

## GUIDING PRINCIPLES FOR THE FUTURE OF MEDICINE AND HEALTH CARE

1. <i>Promote a culture of wellness and healthy communities.</i>	Actions
<p>a. Provide leadership and coordination among all stakeholders on community-wide approaches to improve health in the broadest sense (education, environment, poverty, and other determinants of health) and reduce risk factors for disease.</p>	<ul style="list-style-type: none"> <li>▪ Invite key stakeholder organizations to exchange information about their wellness activities.</li> <li>▪ Encourage stakeholder organizations to coordinate efforts and leverage resources by developing a common agenda pertaining to the foundations of community wellness (physical and behavioral health), including prevention, monitoring, treatment and education.</li> <li>▪ Generate support for state anti-tobacco/anti-smoking legislation.</li> </ul>
<p>b. Revitalize the public health system in communities and the state by emphasizing community-wide public health measures that complement the work of the medical care system.</p>	<ul style="list-style-type: none"> <li>▪ Advocate for legislation that rebuilds and strengthens Michigan’s state and local public health system and encourages collaboration across medical and public health communities.</li> <li>▪ Seek ways to strengthen the Michigan Board of Health to help prioritize public health initiatives and maximize limited state resources.</li> </ul>
<p>c. Strengthen efforts to address health risk behaviors that can impact the frequency or severity of chronic diseases in Michigan.</p>	<ul style="list-style-type: none"> <li>▪ Develop models for improving nutrition education in schools.</li> <li>▪ Convene stakeholders in wellness to consolidate and strengthen disparate efforts to reduce behavioral risk factors. Research on the health care, productivity, and absenteeism costs associated with risk factors can be the foundation for broad-based wellness efforts in Michigan.</li> <li>▪ Support appropriate legislative and regulatory efforts to allow insurers and employers to provide positive incentives to patients for healthy behaviors and prevention efforts.</li> </ul>

2. Raise expectations for safe, high-quality, accessible health care for all patients.	Actions
<p>a. Strive for high functioning, continuously improving systems of care that link providers with each other and their patients through seamless clinical integration and the information that supports it.</p>	<ul style="list-style-type: none"> <li>▪ Support the implementation of the recommendations of the State Commission on Patient Safety.</li> <li>▪ Encourage physicians and health care organizations to focus on assessing and strengthening system capability that fosters (a) effective identification of patients with ongoing needs and communication about those needs and (b) effective coordination of care across treatment settings (i.e., identifying chronic disease patients, proactively reaching out to them to facilitate the best care, and tracking them over time).</li> <li>▪ Identify sources of expertise in health care systemization for physician offices and health care organizations in which physicians practice.</li> <li>▪ Identify 8-10 features of the ideal medical office and assist physicians in building them into their practices.</li> <li>▪ Work regional health information organizations on the development of regional and statewide health information networks.</li> <li>▪ Work with the newly established health information technology task force in the Michigan House of Representatives.</li> <li>▪ Promote e-health information tools, such as e-rx, e-lab, e-visit, and e-personal health record tools as an interim step for compiling patient medical information until electronic medical records are more widely implemented.</li> <li>▪ Support individual physicians in self-assessment or self-improvement in their practices and in making the inevitable transition to electronic offices as efficiently as possible.</li> </ul>
<p>b. Recognize that high quality care means access to the full range of essential services that can benefit patients: primary and secondary prevention, screening and diagnosis, acute care, coordinated management of chronic illness, long-term care, and mental health services.</p>	<ul style="list-style-type: none"> <li>▪ Ask the appropriate MSMS group (committee or task force) to develop a position statement on minimum essential benefits that will jumpstart a discussion with other stakeholders.</li> <li>▪ Convene a discussion with stakeholder organizations to discuss minimum essential benefits and to identify gaps in access to them as a starting point for public policy discussions about how to close those gaps.</li> <li>▪ Advocate for mental health coverage parity.</li> <li>▪ Advocate for coverage of childhood immunizations by all health plans.</li> </ul>

<p>c. Enable the rapid and universal adoption of tools and practices to ensure high quality medical care.</p>	<ul style="list-style-type: none"> <li>▪ Work with physicians and other providers, payers, employers and government policy makers to define and advocate for best practices in medical care, including evidence-based medicine and quality protocols.</li> <li>▪ Work with payers to make available to physicians and other providers information they can act upon to improve quality of care.</li> </ul>
<p>d. Reform payment systems to support quality practice.</p>	<ul style="list-style-type: none"> <li>▪ Work with physicians and other providers, payers, employers and government policy makers to define and advocate for reimbursement policies that encourage best practices in medical care, including evidence-based medicine and quality protocols.</li> <li>▪ Seek uniformity of measures and guidelines among health plans, including consistent screening guidelines.</li> <li>▪ Develop a proactive position on incentive programs consistent with the Michigan State Medical Society Principles on Pay-for-Performance Programs and explore ways to partner with payers in developing and implementing innovative approaches to using incentives to assess and improve the quality of care (encourage payers to reward for implementing electronic information systems; reward for improving systems for chronic illness management; advocate for revamping reimbursement systems to pay for essential primary and secondary prevention services, patient education, and shared decision-making activities, in the context of coordinated care management by physicians practicing in organized systems of care).</li> <li>▪ Convene Michigan leaders in pay-for-performance programs—MSMS, Greater Detroit Area Health Council’s Save Lives Save Dollars, individual health plan programs, the Michigan Hospital Association, employers, Medicare and Medicaid, and others—to develop guidelines for a statewide design that moves toward standardization of such programs to foster quality, promote fairness, and relieve providers from the unnecessary variation in pay-for-performance programs.</li> </ul>

<p>e. Provide care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, insurance coverage, and socioeconomic status.</p>	<ul style="list-style-type: none"> <li>▪ Educate physicians and other providers about common guidelines and measurements, such as those developed by the Michigan Quality Improvement Consortium (MQIC), and encourage broader adoption of those guidelines by payers.</li> <li>▪ Encourage consistent use of such guidelines with all patients.</li> </ul>
<p>f. Reduce waits and potentially harmful delays in access to care for patients and access to information about patients for physicians and other providers.</p>	<ul style="list-style-type: none"> <li>▪ Work with specialty societies to encourage physician participation with Medicaid in underserved areas.</li> </ul>
<p>g. Restructure the current liability system to promote effective physician oversight and accountability, reduce waste from defensive medicine, and afford timely assistance to those harmed in the health care system.</p>	<ul style="list-style-type: none"> <li>▪ Explore other options to the current medical litigation system (e.g., no fault, health courts, etc.)</li> <li>▪ Support error reporting systems that will allow open transfer of information on system and technical malfunctions in order to improve patient safety.</li> <li>▪ Educate physicians and physician organizations about protections offered through the creation of a Patient Safety Organization (PSO).</li> </ul>
<p>h. Engage patients in medical decision-making and support a stronger physician/patient partnership in making treatment choices.</p>	<ul style="list-style-type: none"> <li>▪ Identify methods that support physician/patient partnership in the delivery of best care for disease categories and support distribution of those tools to physicians (e.g., standardized messages to patients, wallet cards for patients, quick view sheets for medical records).</li> <li>▪ Hold discussions with other stakeholder groups about best ways to educate patients about optimum physician-patient partnerships and provide relevant and understandable information to the patient.</li> </ul>
<p>i. Provide care that is respectful of and responsive to individual patient preferences, needs, and values.</p>	<ul style="list-style-type: none"> <li>▪ Explore ways to further distribute information to physicians about patient health literacy and cultural diversity training. Encourage customer service practices that are responsive to patient preferences, needs and values.</li> </ul>

3. Optimize value through a reformed health care delivery market.	Actions
<p>a. Seek the commitment of physicians, other providers, payers, purchasers, and patients to the efficient and effective use of resources that assures affordability and access.</p>	<ul style="list-style-type: none"> <li>▪ Provide leadership in convening stakeholders in a discussion about the principles outlined in MSMS board position regarding universal health care access report.</li> <li>▪ Create incentives to fund the public health system to optimal levels for clinical care activities, including pre- and post-natal care, school health nurses, and immunizations.</li> </ul>
<p>b. Establish a fundamentally different economic model for medical care services.</p>	<ul style="list-style-type: none"> <li>▪ Advocate for a reduction in the number of insurance product designs and other methods to substantially reduce the administrative costs for employers, patients, payers and physicians.</li> <li>▪ Convene innovators in health plan design and health care delivery and finance to develop new generation plan designs that pay providers fairly for cognitive services, preventive care, chronic disease management, and other services that are now undervalued in current plan designs and reimbursement.</li> </ul>
<p>c. Assure an adequate supply of physicians and other health professionals—both in number and in mix—to care for all residents.</p>	<ul style="list-style-type: none"> <li>▪ Secure adequate funding for medical schools and graduate medical education to ensure the appropriate supply of physicians to serve all residents.</li> <li>▪ Address revenue needed to appropriately fund nurse and allied health professionals training.</li> <li>▪ Work with the newly established MDCH Bureau of Health Professions' Center for Health Professions to gather information and develop strategies to address the undersupply of physicians and other health professions.</li> <li>▪ Explore funding sources to expand primary care access in underserved areas, including the option of developing a primary care capital corporation.</li> </ul>

<b>4. Deliver universal coverage through a reformed insurance market.</b>	<b>Actions</b>
<p>a. Ensure universal coverage for essential physical and behavioral health benefits and address ways to share responsibility for cost and access.</p>	<ul style="list-style-type: none"> <li>▪ Bring stakeholders together to forge common principles and a starting point for a community strategy aimed at universal access to care.</li> <li>▪ Support statewide coalitions to enhance efforts for the uninsured.</li> </ul>
<p>b. Help make coverage options available for all residents.</p>	<ul style="list-style-type: none"> <li>▪ Partner with county medical societies and other local entities to engage with state and local public health authorities to encourage efforts to establish and sustain basic benefit health plans, using public funds (federal, state and county), for indigent residents who are otherwise unable to obtain health insurance.</li> <li>▪ Investigate the formation of large group insurance pools as a strategy to broaden coverage to the uninsured.</li> </ul>