



**W**hile 140 leaders from across health care gathered in the closing days of July 2011 for the ABIM Foundation Forum, America's political leaders faced a ticking clock, counting down toward a potential default on the national debt. Although the nation's perilous fiscal state stemmed from a variety of factors, few could argue that our primary ongoing fiscal challenge is how to pay for health care. The continued growth in health care costs is not just a problem for our health care delivery systems; it may well be the central issue facing the American economy.

This challenge has been gathering force for decades, as the percentage of the nation's gross domestic product and the Federal budget devoted to health spending continued a steady upward march. While many have identified this ongoing increase as a concern, a sustained sense of urgency has been absent.

## **Choosing Wisely: The Responsibility of Physicians, Patients and the Health Care Community in Building a Sustainable System**

Tim Lynch, JD and Daniel Wolfson, MHSA



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## SETTING THE STAGE: HOW TO THINK ABOUT THE PROBLEM

The 2011 Forum opened with a series of talks that addressed the Forum's first goal: exploring why we should care about managing finite resources and the importance of responsible health care decision-making. American Board of Internal Medicine (ABIM) and ABIM Foundation President and CEO Christine K. Cassel charged all Forum participants with taking personal responsibility for promoting wise choices about resource use. The Kimball Lecture, named in honor of former ABIM and ABIM Foundation President and CEO Harry Kimball, was then delivered by Princeton economist Uwe Reinhardt. Dr. Reinhardt eloquently laid out our health care challenges in stark economic terms, detailing why our system is so expensive, and how we may be missing the mark as we seek to develop solutions. He discussed the lack of transparency, or even rationality, of the prices for health care services, which often exceed any fair accounting of the value received by consumers and payers and lack any consistency across systems or communities. He also explained how our massive national investment in health care has led to unintended consequences and significant opportunity costs, with public dollars unavailable for other compelling needs like education and infrastructure.

Discussants offered a refreshing dose of optimism, explaining that although our problems may be serious, we have many potential solutions at hand. One speaker borrowed thinking from a similarly daunting problem—climate change—to propose that we can employ many options, or “wedges,” to reduce costs. These wedges, which can be direct or indirect, are individual interventions that together could produce sufficient savings to make the system sustainable. Direct wedges involve simply paying less for health care services, such as by reducing provider reimbursements. Indirect wedges are efforts to change provider and patient behavior to reduce costs while simultaneously improving the quality of care; examples include accountable care organizations, value-based purchasing, and the wiser use of information technology. He stressed that these wedges do not need to be invented; we simply need to use them more effectively to build a more sustainable system.

Having heard about the need for change, and some of the practical options that would enable it, the participants turned to what is needed to persuade stakeholders to capitalize on those opportunities. Harvey Fineberg, the president of the Institute of Medicine, argued that “wise restraints can set us free.” He noted that physicians and other stakeholders who do not believe they are operating





under any meaningful restraints may find it particularly difficult to consider cost in their decisions. Many examples of appropriate restraints, or ground rules, were discussed at the Forum, with ideas for change at the national, community and practice levels. Nationally, we heard a desire both for firm rules and for evidence-based parameters to influence societal expectations about quality and cost-effectiveness, allowing clinicians then to operate within the boundaries set by those rules and parameters to optimize decision-making with and on behalf of their patients. At the community level, participants called for local stakeholders to reasonably allocate resources, balancing health care spending alongside needed investments in other areas, such as education or infrastructure. And at the practice level, many clinicians and patients advocated for the use of shared decision-making tools to incorporate patient preferences into care decisions. David Reuben, a geriatrician, ABIM Foundation trustee, and the immediate past Chair of ABIM, said that some practices have adopted a policy not to offer feeding tubes to patients suffering from advanced dementia in another example of practice-level restraints.

Throughout the meeting, numerous ways were cited about how to think about the problem of ever-growing health care costs: as the inevitable byproduct of an absence of constraint, as the result of an opaque pricing structure, and as a daunting but eminently solvable public policy problem. One speaker, however, described the problem, and its solution, in seven letters: C-H-E-A-P-E-R. The speaker urged the gathered stakeholders to avoid euphemism and state our problem directly: we cannot afford the system that we have, and the time for fixing it is short.

## **TAKING RESPONSIBILITY: WORKING TOGETHER TO FIX THE SYSTEM**

The Forum's second goal was to understand the perspectives and roles of various stakeholders in fixing our health care cost problem. Over the course of the meeting, we heard from a wide variety of stakeholders, including a patient representative and a leader in clinical practice transformation, and a discussion of one community's efforts to control costs. It was a central lesson from all these presentations that no one group, including physicians, can create a sustainable health system. Rather, everyone has a role to play.

To spur creative thinking about how different stakeholders in the health care system could work together to address its challenges, a dozen participants offered "innovation sessions" that showcased ongoing efforts to improve care and reduce cost. Featured innovations included:

- the American College of Radiology's successful efforts to reduce the use of imaging through its appropriateness criteria and its participation in the Image Gently™ and Image Wisely™ campaigns, all of which are designed to ensure that physicians understand the appropriate use of imaging and the potential health consequences of overuse;

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- the progress of, and similarities and differences between, the National Institute for Health and Clinical Excellence in the United Kingdom and comparative effectiveness research in the United States, including how research questions are defined and how results are disseminated;
- the National Business Group on Health's efforts to encourage employers and employees to play a role in reducing health care costs and improving quality, through the development and dissemination of communication tools for employers to facilitate the use of evidence-based care and the promotion of healthy behaviors;
- the American College of Physicians' (ACP) project to curb the overuse and misuse of care by developing clinical guidelines, incorporating educational content and self-assessment questions in ACP's educational programs, increasing public and professional awareness of the issues, and developing an educational program for trainees and medical students;
- the Fannie E. Rippel Foundation's program to promote cross-sector collaborations to bring new thinking and new models to redesigning local health systems, with an emphasis on looking at other industries to see how they achieve meaningful change; and,
- the influence of the media's coverage of health care cost issues in shaping public opinion and policymakers' decisions, with a discussion of how stakeholders interested in improving care and reducing overuse can develop specific strategies to build awareness with the media about their efforts.

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These innovation sessions informed and challenged the audience, and prompted the observation by Mark Smith, the president and CEO of the California HealthCare Foundation, that the health care system is marked by "isolated islands of innovation and few mechanisms for the rapid spread of learning."

Bradford H. Gray, the editor of *The Milbank Quarterly*, proposed an effort to focus not only on significant innovations such as those presented at the Forum, but also on sharing and improving our understanding of how to get such ideas to spread. That is one of the problems that Forum attendees have pledged to address as they go back to their home organizations.

The Forum was intended to inspire participants to take responsibility for playing a role in reducing costs. To help achieve this goal, attendees self-organized into more than a dozen groups designed to address a particular issue related to preserving the sustainability of the health care system. A selection of potential initiatives, which teams are currently working to advance, are described below:

- **Making recommendations to the Select Committee on Deficit Reduction.** A fall 2011 press event led by *Health Affairs* will produce recommendations on how Medicare can achieve better care at lower costs, if it is allowed to take cost into consideration. Physicians and other clinicians who take part in the event will advocate for the recommendations with the Select Committee on Deficit Reduction, the 12-member bipartisan, bicameral committee tasked with finding significant reductions in Federal spending over the next decade.



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- **Inculcating stewardship principles in medical education and training.** Promotion of training in the principles of high-value cost-conscious care in medical school and residency, with the goal of having these principles assessed as a core developmental competency throughout residency, and be accounted for in accreditation and certification programs, was discussed by one of the working groups. To achieve this goal, the participants will, among other things, support efforts to redesign curricula, disseminate best practices in teaching and promoting stewardship, and seek to ensure that these practices are integrated into faculty development initiatives.
- **Create new models of care for high-cost patients.** This group will help advance clinical and financial models that seek to address the care of high-cost patients, a small segment of the population that consumes a disproportionate share of health care resources. Their planned activities include assisting the Centers for Medicare and Medicaid Services in developing a framework to evaluate potential models, developing a research initiative to review different models to better understand their similarities, differences and effectiveness, and engaging payers and other multi-stakeholders in the work.
- **Enhancing patient engagement and activism.** Patients need to be equipped with the information and support they need to manage their own health. This group will work to create educational materials on the value of patients taking responsibility for managing their conditions and their health, and will encourage the Patient-Centered Outcomes Research Institute to conduct studies on effective self-management techniques.
- **Spreading innovation.** As discussed above, there was a widespread view at the Forum that the health care industry does a particularly poor job of adopting successful innovations. This group will develop a research agenda regarding the spread of innovation, and the drivers and barriers that affect it. It aims to disseminate what is already known about spread, and to facilitate the research that is needed to fill in the gaps.





## LOOKING AHEAD: PLANNING FOR THE CONSEQUENCES OF REFORM

The third and final goal of the Forum was to recognize and grapple with potential unintended consequences of a major effort to improve decision-making with the aim of reducing costs. A panel that included a patient advocate, physicians who serve disadvantaged populations, a hospital executive and others offered their thoughts about the issue. Patient advocate Jessie Gruman expressed the fear that reducing the cost of care will accelerate the trend of shifting responsibilities from clinicians to patients, with a disparate impact on those least able to manage their own care or understand the options before them. Lisa Cooper, a physician faculty member at Johns Hopkins, said she was worried that an increasing focus on pay-for-performance and quality metrics could harm underserved populations by providing a further disincentive to physicians to treat patients from underserved communities, since practices that serve disadvantaged communities typically fare more poorly on such metrics. Marilyn Chow, a nursing leader at Kaiser Permanente, thought that patient engagement might be enhanced in a reformed system, but feared that resource constraints could promote caution when boldness is needed most. Finally, Ralph Muller, the CEO of the University of Pennsylvania Health System, said he feared that reducing the cost of the system would ultimately lead to parallel systems of care, one for those lacking resources and another for people of means. As the ABIM Foundation continues to promote systemic reform to enhance the system's sustainability, it also pledges to be alert to and highlight reform's potential unintended consequences. There are, however, examples across the country of efforts to restrain systems that have had positive outcomes, notably with underserved populations.

## SUMMING UP, MOVING FORWARD

Mark Smith summarized his observations on the Forum, and the challenges the health care system faces, in terms of “3 Ls”: language, leadership and learning. By language, he said that we need to speak plainly to physicians and consumers alike about the perils of the status quo, and the need to fix it. He said that we need leadership from the stakeholders of the health care system—not only physicians, but also consumers, payers, hospitals and others—to ignite a social movement to control costs. And we need an improved learning system that enables the successful spread of innovation.

Smith also echoed a theme whose variations were heard often during the Forum—we do not have 30 years to address the sustainability of the health care system. The time for action is now, a view generally shared by the leaders who participated in the Forum. As we all undertake efforts to transform elements of our system, the ABIM Foundation will follow their progress closely, and will make available its ongoing support as a connector and convener.

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**Thank you to the ABIM Foundation 2011  
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