

How to Build a Great Healthcare System for All Tennesseans

Author: Shane Reeves, PharmD, State Senator, District 14 and CEO, TwelveStone Health Partners

Earlier this year, I was fortunate enough to be elected Tennessee's State Senator for District 14. While I'm learning something new every day about the challenges and opportunities before us, the issue that keeps bubbling to the surface is 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, there are some promising ideas:

Re-think Health Savings Accounts.

Health Savings Accounts allow consumers to set aside money on a pre-tax basis to pay for medical costs. Because they are largely individually owned, HSAs put consumers directly in charge of how and when they're going to purchase healthcare, which for most of us is in nonemergency care.

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.

Second, in order to shop for nonemergency healthcare, consumers need to be able to comparison shop. We need more tools like Healthcare BlueBook, a nationwide healthcare price guide, to enable price transparency and price consistency.

Consider Association Health Plans

The Department of Labor recently clarified the rules for establishing Association Health Plans, which allow businesses to join together to collectively offer health coverage for its employees.

The economies of scale offered by AHPS, together with the promise of a reduced administrative burden for

managing employer health insurance, can help some companies offer better, broader healthcare access for its workers.

Improve Healthcare Connectivity

With all the advances in healthcare technology, and the near-universal adoption of the Electronic Medical Record, the healthcare system should be as connected and high performing as our electrical grid – right? Not quite. 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.

The Center for Medical Interoperability is on a mission to change the status quo. CMI is a research and development lab that's trying 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.

CMI has an ambitious but vital agenda to enable the seamless exchange of health information and help us build a sustainable health system for generations to come.

Medical interoperability also opens up incredible opportunities for technologies such as telehealth solutions. In the near future, it will get harder to sustain a brick and mortar presence in places like Moore county (in my district), which has a population density of 49 people per square mile. 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.

Healthcare shouldn't be so difficult. Tennessee needs to do better, and we will. Together, we can build a great healthcare system for all Tennesseans.