to be thinking about not only what is in front of us now but also about what is on the horizon and what we have to look forward to despite the many unknowns.

What we do know is that major trends are reshaping the entire health ecosystem, while clinical and industrial advances and standards of care are evolving to meet patients and providers where

they are. In the United States, this means having to think past the Affordable Care Act and more about the global and local trends that are driving real innovations, as well as the ways to make those innovations succeed.

Furthermore, there is no denying that concerns about mounting costs are playing an integral part of the changing landscape. For instance, according to the Centers for Medicare and Medicaid Services, almost \$1 out of every \$5 in the United States is spent on health care, resulting in close to \$3 trillion spent in 2014 alone.¹ Of that, an estimated \$765 billion was lost to waste in inefficiency, redundancy, errors, overutilization, and unnecessary variation in clinical practices. In addition to revenue loss from waste, hospitals have been confronted simultaneously with payments that are not increasing as fast as costs, and in many cases, payments that are actually decreasing. Therefore, it is thought that progress, especially in specialties that pertain to surgery, can be made with such rapid advancement that it is possible to see improvements soon in patient outcomes and physician efficiency, as well as decreasing costs.

CULTURE SHIFTS ARE THE DRIVING TRENDS

By far, the largest culture shift is the aging of the world's population. Around the globe we see the number of people over the age of 65 years increasing rapidly, with Japan, Germany, Italy, France, and Spain leading the way. In the United States, the Census Bureau projects a 36% growth in the number of Americans >65 years old in the next decade. At the same time, the number of

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Reprint requests: Nicole Fisher, MPP, PhD, HHR Strategies, Health Policy, 555 Massachusetts Avenue, NW, Suite 1208, Washington, DC 20001. E-mail: nicole.f.fisher@gmail.com.

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individuals needing health care is increasing, because those aged 65 years or older already make up >14% of the population.² Importantly, in <15 years, an estimated 20% of Americans will be \geq 65 years and on the Medicare program.

With at least one-fifth of Americans projected to be \geq 65 years by 2030, the nation, like many others around the world, will face mounting costs for individuals who live longer, use more services, and have multiple active health problems and concerns. In fact, an estimated 75% of the 45 million Americans \geq 65 years already have 2 or more chronic conditions that require ongoing medical attention or limit activities of daily living and require medical assistance.

This means that there will be a growing demand for providers of long-term care services for operations and for health-related products. In 2012, about 58,500 long-term-care service providers, including adult day service centers, home health care agencies, hospices, nursing homes, and assisted living facilities, served approximately 8 million people in the United States. The number of people receiving care in the country is expected to grow >230% to an overwhelming 27 million by 2050.

There are also substantial cultural changes happening around the world. Countries including the United States are seeing a browning of the population and a merging of ethnic, racial, and religious entities. This means that providing linguistically and culturally competent care for an increasingly diverse population is a multifaceted challenge that policy alone cannot solve. Those born outside of the country in which they live currently do not utilize health systems the same way as their native-born peers.

For example, nearly 40 million people in the United States spoke Spanish in 2011, making it the second most common language in the country after English. Yet, <4% of health care providers are proficient in Spanish, let alone other less common languages. With cross-cultural competency and an increasingly core need to provide effective and quality care, the opportunities for those who embrace in-patient and out-patient ethnic and racial shifts is almost unlimited. As an example of abundant opportunity for growth, in total, Latinos make up currently 17% of the total population in the United States, or about 54 million people. This percentage according to Pew Research Center estimates is expected to increase to almost 30% by 2050.³ While politicians have been clamoring after this demographic change, health leaders, providers, and innovators have greatly failed to see

their potential for influencing the future of the health system.

The growing middle class and urbanization of millions of individuals also is being felt around the world. In countries such as Indonesia, Mexico, India, and China, a rising middle class is creating new avenues, growing demand, and a strong future market for medical devices, generic drugs, and investments into the life sciences industry. Furthermore, as developed nations see many of their known chronic conditions move to developing nations (such as diabetes and heart disease), the need for generic drugs and surgical treatment grows exponentially. Developing countries are, therefore, taking chronic disease research, procedures, operations, and pharmaceutical production away from their more developed counterparts. In contrast, the United States and European Union are seeing greater growth in digital trends, patient mobility, precision medicine, and telehealth, and these are changing demand for services forever.

TECHNOLOGY HAS A LOT OF HYPE, BUT ALSO A LOT OF HOPE

Digital health has the ability to revolutionize care and operations by improving outcomes altering behaviors, facilitating patient adherence, and driving future policy ultimately by making smart data be actionable data. Using information collected through various networks and mediums, patients and providers can help patients transform the way that health care is scheduled, provided, reimbursed, and regulated. Although there is no substitute for an individual human as a care provider or care taker, there are plenty of opportunities to use data, digital health, or telehealth to improve the experience of both the patient and the surgeon.

For example, opportunities to practice a procedure or improve real-time responses with actual data points in complex and rare situations is growing. Clinicians can now even rehearse difficult medical procedures in artificial simulation operating room settings before a procedure, thereby allegedly decreasing the risk to patients and improving outcomes. In some cases, the use of real-time data and ultra-realistic patients is made possible by simulation programs in a practice operating room with model people, using tissues and fluids that behave just like a real patient's and looking and feeling just like a real operative procedure.

Furthermore, technology allows for the streamlining and comparison of physician practices and the ability to access other experts in real-time for

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