



Building a Great Healthcare System for All Tennesseans

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Earlier this year, I was fortunate enough to be elected Tennessee's State Senator for District 14. It's an honor and a privilege to serve the people of Bedford, Lincoln, Marshall, Moore and Rutherford counties. I'm learning something new every day about the challenges and opportunities before us, but perhaps none looms larger than how to improve healthcare.

Consumers struggle with everything from finding a nearby provider to how to factor out of pocket health costs into the family budget. Employers are frustrated by the inevitable annual increases in health insurance premiums, which often keeps them from investing or expanding their business.

Many of us are unhealthy. The five counties that make up my district numbers roughly half a million people, which is equivalent to the number of Tennesseans statewide who have been diagnosed with the most common of chronic illnesses: hypertension, heart disease or diabetes. This has an impact on our state's productivity, and cost us \$5.3 billion in 2015, according to a study by the Sycamore Institute.

It took us a long time to get here, and we're not going to solve it overnight. But lately I've run across some promising healthcare ideas that deserve serious consideration.



Rutherford*
*Eastern Half

District 14

Bedford

Marshall

Moore

Lincoln

1

RE-THINK HEALTH SAVINGS ACCOUNTS.

Health Savings Accounts, first introduced in 2003, allow consumers to set aside money on a pre-tax basis to pay for qualified medical expenses. Because they are largely individually owned, HSAs put consumers directly in charge of how and when they're going to purchase healthcare. For the bulk of healthcare spending, which is in nonemergency care, HSAs enable price-conscious decision making. As Scott Atlas, MD, of Stanford University's Hoover Institution maintains, "Because HSAs reward saving, they are particularly effective at putting downward pressure on prices." Making these accounts universally available, freeing up HSA funds to pay for the care of elderly parents, and making sure there are no restrictions on individual ownership of HSAs are just a few of the steps we could be taking to truly leverage their power to control costs.

There are two caveats to HSAs. Society's safety net should remain firmly intact for seniors, children and the disabled. It's our responsibility as Americans, and is independent of the law of supply and demand. Singapore's health system, where HSAs are mandated for all workers, is an adroit blending of public and private portions of healthcare spending that provides high quality care at affordable prices.

Second, in order to shop for nonemergency healthcare, consumers need to be able to comparison shop. Organizations like [Healthcare BlueBook](#), which provides cost and quality information on healthcare nationwide, are a good start, but we need more tools to enable price transparency and price consistency.



2

CONSIDER ASSOCIATION HEALTH PLANS

This summer, the Department of Labor clarified the rules for establishing Association Health Plans. AHPs allow businesses to join together to offer health coverage for its members and their employees. In the new language issued this June, AHPs provide exemptions from certain Affordable Care Act requirements, and offer reduced reporting and disclosure requirements to lighten the paperwork load that comes with each business offering their own health plan.

The economies of scale offered by AHPs, together with the promise of a reduced administrative burden for managing employer health insurance, allow some employers the opportunity to offer better, broader healthcare access to its employees.

IMPROVE HEALTHCARE CONNECTIVITY

With all the advances in healthcare technology, and the near-universal adoption of the Electronic Medical Record, one would think the healthcare system would be as connected and high performing as our electrical grid. Not so. While the 2009 HITECH Act gave incentives to convert to electronic records at the individual practice or hospital level, it made no allocations to connect healthcare organizations to one another. The result: a 1990s-level dependence on intermediate technologies like the [fax machine](#) to share health information, redundant paperwork, costly delays and a higher risk of dangerous medical errors. What's more, with data trapped in individual siloes, patients have limited control over their own health information.

[The Center for Medical Interoperability](#) is on a mission to change the status quo. CMI is a nonprofit cooperative research and development lab founded by health systems to simplify and advance data sharing among medical technologies and systems. Their goal is to make "plug-and-play interoperability" of health technologies a reality, whether it's the EMR, a medical device or a technical infrastructure. Its mission is to empower patients, healthcare professionals and the nation to optimize the use of health information.



3



CMI has an ambitious agenda, but it's one that is critical if we are to move toward the seamless exchange of health information and ultimately build a sustainable health system for generations to come.

Medical interoperability opens up incredible opportunities for promising technologies such as telehealth solutions. In the near future, it will be increasingly difficult to sustain a brick and mortar presence in sparsely populated areas such as Moore county, which has a population density of 49 people per square mile. But smartphone-enabled diagnostics, laptop-driven telehealth visits and other innovations can make it much easier to engage patients and direct them to the care they need—no matter where they live.

We also have to change the medical model of care from one of episodic, illness-based care. We need to be thinking about how we can keep people well instead of waiting for them to get sick. Emphasizing preventive care, improving care delivery, and thinking in broader terms about what it means to care for a given population require a willingness to try new things, and if they don't work, to fix them.

Finally, Tennesseans with chronic conditions also don't do well within the constraints of our current episodic care model. TwelveStone Health Partners was founded to deliver a higher level of care to patients struggling with conditions like Multiple Sclerosis, Crohn's, Hemophilia and others. We work with them to coordinate their care, remain care compliant and perhaps most important of all—that they don't feel alone. Healthcare shouldn't be so difficult. We're trying to do better; the state of Tennessee needs to do better.



**Together, we can build a great
healthcare system for all Tennesseans.**

**For more information, visit or call.
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