

# A Roadmap for Sustainable Health Care: Avoiding the ‘Perfect Storm’

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**KEY POINTS . . .**

We must avoid the perfect storm by acting on these three pillars: 1) patient-centric integrated care; 2) hospital efficiency; and 3) interventions in an optimal setting.

We must set up a system for outcomes assessment.

Health care systems need to be reorganized by a sustainability framework that includes new policies, plans, and programs that incorporate patient responsibility and stakeholder partnerships.

*This is one of two articles in this issue on the topic of turning outcomes research theory into practice. Mr. Ricciardi’s article proposes practical recommendations for different stakeholders and decision makers.*

Are we ready to put theory into practice? My answer to this question is that we must put theory into practice if we are able to avoid having a “perfect storm” in health care. A “perfect storm” is an expression describing an event in which a rare combination of circumstances will aggravate a situation drastically. The term is also used to describe an actual phenomenon that happens to occur in just such a confluence, resulting in an event of unusual magnitude.

### Increasing Disease and Rising Health Care Costs

There are two “waves” that could help to create that perfect storm for health care: supply and demand. We have innovative technologies that drive up the cost of health care on the supply side; and on the demand side, we see a trend in which thousands of people in their 80s and 90s may have as many as 4 or 5 diseases and may be taking 9 to 10 different medications. This epidemic will not stop as we cannot say “no” when it comes to providing the newest and most expensive innovations in health care.

The growing wave of chronic conditions and the rising cost of health care could create the perfect storm. In the United Kingdom (UK), the cost of chronic conditions such as stroke, heart disease, diabetes, cancer, and dementia amounts to more than 50% of total health care expenditures. In addition, approximately 50% of the UK population between the ages of 40 and 50 years already has a chronic condition. In the United States, the top six chronic conditions cost \$1 trillion per year, and that figure is rising rapidly with spending expected to increase to \$6 trillion by the middle of the century. No country can afford this.

Once more, the potential for this perfect storm comes at a time when countries all over the world are reducing—not increasing—their health care budgets.

### Surviving the Perfect Storm

To survive the perfect storm, we must be ready to reorganize the health care system with new policies, plans, and programs, and be ready to convince decision makers that only by acting on these three pillars—patient-centric integrated care; hospital efficiency; and interventions in an optimal setting—can we avoid disaster (Fig. 1). We must set up a system for outcomes assessment (Fig. 2). There have been

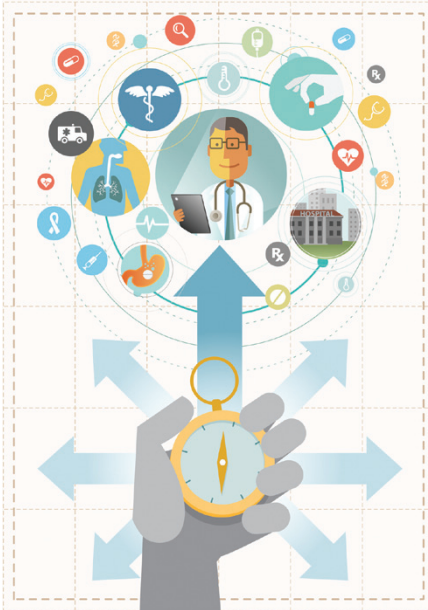


Figure 1: Health Care Sustainability

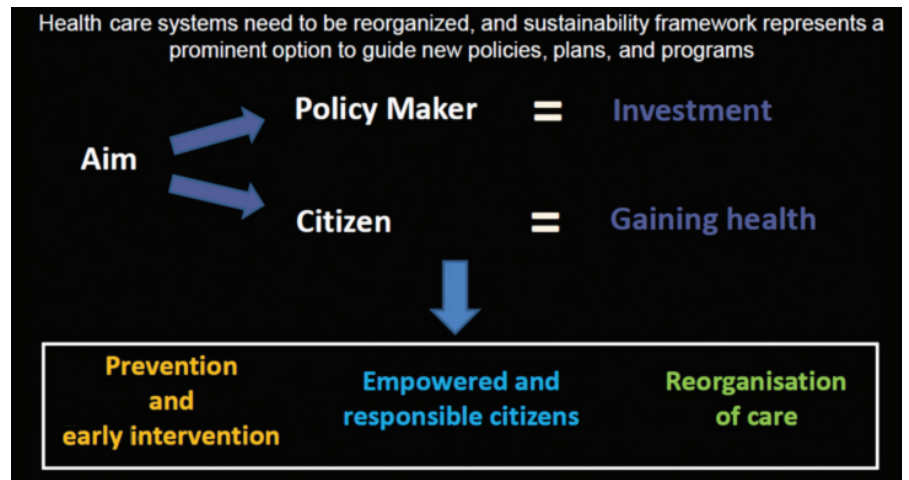


Figure 2. A System for Outcomes Assessment

<p><b>Medical scandals</b></p> <ul style="list-style-type: none"> <li>• Is poor performance tolerated more than it should have been?</li> </ul> <p><b>Repeated common features in service and individual failures</b></p> <ul style="list-style-type: none"> <li>• Health care must be able to learn from its own mistakes</li> </ul> <p><b>Systems for responding to these failures not fit for purpose</b></p> <ul style="list-style-type: none"> <li>• Outdated, unwieldy, and bureaucratic</li> <li>• Excessively legalistic, adversarial, and court-like</li> </ul> <p><b>Media response focused on blame</b></p> <ul style="list-style-type: none"> <li>• Difficult or impossible to separate out individual failure, system failure, and untoward incidents which were no one's fault</li> </ul>
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repeated failures in health care and we need to learn from our mistakes. Systems are outdated, unwieldy, adversarial, excessively legalistic, and bureaucratic. We must move accountability to center stage.

In the face of failures and scandals, a number of changes along the whole health care system need to take place. Clinicians need to change how they offer care; patients need to take some responsibility for their specific problems; governments, insurers, regulatory agencies, and non-governmental organizations all need to work in partnership to drive positive changes. It is often difficult or not possible to separate individual failure from system failure, but the inertia of not making changes adds to the risk for a perfect storm.

### Models for Change: Governance and Care, Doctors and Patients

I would like to see an approach to governance reform that includes: 1) modernizing employment and human resource practice in health care; 2) contracts of employment and for provision of service; 3) education, training, and career structures; 4) disciplinary and other professional governance systems for employed and contracted practitioners; and 5) reformation of professional regulation for all clinical staff groups.

## Health care systems need to be reorganized and sustainability framework represents a prominent option to guide new policies, plans and programs.

Finally, clinicians have to change the ways in which they offer care, and some already are changing. Long dead are the old omnipotent/patronizing ways summed up by "Trust me, I'm a doctor." Doctors should be quite clear about "not knowing." By the same token, patients have responsibilities—to the extent that they accept them—as well as rights. Patients will be the custodians of the information required to manage their chronic health problems. Physicians will be the experts in how to find and use that information. Some patients will take care of their own simple illnesses and manage their own medical records on the Internet. Indeed, they will own that information, allowing access to each doctor they see.

In conclusion, I would like to encourage governments, social insurers, health care professionals, patient organizations, academia, non-governmental organizations, the pharmaceutical industry, and other stakeholders to work in partnership to continue to seek innovative ideas that will drive positive change. We can no longer afford to keep our heads in the sand. ■

*Additional information:*

*The preceding article is based on the plenary session, "Outcomes Research: Are We Ready to Put Theory into Practice?"*

To view Mr. Riccardi's presentation, go to: <http://www.ispor.org/Event/ReleasedPresentations/2015Milan>

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