Creating a vision for optimal health for all Americans
and
a road-map to get there

A healthcare system that is responsive to the needs and realities of Americans is achievable and sustainable. Having a clear vision and clear goals of healthcare is essential for moving the conversation from short term to long term thinking and focuses our debate on how to achieve the vision of best healthcare for all Americans. Without a clear vision and goals, we will continue to be stuck in the current dysfunctional system.

The Envision an American Healthcare System Initiative provides a framework to collectively imagine a uniquely American healthcare system that guarantees access to quality, sustainable healthcare for all Americans along the life continuum and to create a healthy environment. We envision that by November 2026 Americans will live in healthy communities and each of us have access to healthcare services that provide the highest level of medical services to maintain wellness regardless of their medical condition.

In order to best address the complexity of the varied challenges of the healthcare system, we recognize that there are specific situations that require healthcare engagement. The nine interrelated categories of health conditions experienced by all individuals provide a baseline of care and allows for more specific best practices and strategies to be implemented to address specific conditions. Each group has its own definitions of optimal care and treatment priorities. The initiative utilizes a 10-year plan to ensure the health care needs of every individual can be met effectively and efficiently, while also addressing strategies to achieve optimal public health outcomes. Particular focus will be on the role of Health Information Technology's role in achieving our vision.

- **Healthy - Prevention/ Early detection**
- **Maternal and infant health**
- · **Acutely ill - Episodic illness**
- · **Chronic conditions, normal function**
- · **Stable but serious disability**
- · **Short period of decline before dying**
- · **Limited reserve and exacerbations**
- · **Frailty, with or without dementia**

Website
Healthy adults and children
Maternal and infant health
Acute Illness
Trauma
Chronic conditions
End of life
Opioid Use Disorders
Pain Disorders

Healthy adults and children (Links to Citizens4health site for demo of public page)
Mr. Smith, a 37-year-old carpenter, usually books an appointment with his primary care physician each year around his birthday for an annual checkup and necessary screenings. He also may contact his physician's office for acute, self-limiting problems such as a sore throat.

Maternal and infant health
Mrs. Brown, a 26-year-old waitress, had regular contact with her gynecologist for contraception and general health monitoring until deciding to become pregnant. A year later, she sought fertility treatment and had monitoring through normal pregnancy and delivery. Her newborn's checkups and immunizations follow national guidelines.

Acute Illness

Joe Smith is an 8-year-old child who is usually in good health. He enjoys going to school and has many friends. His parents are concerned as he has a high fever and cough. His parents are concerned and take him to the local emergency room.

Trauma
Tom Jones, an 18-year-old high school student, broke his femur while playing football. An ambulance promptly transported him to the local emergency room. Following an uneventful

surgical procedure, Tom received physical therapy to rehabilitate his leg and maintain his body strength. He returned as the team quarterback eight weeks later.

Chronic conditions

Mrs. Gomez, a 49-year-old teacher, has hypertension and diabetes. While she has taken classes to learn how to reduce her risks and control these conditions, she still finds that both are occasionally out of control and then makes an appointment with her physician, whose office sends her reminders for immunizations, regular checkups, and monitoring for possible complications.

Chronic conditions
Stable but serious disability
Mr. White, a 56-year-old telemarketer, also is a former paratrooper who is quadriplegic from a gunshot wound to the neck. He lives with his brother in an extensively adapted apartment and has a paid aide for personal care. He has a motorized wheelchair and transportation for shopping and outings. He has been suicidal at various times and often has urinary tract infections. He uses a medical home team for continuity and comprehensive coordination of services, and he and the team work from a negotiated plan of care.

Limited reserve and exacerbations
Mr. Simon, a 75-year-old executive, lives with severe activity limitations due to emphysema. He has home oxygen and a complex regimen of drugs and treatments. He and his family have learned how to manage his condition but also have a nurse practitioner on call 24/7 for guidance or for urgent home visits. He has a care plan that specifies a time-limited trial of ventilator use and no resuscitation.

Frailty, with or without dementia
Mrs. Evans, an 88-year-old former homemaker, has dementia with incontinence, inability to walk or to communicate verbally, and a serious pressure ulcer. Although her daughter provides most of her care, Mrs. Evans attends adult day care three days a week for full baths, dressing changes, diversion, and caregiver relief. The local senior service agency helps with monitoring needs and coordinating services. The daughter has authority to make decisions and has decided to forgo resuscitation and to avoid hospitalization unless essential to comfort.

End of life: Short period of decline before dying
Mrs. Black, a 68-year-old realtor, found she had metastatic ovarian carcinoma a few months ago and is now fatigued and losing weight. After several unsuccessful treatment regimens, she has accepted hospice services, and friends and hospice staff ensure that she can stay home to the end of her life. The hospice clinicians manage pain and other symptoms aggressively, and she is able to direct the completion of her life to her own satisfaction.

THE ENVISION AN AMERICAN HEALTHCARE SYSTEM INITIATIVE

"If you don't know where you are going, you might wind up someplace else"

Yogi Berra

The Envision an American Healthcare System Initiative provides a framework to collectively imagine a uniquely American healthcare system that guarantees access to quality, sustainable healthcare for all Americans along the life continuum and to create healthy environment. We envision that by November 2020 Americans live in healthy communities and each of us have access to healthcare services that provide the highest level of medical services to maintain, wellness regardless of their medical condition.
In order to best address the complexity of the varied challenges of the healthcare system, we recognize that there are specific situations that require healthcare engagement. The nine interrelated categories of health conditions experienced by all individuals provide a baseline of care and allows for more specific best practices and strategies to be implemented to address specific conditions. Each group has its own definitions of optimal care and treatment priorities. The initiative utilizes a 10-year plan to ensure the healthcare needs of every individual can be met effectively and efficiently, while also addressing strategies to achieve optimal public health outcomes. Particular focus will be on the role of Health Information Technology's role in achieving our vision.

Having a clear and agreed upon vision of healthcare moves the conversation from short term to long term thinking and focuses the debate on how to achieve the vision of best healthcare for all Americans.

We envision that by November 2026 Americans live in healthy communities and each of us has access to healthcare services that provide the highest level of medical services to maintain, wellness regardless of their medical condition.

The Envision an American Healthcare System Initiative provides a framework to collectively imagine a uniquely American healthcare system that guarantees access to quality, sustainable healthcare for all Americans along the life continuum and to create a healthy environment.

In order to best address the complexity of the varied challenges of the healthcare system, we recognize that there are specific situations that require healthcare engagement. The nine interrelated categories of health conditions experienced by all individuals provide a baseline of care and allows for more specific best practices and strategies to be implemented to address

specific conditions. Each group has its own definitions of optimal care and treatment priorities. The initiative utilizes a 10-year plan to ensure the health care needs of every individual can be met effectively and efficiently, while also addressing strategies to achieve optimal public health outcomes. Particular focus will be on the role of Health Information Technology's role in achieving our vision.

The initiative focuses on the following groups:
Healthy adults and children
Maternal and infant health
Acute Illness
Trauma
Chronic conditions
End of life

Chronic conditions with normal function
Chronic conditions that are stable but serious disability
Chronic conditions with limited reserve and exacerbations
Frailty, with or without dementia
Short period of decline before dying
Additionally we will provide a vision for community and public health as well as a special focus on mental Illness and dental care.

How we do it
The Initiative provides examples of best practice in addressing and treating medical issues, engaging the stakeholders involved, providing access to meaningful information as well as civic engagement tools to hold all stakeholders accountable to deliver excellent care. Our Tool Box for Citizen Engagement provides tools that assist the user to:

- Educating Americans about the importance of having a vision for healthcare and translating that vision to their community
- Community focused, multi-stakeholder conversation about excellent local healthcare
- Utilizing user-friendly interfaces to provide health consumers with timely, reliable and relevant information about healthcare options and tools to achieve the best health care outcomes
- Recognizing healthcare organizations that demonstrate best practice in health care practices and contribution to community well being

- Utilizing user-friendly interfaces to provide meaningful information about the healthcare stakeholders' performance in various measures of health care outcomes

PROGRAMS ASSOCIATED WITH THE ENVISION AN AMERICAN HEALTHCARE SYSTEM INITIATIVE

United States In Last Freaking Place for Policies That Help Parents
In a study of 20 developed countries and 200,000 kids, the United States ranked dead last in policies that support kids and their parents.

A joint venture between The University of Chicago Biological Sciences Division and the Division of the Social Sciences, the TMW Center was founded by Dr. Dana Suskind and Dr. John List. They currently serve as Co-Directors.
Leadership – TMW
https://tmwcenter.uchicago.edu

Healthy adults and children

Typical Example

Mr. Smith, a 37-year-old carpenter, usually books an appointment with his primary care physician each year around his birthday for an annual checkup and necessary screenings. He also may contact his physician's office for acute, self-limiting problems such as a sore throat.

Healthy adults and children by the numbers

Number of Americans in this group:

160 million

Total costs for healthcare services for each person in this group:

$800 per year

Total healthcare costs for this group per year:

$30 billion

The healthcare goals for people in this group

Staying healthy and flourishing

The healthcare concerns of healthy adults and children

Staying healthy and having a long life through prevention of accidents, healthy lifestyle and preventable illness, recognition and treatment of disease at an early stages

How people in this group use healthcare

Visits to healthcare provider's offices, health clinics, occupational health, and use of health information available to the public

Citizens4health vision for Healthy Adults and Children

Cost:

The scientific foundation of lifestyle related interventions, screening and prevention activity are periodically evaluated and when evidence supports a procedure it will be covered by health insurance. .

Coverage:

The coverage is universal and not dependent on the condition, stage of life or ability to pay. Current arrangements through Medicare, the VA or other insurers will continue to provide services. Easy to use tools to most effectively choose health coverage plan. Prevention and early diagnosis is fully covered under his health plan. Additionally lifestyle improvements are also covered. Supplemental insurance may be purchased. Plans may compete of riders for additional services. Employers may also provide additional services

Access:

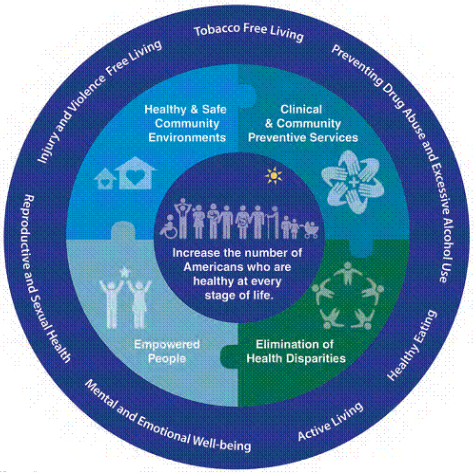
The healthy person selects his provider for prevention utilizing a Primary Care physician, local pharmacy, or certified health club. The person has a primary care doctor who will coordinate their care and provide resources for health lifestyle, screening and preventive

activity. There are community resources available for various healthy activities. Public web sites and other media services as well as social organizations promote Optimal Care. Certified health clubs provide more specialized services. Equal access to health care services; equal access to healthy lifestyle choices, health education, and maintenance; opportunities tailored to situation. Administrative needs are minimal.

Quality Healthcare:

Patient Centered (No Helplessness or Unjustified Routines): Care is patient centric and is provided with dignity, cultural sensitivity and respect for the person. Information is provided in age and education level appropriate manner. Informed and shared decisions reflecting parents' values (constrained by legal limits).

Safe (No Harm): Care that is provided will be safe from errors. This will be of particular importance regarding immunizations and programs for physical activity. Minimal and known risk from false positive or false negative screenings.



Effective (No Needless Failures): Specific outcomes will be measures and adjustment in the services made. Recommendations from national agencies and groups will be followed.

Efficient (No Waste): For brief acute episodes, diagnosis is made and care provided in timely efficient manner. For immunizations particularly for children, a plan is formulated according to an informed dialogue with the person or their legal representatives. Government and professional association guidelines are readily available and are transparent. Regulatory agencies oversee quality of services, and advertising to consumers.

Timely (No Needless Delays): Evaluation and treatment for brief acute episode is available promptly. Convenient and responsive scheduling, no waiting for health care services; immediate access to results of tests; immediate access to clinical guidance and other information; timely education and support;

Equitable (No Unjustified Variation): Preventive services are provided universally with no bias due to personal characteristics. Regulatory agencies oversee quality of services, and advertising to consumers.

Coordination of Care:

Care is patient centric and revolves around the patient (person who is frail) and their doctor (clinician). Public health services that have provisions for early identification of community trends. Education regarding risk factors and practical ways to avoid them. For identified

problem and secondary prevention, care is coordinated regionally, through medical records, supported by privacy provisions.

Innovation:

The goal of innovation is to improve quality of the person thorough achieving and maintaining optimal function. Personalized medicine, identified early susceptibility based on genetics, technological tools to assure compliance with treatments and ability to monitor response to interventions. Utilization of personal medical records that can automatically provide reminders of needed screening, immunizations and monitoring response. A personal record of treatments for acute episodes including medications and side effects that is paper or electronic based. Advance care plans available for those interested. Access to information about treatment options is available in language and level of education of the person. Secure message capability.

Maternal and infant health

Typical Example

Mrs. Brown, a 26-year-old waitress, had regular contact with her gynecologist for contraception and general health monitoring until deciding to become pregnant. A year later, she sought fertility treatment and had monitoring through normal pregnancy and delivery. Her newborn's checkups and immunizations follow national guidelines.

Population (in United States)

10 million (4 million mothers and babies, 2 million fertility problems)

Cost/Person/Year

$12,000 per delivery, $2,000 per infant, $1,000 per fertility problem

Total Cost/Year

$60 billion

Priority Concerns for This Population

Healthy babies, low maternal risk, control of fertility

Major Components of Health Care

Prenatal services, delivery, and perinatal care; fertility control and enhancement

Goals for Health Care

Staying healthy

Optimal Care for Maternal and Infant

Cost:

Basic cost for health care services, treatments and support services are covered fully. In addition where appropriate lifestyle related interventions, screening and prevention activity are also covered.

Coverage:

The coverage is universal and not dependent on the condition, stage of life or ability to pay. Current arrangements through Medicare, the VA or other insurers will continue to provide services. Easy to use tools to most effectively choose health coverage plan. Prevention and early diagnosis is fully covered under his health plan. Additionally lifestyle improvements are also covered. Plans may compete of riders for additional services. Employers may also provide additional services

Access:

The healthy person selects his provider for prevention utilizing a Primary Care physician, local pharmacy, or certified health club. The person has a primary care doctor who will coordinate their care and provide resources for health lifestyle, screening and preventive activity. There are community resources available for various healthy activities. Public web sites and other media services as well as social organizations promote Optimal Care. Certified health clubs provide more specialized services. Equal access to health care

services; equal access to healthy lifestyle choices, health education, and maintenance; opportunities tailored to situation. Administrative needs are minimal.

Quality Health Care:

Patient Centered (No Helplessness or Unjustified Routines): Care is patient centric and is provided with dignity, cultural sensitivity and respect for the person. Information is provided in age and education level appropriate manner. Informed and shared decisions reflecting parents' values (constrained by legal limits).

Safe (No Harm): Care that is provided will be safe from errors. This will be of particular importance regarding immunizations and programs for physical activity. Minimal and known risk from false positive or false negative screenings. Minimal and known risk from false positive or false negative screenings; no perinatal or maternal injury or death from health care; minimal infertility; no undesired pregnancy

Effective (No Needless Failures): Specific outcomes will be measures and adjustment in the services made. Recommendations from national agencies and groups will be followed. Evidence-based prenatal care, delivery, and postnatal care; evidence-based primary and secondary preventive interventions for both mother and child.

Efficient (No Waste): For brief acute episodes, diagnosis is made and care provided in timely efficient manner. For immunizations particularly for children, a plan is formulated according to an informed dialogue with the person or their legal representatives. Government and professional association guidelines are readily available and are transparent. Regulatory agencies oversee quality of services, and advertisement to consumers. Backup experts available; planned rapid transfer of seriously ill newborns; evidence-based fertility services.

Timely (No Needless Delays): Evaluation and treatment for brief acute episode is available promptly. Convenient and responsive scheduling, no waiting for health care services; immediate access to results of tests; immediate access to clinical guidance and other information; timely education and support; rapid transfers when needed.

Equitable (No Unjustified Variation): Preventive services are provided universally with no bias due to personal characteristics. Regulatory agencies oversee quality of services, and advertising to consumers. Informed and shared decisions reflecting parents' values (constrained by legal limits).

Coordination of Care:

Care is patient centric and revolves around the patient and their doctor. Public health services that have provisions for early identification of community trends. Education regarding risk factors and practical ways to avoid them. For identified problem and

secondary prevention, care is coordinated regionally, through medical records, supported by privacy provisions.

Innovation:

The goal of innovation is to improve quality of the person thorough achieving and maintaining optimal function. Personalized medicine, identified early susceptibility based on genetics, technological tools to assure compliance with treatments and ability to monitor response to interventions. Utilization of personal medical records that can automatically provide reminders of needed screening, immunizations and monitoring response. A personal record of treatments for acute episodes including medications and side effects that is paper or electronic based. Advance care plans available for those interested. Access to information about treatment options is available in language and level of education of the person. Secure message capability.

Trauma

Typical Example

Tom Jones, an 18-year-old high school student, broke his femur while playing football. An ambulance promptly transported him to the local emergency room. Following an uneventful surgical procedure, Tom received physical therapy to rehabilitate his leg and maintain his body strength. He returned as the team quarterback eight weeks later.

Population (in United States)

12 million

Total Cost/Person/Year

$25,000

Total Cost/Year

$300 billion

Priority Concerns for This Population

Return to healthy state with minimal suffering and disruption

Major Components of Health Care

Emergency services, hospitals, physicians' offices, medications, or short-term rehabilitative services

Goals for Health Care

Getting well

Optimal Care for Acute Illness

Cost:

Basic cost for health care services, treatments and support services are covered fully.

Coverage:

The coverage is universal and not dependent on the condition, stage of life or ability to pay. Supplemental insurance may be purchased. Plans may compete of riders for additional services. Employers may also provide additional services.

Access:

Emergency Medical Services that can provide immediate care and transfer to appropriate level of care. Equal access to health care services tailored to situation. Administrative needs are minimal.

Quality Health Care:

Patient Centered (No Helplessness or Unjustified Routines): Care is patient centric and is provided with dignity, cultural sensitivity and respect for the person. Information is provided

in age and education level appropriate manner. Informed and shared decisions reflecting parents' values (constrained by legal limits).

Safe (No Harm): Care that is provided will be safe from errors.

Effective (No Needless Failures): Specific outcomes will be measures and adjustment in the services made. Recommendations from national agencies and groups will be followed.

Efficient (No Waste): For brief acute episodes, diagnosis is made and care provided in timely efficient manner. A treatment plan is formulated according to an informed dialogue with the person or their legal representatives. Government and professional association guidelines are readily available and are transparent. Regulatory agencies oversee quality of services, and advertising to consumers.

Timely (No Needless Delays): Evaluation and treatment for brief acute episode is available promptly. Convenient and responsive scheduling, no waiting for health care services; immediate access to results of tests; immediate access to clinical guidance and other information; timely education and support;

Equitable (No Unjustified Variation): Care is provided universally with no bias due to personal characteristics. Regulatory agencies oversee quality of services, and advertising to consumers.

Coordination of Care:

Care is patient centric and revolves around the patient and their doctor (clinician). Public health services that have provisions for early identification of community trends. Education regarding risk factors and practical ways to avoid them. For identified problem and secondary prevention, care is coordinated regionally, through medical records, supported by privacy provisions.

Innovation:

The goal of innovation is to improve quality of the person thorough achieving and maintaining optimal function. Personalized medicine, identified early susceptibility based on genetics, technological tools to assure compliance with treatments and ability to monitor response to interventions. Utilization of personal medical records that can automatically provide reminders of needed screening, immunizations and monitoring response. A personal record of treatments for acute episodes including medications and side effects that is paper or electronic based. Advance care plans available for those interested. Access to information about treatment options is available in language and level of education of the person. Secure message capability.

Optimal Care for Chronic Conditions

Typical Example

Mrs. Gomez, a 49-year-old teacher, has hypertension and diabetes. While she has taken classes to learn how to reduce her risks and control these conditions, she still finds that both are occasionally out of control and then makes an appointment with her physician, whose office sends her reminders for immunizations, regular checkups, and monitoring for possible complications.

Population (in United States)

110 million

Cost/Person/Year

$7,000

Total Cost/Year

$800 billion

Priority Concerns for This Population

Longevity, limiting disease progression, accommodating environment

Major Components of Health Care

Self-management, physicians' offices, hospitalizations, and ER visits

Goals for Health Care

Living with illness or disability

Optimal Care for Chronic Conditions

Cost:

Basic cost for health care services, treatments and support services are covered fully. In addition where appropriate lifestyle related interventions, screening and prevention activity are also covered. The cost of acute hospitalization, nursing facility care, long term care, where medically indicated is covered.

The coverage is universal and not dependent on the condition, stage of life or ability to pay. Supplemental insurance may be purchased. Plans may compete of riders for additional services. Employers may also provide additional services. Coverage for education of caregivers will be provided.

Coverage:

Access:

Preferably the person who is chronically ill will have a primary care doctor or if indicated a specialist who will coordinate their care. Specialists will be available for consultation in person or through other means to address specific problems. The person will have choice of providers including doctors, hospital, nursing facility, local pharmacy, or certified health

club. Emergency Medical Services that can provide immediate care and transfer to appropriate level of care. Home evaluation and treatment available promptly; 24/7 rapid response to home for crises Equal access to health care services tailored to situation. Administrative needs are minimal.

Quality Health Care:

Patient Centered (No Helplessness or Unjustified Routines): Care is patient centric and is provided with dignity, cultural sensitivity and respect for the person. Information is provided in age and education level appropriate manner. Advance care planning consistent with patient's wishes; resolution of family issues; support of family caregivers. Informed and shared decisions reflecting parents' values (constrained by legal limits). Lifestyle reflecting informed decisions; self-monitored care; patient and family education.

Safe (No Harm): Care that is provided will be safe from errors. This will be of particular challenge when there are changes in the venue of care. For example the person is in need of hospitalization and the medications they take are not given as ordered.

Effective (No Needless Failures): Specific outcomes will be measures and adjustment in the services made. Recommendations from national agencies and groups will be followed. Care that is effective for the problems experienced by the person suffering with a chronic condition. Evidence-based secondary and primary prevention and rehabilitation. Government and professional association guidelines are readily available and are transparent. Home-based care; nutritional support; reliable facility care when needed; support for caregivers; appropriate preventive services.

Efficient (No Waste): For brief acute episodes, diagnosis is made and care provided in timely efficient manner. A treatment plan is formulated according to an informed dialogue with the person or their legal representatives. Government and professional association guidelines are readily available and are transparent. Regulatory agencies oversee quality of services, and advertising to consumers.

Timely (No Needless Delays): Evaluation and treatment for brief acute episode is available promptly. Convenient and responsive scheduling, no waiting for health care services; immediate access to results of tests; immediate access to clinical guidance and other information; timely education and support; Little waiting for health care services; adequate notice of expected events; convenient and responsive scheduling; immediate

access to test results, clinical guidance, and other information; short time to diagnosis and treatment for positive screens and worsening conditions.

Equitable (No Unjustified Variation): Care is provided universally with no bias due to personal characteristics. equal opportunity for important treatments; no bias due to personal characteristics. Regulatory agencies oversee quality of services, and advertising to consumers.

Coordination of Care:
Care is patient centric and revolves around the patient and their doctor (clinician). Care continuum management across multiple providers. Public health services that have provisions for early identification of community trends. Education regarding risk factors and practical ways to avoid them. For identified problem and secondary prevention, care is coordinated regionally, through medical records, supported by privacy provisions. Care in its various levels is coordinated to achieve best outcomes and limit errors and cost. For identified problem and secondary prevention, care is coordinated regionally, through medical records, supported by privacy provisions. Public health provisions for early identification of community trends.

Innovation:
The goal of innovation is to improve quality of the person thorough achieving and maintaining optimal function. Personalized medicine, identified early susceptibility based on genetics, technological tools to assure compliance with treatments and ability to monitor response to interventions. Utilization of personal medical records that can automatically provide reminders of needed screening, immunizations and monitoring response. A personal record of treatments for acute episodes including medications and side effects that is paper or electronic based. It would include new treatments, diagnostic procedures, new services, new monitoring tools new delivery systems and concepts. Updates on research and innovation quickly reaching the point of care and the person who will benefit from it.

· Monitoring devices for falls, pressure, etc.;
· Computerized physician order entry with decision support
· Pain management that is patient specific
· Electronically available health care plans
· Advance care plans available
· Electronically 24/7 access
· Secure message capability
· Available in language and level of education of choice

· Real-time home monitoring devices; e-reminders for screens and monitoring
· Longitudinal electronic health records and personal health records

STABLE BUT SERIOUS DISABILITY INCLUDING MENTAL DISABILITY

Typical Example
Mr. White, a 56-year-old telemarketer, also is a former paratrooper who is quadriplegic from a gunshot wound to the neck. He lives with his brother in an extensively adapted apartment and has a paid aide for personal care. He has a motorized wheelchair and transportation for shopping and outings. He has been suicidal at various times and often has urinary tract infections. He uses a medical home team for continuity and comprehensive coordination of services, and he and the team work from a negotiated plan of care.
Population (in United States)
7 million
Cost/Person/Year
$40,000
Total Cost/Year
$290 billion

Priority Concerns for this Population
Autonomy, rehabilitation, limiting progression, accommodating environment, caregiver support
Major Components of Health Care
Home-based services, environmental adaptation, rehabilitation, and institutional services
Goals for Health Care
Living with illness or disability

Optimal Care for Serious Disability

Cost:
Basic cost for health care services, treatments and support services are covered fully. In addition where appropriate lifestyle related interventions, screening and prevention activity are also covered. The cost of acute hospitalization, nursing facility care, long term care, where medically indicated is covered.
Coverage:
The coverage is universal and not dependent on the condition, stage of life or ability to pay. Supplemental insurance may be purchased. Plans may compete of riders for additional services. Employers may also provide additional services. Coverage for education of caregivers will be provided.

Access:
Preferably the person who is chronically ill will have a primary care doctor or if indicated a specialist who will coordinate their care. Specialists will be available for consultation in person or through other means to address specific problems. The person will have choice of providers including doctors, hospital, nursing facility, local pharmacy, or certified health club. Emergency Medical Services that can provide immediate care and transfer to appropriate level of care. Home evaluation and treatment available promptly; 24/7 rapid response to home for crises Equal access to health care services tailored to situation. Administrative needs are minimal.

Quality Health Care:
Patient Centered (No Helplessness or Unjustified Routines): Care is patient centric and is provided with dignity, cultural sensitivity and respect for the person. Information is provided in age and education level appropriate manner. Advance care planning consistent with patient's wishes; resolution of family issues; support of family caregivers. Informed and shared decisions reflecting parents' values (constrained by legal limits). Lifestyle reflecting informed decisions; self-monitored care; patient and family education.

Safe (No Harm): Care that is provided will be safe from errors. This will be of particular challenge when there are changes in the venue of care. For example the person is in need of hospitalization and the medications they take are not given as ordered.

Effective (No Needless Failures): Specific outcomes will be measures and adjustment in the services made. Recommendations from national agencies and groups will be followed. Care that is effective for the problems experienced by the person suffering with a chronic condition. Evidence-based secondary and primary prevention and rehabilitation. Government and professional association guidelines are readily available and are transparent. Home-based care; nutritional support; reliable facility care when needed; support for caregivers; appropriate preventive services.

Efficient (No Waste): For brief acute episodes, diagnosis is made and care provided in timely efficient manner. A treatment plan is formulated according to an informed dialogue with the person or their legal representatives. Government and professional association guidelines are readily available and are transparent. Regulatory agencies oversee quality of services, and advertising to consumers.

Timely (No Needless Delays): Evaluation and treatment for brief acute episode is available promptly. Convenient and responsive scheduling, no waiting for health care services; immediate access to results of tests; immediate access to clinical guidance and other information; timely education and support; Little waiting for health care services; adequate notice of expected events; convenient and responsive scheduling; immediate access to test results, clinical guidance, and other information; short time to diagnosis and treatment for positive screens and worsening conditions.

Equitable (No Unjustified Variation): Care is provided universally with no bias due to personal characteristics. equal opportunity for important treatments; no bias due to

personal characteristics. Regulatory agencies oversee quality of services, and advertising to consumers.

Coordination of Care:
Care is patient centric and revolves around the patient and their doctor (clinician). Care continuum management across multiple providers. Public health services that have provisions for early identification of community trends. Education regarding risk factors and practical ways to avoid them. For identified problem and secondary prevention, care is coordinated regionally, through medical records, supported by privacy provisions. Care in its various levels is coordinated to achieve best outcomes and limit errors and cost. For identified problem and secondary prevention, care is coordinated regionally, through medical records, supported by privacy provisions. Public health provisions for early identification of community trends.

Innovation:
The goal of innovation is to improve quality of the person thorough achieving and maintaining optimal function. Personalized medicine, identified early susceptibility based on genetics, technological tools to assure compliance with treatments and ability to monitor response to interventions. Utilization of personal medical records that can automatically provide reminders of needed screening, immunizations and monitoring response. A personal record of treatments for acute episodes including medications and side effects that is paper or electronic based. It would include new treatments, diagnostic procedures, new services, new monitoring tools new delivery systems and concepts. Updates on research and innovation quickly reaching the point of care and the person who will benefit from it.

- Monitoring devices for falls, pressure, etc.;
- Computerized physician order entry with decision support
- Pain management that is patient specific
- Electronically available health care plans
- Advance care plans available
- Electronically 24/7 access
- Secure message capability
- Available in language and level of education of choice
- Real-time home monitoring devices; e-reminders for screens and monitoring
- Longitudinal electronic health records and personal health records

OPTIMAL CARE FOR LIMITED RESERVE AND EXACERBATIONS

Typical Example
Mr. Simon, a 75-year-old executive, lives with severe activity limitations due to emphysema. He has home oxygen and a complex regimen of drugs and treatments. He and his family have learned how to manage his condition but also have a nurse practitioner on call 24/7 for guidance or for urgent home visits. He has a care plan that specifies a time-limited trial of ventilator use and no resuscitation.
Population (in United States)
2 million
Cost/Person/Year
$45,000
Total Cost/Year
$100 billion
Priority Concerns for This Population
Avoiding exacerbations, maintaining function, and specific advance planning
Major Components of Health Care
Self-care support, at-home services, 24/7 on-call access to medical guidance, and home-based care
Goals for Health Care
Coping with illness at the end of life

Optimal care for limited reserve
Cost:
Basic cost for health care services, treatments and support services are covered fully. In addition where appropriate lifestyle related interventions, screening and prevention activity are also covered. The cost of acute hospitalization, nursing facility care, long term care, where medically indicated is covered.
Coverage:
The coverage is universal and not dependent on the condition, stage of life or ability to pay. Supplemental insurance may be purchased. Plans may compete of riders for additional services. Employers may also provide additional services. Coverage for education of caregivers will be provided.
Access:

Preferably the person who is chronically ill will have a primary care doctor or if indicated a specialist who will coordinate their care. Specialists will be available for consultation in person or through other means to address specific problems. The person will have choice of providers including doctors, hospital, nursing facility, local pharmacy, or certified health club. Emergency Medical Services that can provide immediate care and transfer to appropriate level of care. Home evaluation and treatment available promptly; 24/7 rapid response to home for crises Equal access to health care services tailored to situation. Administrative needs are minimal.
Quality Health Care:
Patient Centered (No Helplessness or Unjustified Routines): Care is patient centric and is provided with dignity, cultural sensitivity and respect for the person. Information is provided in age and education level appropriate manner. Advance care planning consistent with patient's wishes; resolution of family issues; support of family caregivers. Informed and shared decisions reflecting parents' values (constrained by legal limits). Lifestyle reflecting informed decisions; self-monitored care; patient and family education.

Safe (No Harm): Care that is provided will be safe from errors. This will be of particular challenge when there are changes in the venue of care. For example the person is in need of hospitalization and the medications they take are not given as ordered.
Effective (No Needless Failures): Specific outcomes will be measures and adjustment in the services made. Recommendations from national agencies and groups will be followed. Care that is effective for the problems experienced by the person suffering with a chronic condition. Evidence-based secondary and primary prevention and rehabilitation. Government and professional association guidelines are readily available and are transparent. Home-based care; nutritional support; reliable facility care when needed; support for caregivers; appropriate preventive services.
Efficient (No Waste): For brief acute episodes, diagnosis is made and care provided in timely efficient manner. A treatment plan is formulated according to an informed dialogue with the person or their legal representatives. Government and professional association guidelines are readily available and are transparent. Regulatory agencies oversee quality of services, and advertising to consumers.
Timely (No Needless Delays): Evaluation and treatment for brief acute episode is available promptly. Convenient and responsive scheduling, no waiting for health care services; immediate access to results of tests; immediate access to clinical guidance and other information; timely education and support; Little waiting for health care services; adequate notice of expected events; convenient and responsive scheduling; immediate access to test results, clinical guidance, and other information; short time to diagnosis and treatment for positive screens and worsening conditions.
Equitable (No Unjustified Variation): Care is provided universally with no bias due to personal characteristics. equal opportunity for important treatments; no bias due to personal characteristics. Regulatory agencies oversee quality of services, and advertising to consumers.
Coordination of Care:
Care is patient centric and revolves around the patient and their doctor (clinician). Care continuum management across multiple providers. Public health services that have provisions for early identification of community trends. Education regarding risk factors and practical ways to avoid them. For identified problem and secondary prevention, care is

coordinated regionally, through medical records, supported by privacy provisions. Care in its various levels is coordinated to achieve best outcomes and limit errors and cost. For identified problem and secondary prevention, care is coordinated regionally, through medical records, supported by privacy provisions. Public health provisions for early identification of community trends.

Innovation:

The goal of innovation is to improve quality of the person thorough achieving and maintaining optimal function. Personalized medicine, identified early susceptibility based on genetics, technological tools to assure compliance with treatments and ability to monitor response to interventions. Utilization of personal medical records that can automatically provide reminders of needed screening, immunizations and monitoring response. A personal record of treatments for acute episodes including medications and side effects that is paper or electronic based. It would include new treatments, diagnostic procedures, new services, new monitoring tools new delivery systems and concepts. Updates on research and innovation quickly reaching the point of care and the person who will benefit from it.

- Monitoring devices for falls, pressure, etc.;
- Computerized physician order entry with decision support
- Pain management that is patient specific
- Electronically available health care plans
- Advance care plans available
- Electronically 24/7 access
- Secure message capability
- Available in language and level of education of choice
- Real-time home monitoring devices; e-reminders for screens and monitoring
- Longitudinal electronic health records and personal health records

Optimal Health Care for the Frail Person

Frailty, with or without dementia

Typical Example

Mrs. Evans, an 88-year-old former homemaker, has dementia with incontinence, inability to walk or to communicate verbally, and a serious pressure ulcer. Although her daughter provides most of her care, Mrs. Evans attends adult day care three days a week for full baths, dressing changes, diversion, and caregiver relief. The local senior service agency helps with monitoring needs and coordinating services. The daughter has authority to make decisions and has decided to forgo resuscitation and to avoid hospitalization unless essential to comfort.

Population (in United States)

6 million

Health Care Cost/Person/Year

$45,000

Total Cost/Year

$270 billion

Priority Concerns for This Population

Support for caregivers, maintaining function, skin integrity, mobility, and specific advance planning

Major Components of Health Care

Home-based services, mobility and care devices, family caregiver training and support, and nursing facilities

Goals for Health Care

Coping with illness at the end of life

Cost: Basic cost for health care services, treatments, support services are covered fully. In addition where appropriate lifestyle related interventions, screening and prevention activity are also covered. The cost of acute hospitalization, nursing facility care, long term care, where medically indicated is covered.

Coverage: The coverage is universal and not dependent on the condition, stage of life or ability to pay. Current arrangements through Medicare, the VA or other insurers will continue to provide services. Coverage for education of caregivers will be provided.

Access: Preferably the person who is frail will have a primary care doctor or if indicated a specialist (Geriatrics) who will coordinate their care. Specialists will be available for consultation in person or through other means to address specific problems. The person will have choice of providers including doctors, hospital, nursing facility, Local pharmacy, or certified health club.

Quality Health Care:

Patient Centered (No Helplessness or Unjustified Routines): Care is patient centric and is provided with dignity, cultural sensitivity and respect for the frail person. Advance care planning consistent with patient's wishes; resolution of family issues; support of family caregivers.

Safe (No Harm): Care that is provided will be safe from errors. This will be of particular challenge when there are changes in the venue of care. For example the person is in need of hospitalization and the medications they take are not given as ordered. Safe environment that is informed by the challenges of the frail person: poor vision, mobility. Avoiding pressure ulcers, restraints, transfer injuries and injury from falls. Avoiding medication adverse effects.

- Home
- Nursing Home
- Long Term Care
- Hospital

Effective (No Needless Failures): Care that is effective for the problems experienced by the frail person. Government and professional association guidelines are readily available and are transparent. Home-based care; nutritional support; reliable facility care when needed; support for caregivers; appropriate preventive services; comfort and respect

Efficient (No Waste): No unwarranted medical treatments; services in accordance with advance care plan that is formulated according to an informed dialogue with the person or their legal representatives.

Timely (No Needless Delays): Home evaluation and treatment available promptly; 24/7 rapid response to home for crises

Equitable (No Unjustified Variation): CLASa; equal opportunity for important treatments; no bias due to personal characteristics. Regulatory agencies oversee quality of services, and advertising to consumers.

Coordination of Care: Care is patient centric and revolves around the patient (person who is frail) and their doctor (clinician). Care in its various levels is coordinated to achieve best outcomes and limit errors and cost. For identified problem and secondary prevention, care is coordinated regionally, through medical records, supported by privacy provisions. Public health provisions for early identification of community trends.

Innovation: Innovation targets the particular challenges of the frail person seeking to improve the quality of life for the person and their caregivers. It would include new treatments, diagnostic procedures, new services, new monitoring tools new delivery systems and concepts. The goal of innovation is to improve quality of the persons life ant

their caregivers as well as to provide effective interventions. Examples include Personalized medicine, identified early susceptibility based on genetics, technological tools to assure compliance with treatments and ability to monitor response to treatments. Utilization of personal medical records that can be linked to caregivers and the clinical team.

Other areas for innovation:

- Monitoring devices for falls, pressure, etc.;
- Computerized physician order entry with decision support
- Pain management that is patient specific
- Electronically available health care plans
- Advance care plans available
- Electronically 24/7 access to rapid response in event of life closure
- Available in language and level of education of choice
- Tools and other resources for shared decision making

Optimal Care At End Of Life

Typical Example

Mrs. Black, a 68-year-old realtor, found she had metastatic ovarian carcinoma a few months ago and is now fatigued and losing weight. After several unsuccessful treatment regimens, she has accepted hospice services, and friends and hospice staff ensure that she can stay home to the end of her life. The hospice clinicians manage pain and other symptoms aggressively, and she is able to direct the completion of her life to her own satisfaction.

Population (in United States)

1 million

Cost/Person/Year

$45,000

Total Cost/Year

$50 billion

Priority Concerns for This Population

Comfort, dignity, life closure, caregiver support, planning ahead

Major Components of Health Care

At-home services, hospice, and personal care services

Goals for Health Care

Coping with illness at the end of life

Cost:

Basic cost for health care services, treatments and support services are covered fully. In addition where appropriate lifestyle related interventions, screening and prevention activity are also covered. The cost of acute hospitalization, nursing facility care, long term care, where medically indicated is covered.

Coverage:

The coverage is universal and not dependent on the condition, stage of life or ability to pay. Supplemental insurance may be purchased. Plans may compete of riders for additional services. Employers may also provide additional services. Coverage for education of caregivers will be provided.

Access:

Preferably the person who is chronically ill will have a primary care doctor or if indicated a specialist who will coordinate their care. Specialists will be available for consultation in person or through other means to address specific problems. The person will have choice of providers including doctors, hospital, nursing facility, local pharmacy, or certified health club. Emergency Medical Services that can provide immediate care and transfer to

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Safe (No Harm): Care that is provided will be safe from errors. This will be of particular challenge when there are changes in the venue of care. For example the person is in need of hospitalization and the medications they take are not given as ordered.

Effective (No Needless Failures): Specific outcomes will be measures and adjustment in the services made. Recommendations from national agencies and groups will be followed. Care that is effective for the problems experienced by the person suffering with a chronic condition. Evidence-based secondary and primary prevention and rehabilitation.**G**overnment and professional association guidelines are readily available and are transparent. Home-based care; nutritional support; reliable facility care when needed; support for caregivers; appropriate preventive services.

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