



Life, Death and Rebirth; A Half-century View

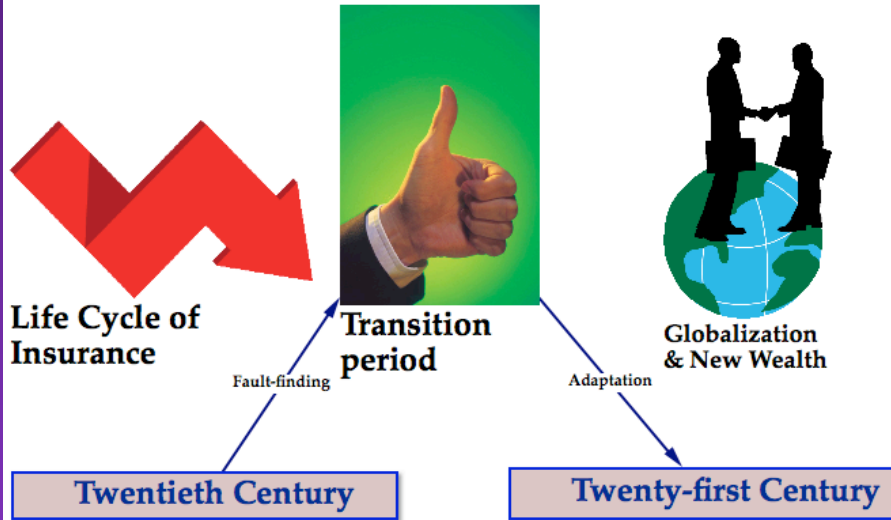
WANDA J. JONES, MPH
PRESIDENT, NCHI
March 25, 2010



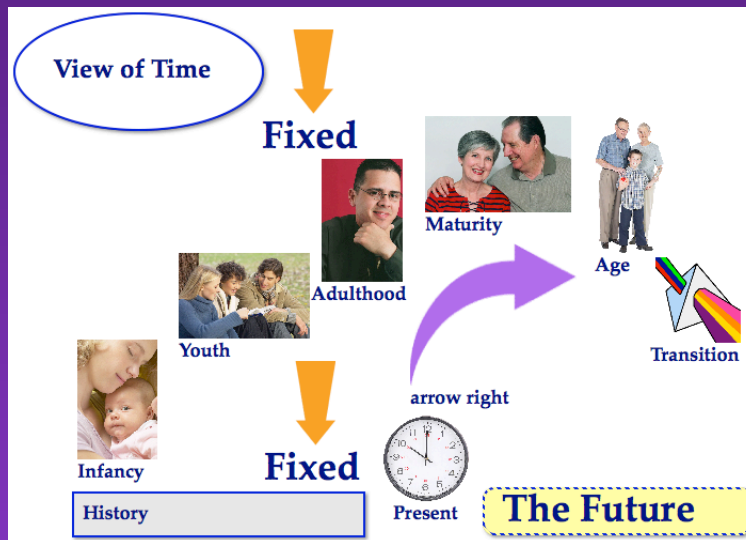
The Future is :

Knowable,
Designable,
and
Leadable

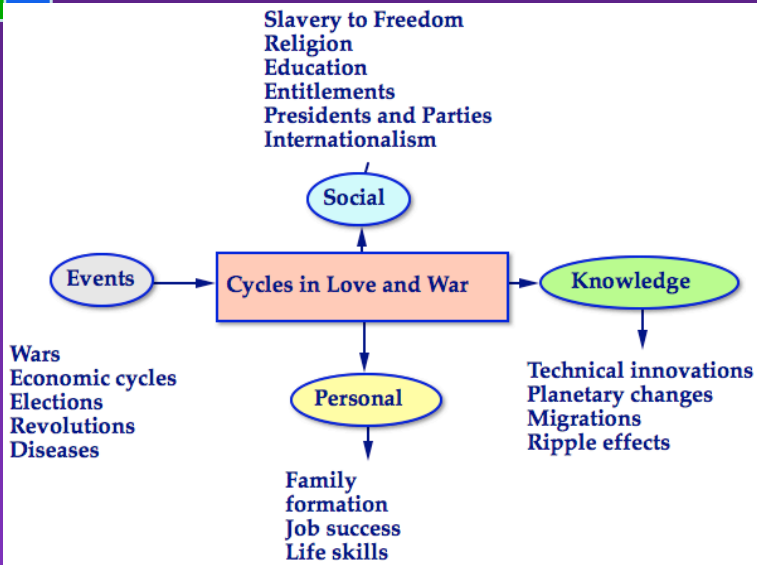
Understand The Future By Understanding the Past



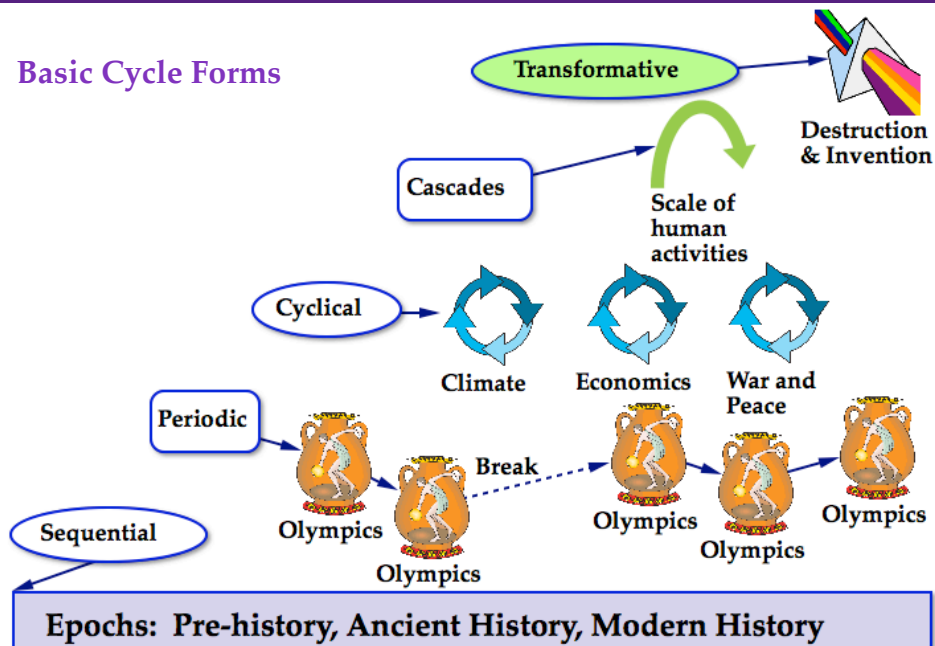
Peering into the Future.....



Mastering Adaptation

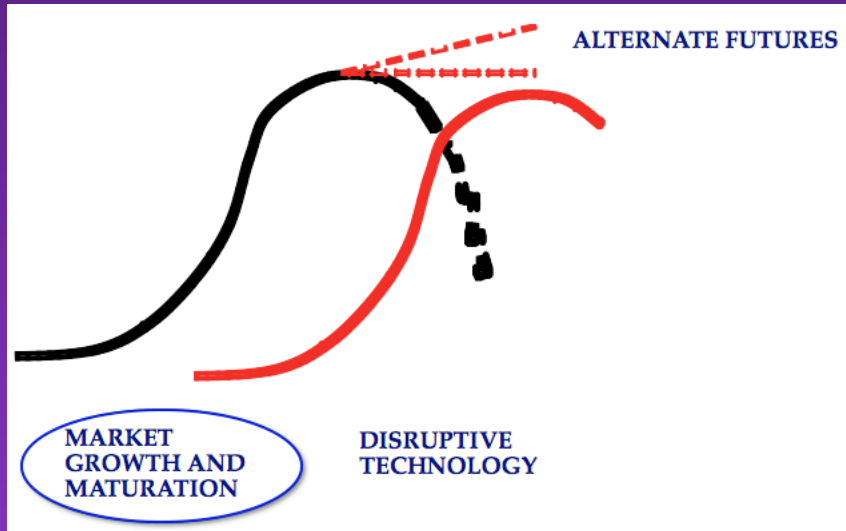


Basic Cycle Forms





The "S" Curve



What is "HealthCare"



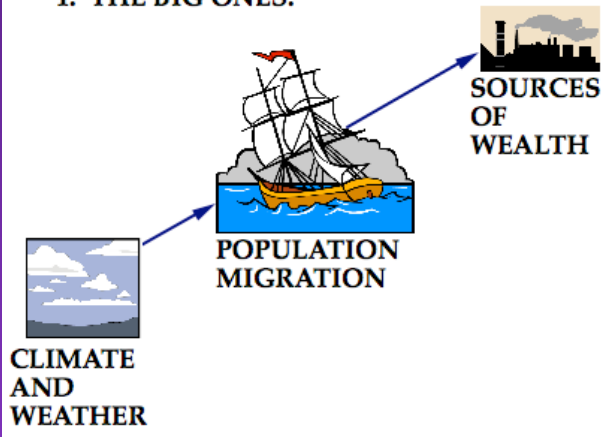
And it is:

The Food Industry
Housing
Transportation
Education
Architecture
Entertainment
Public Health
Sports



WHAT PARTS OF HEALTHCARE ARE SUBJECT TO CYCLES?

1. THE BIG ONES:



LAND

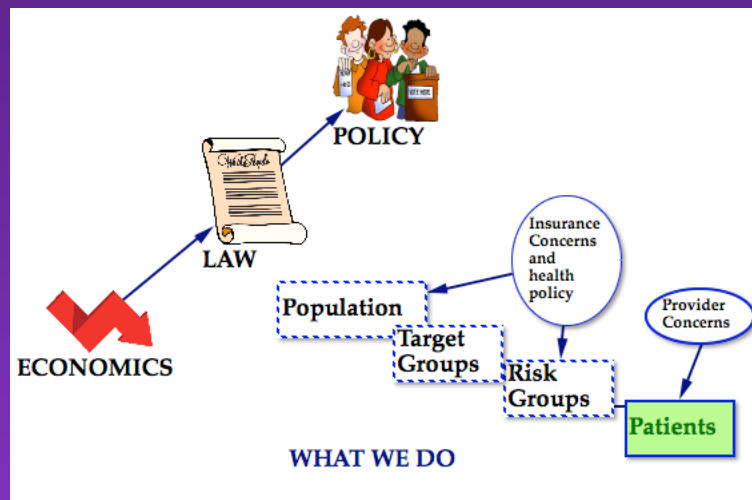
CAPITAL

LABOR

KNOWLEDGE

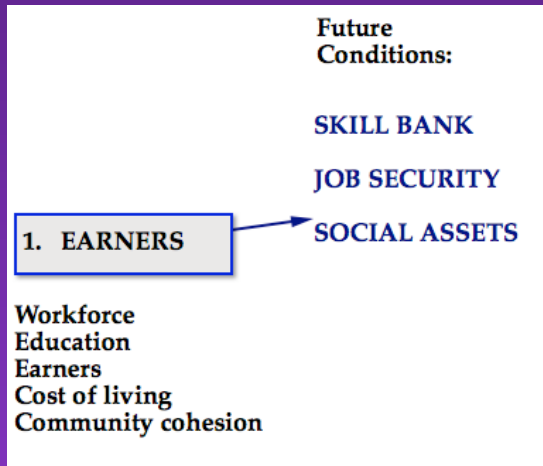


2. MEDIUM FACTORS IN CYCLES





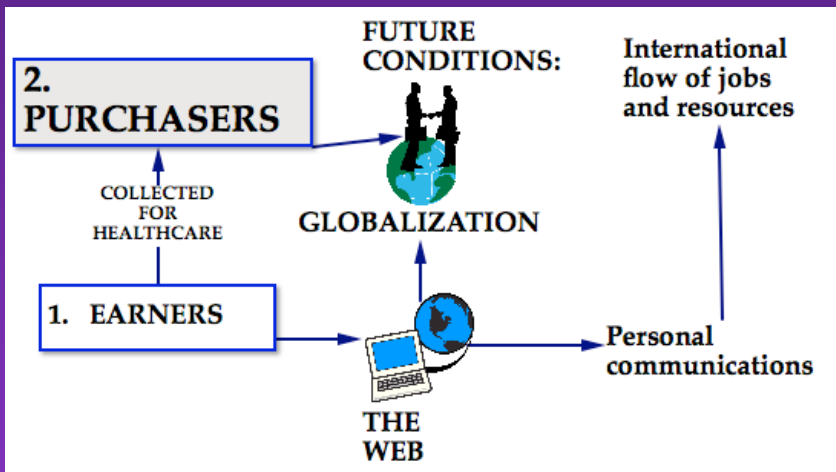
3. INDUSTRY FACTORS--THE "FUNDS FLOW CYCLE"



HOW DOES THE HEALTH SYSTEM WORK?

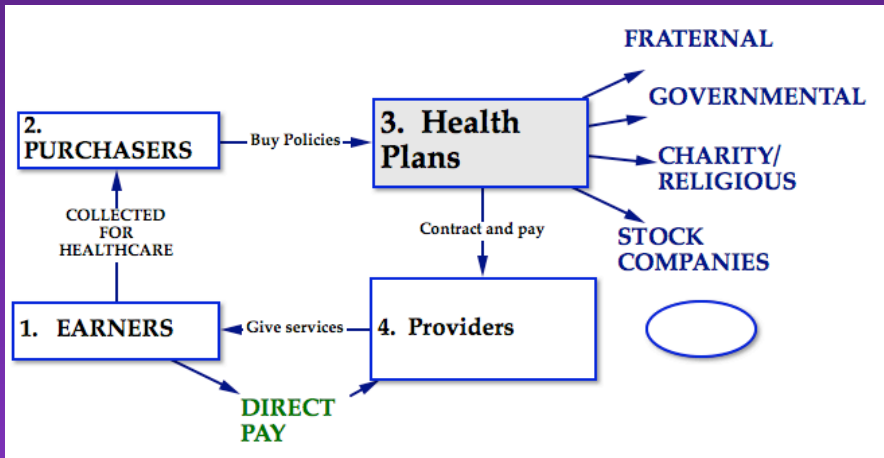


3. INDUSTRY FACTORS--THE FUNDS FLOW CYCLE

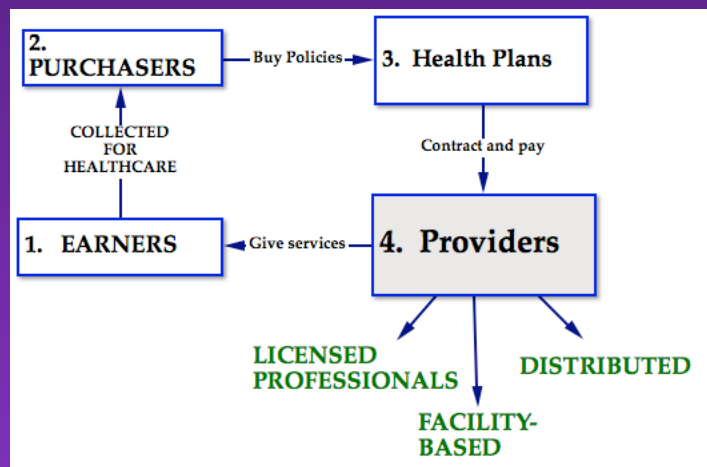




3. " FUNDS FLOW CYCLE"--Insurance Sector



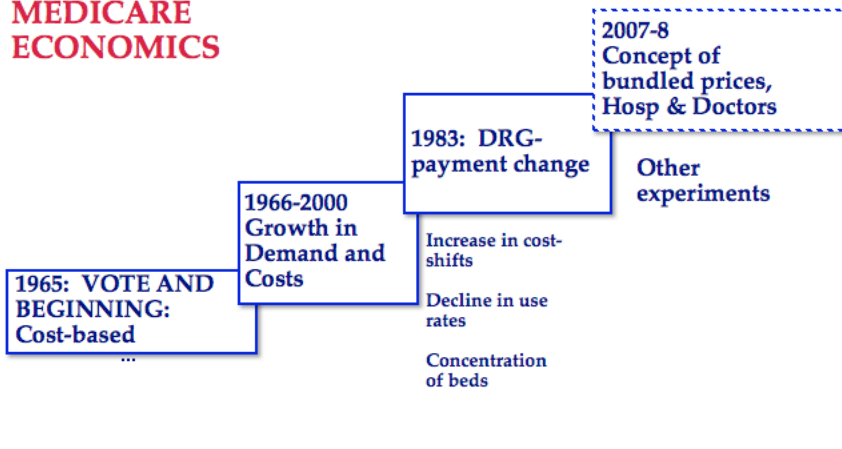
3. " FUNDS FLOW CYCLE"-- PROVIDER SECTOR





RECENT CYCLE EVENTS

MEDICARE ECONOMICS



GROWTH QUESTIONS?

POPULATION GROWTH-100-150 M--
AGING

IMMIGRATION FROM SOUTHERN HEMISPHERE,
CHINA & AFRICA/MIDDLE EAST

IF THE POPULATION DOUBLES,

WILL HOSPITAL CAPACITY HAVE TO DOUBLE?





FUTURE DISEASE PATTERN?

DISEASE PROFILE: CHRONIC &
INFECTIOUS--& MAKEOVERS



MEDICAL SCIENCE: GENETICS & BRAIN
SCIENCE

HOW WILL CHRONIC DISEASES REWORK
HEALTHCARE ECONOMICS?



EXPECTED CONDITIONS: NEXT 50 YEARS

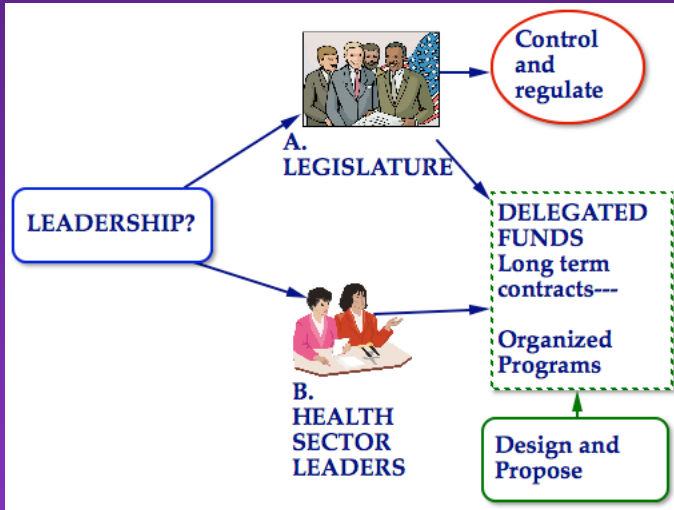
ECONOMIC GROWTH FLAT

MEDICARE:
RESTRUCTURING

PROVIDERS--& PAYERS--
INTEGRATED



FUTURE POSITIONING; TWO SCENARIOS

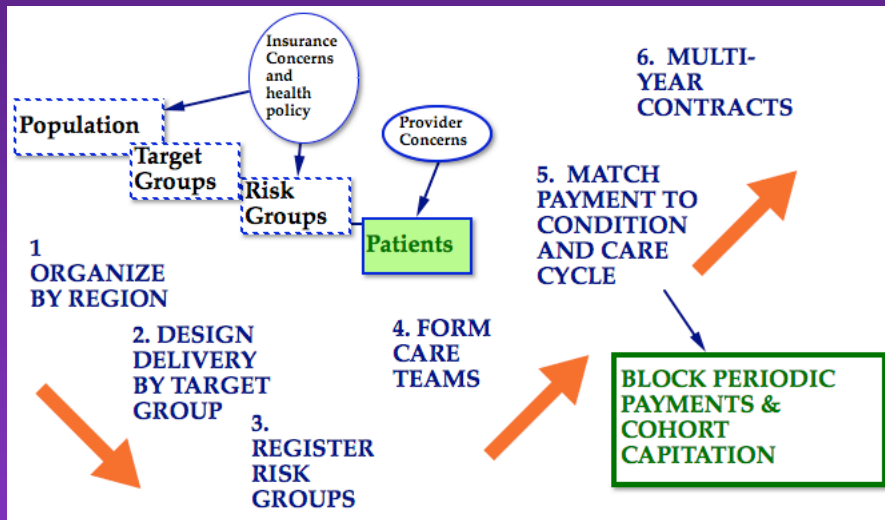


MANAGE
FUNDS
FLOW &
DELIVERY

?



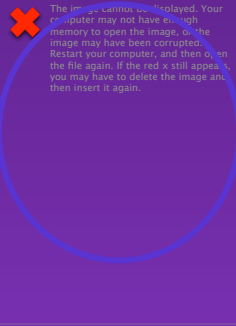
DESIGN THE FUTURE HEALTH SYSTEM





The Next Twenty-five Years--

REDESIGNING

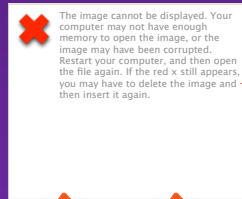


THE POLITICS OF HEALTH

**POLICY
DOMAIN**

**MANAGEMENT
DOMAIN**

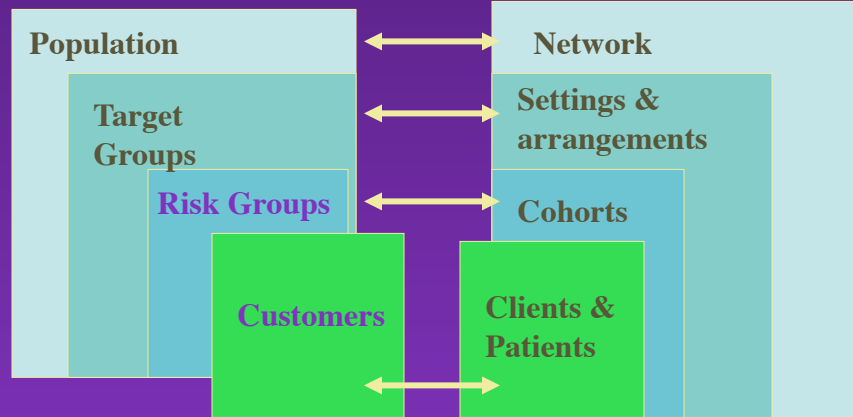
**SERVICE
DOMAIN**



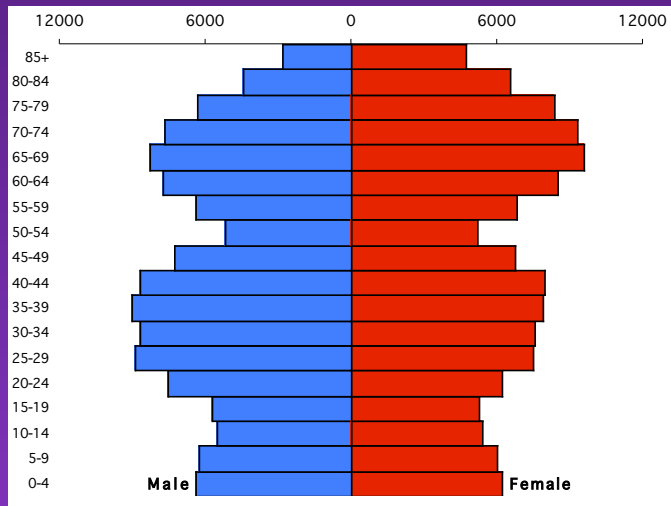
**THE
END
RUN**



Design By:



Typical Pop in 2030

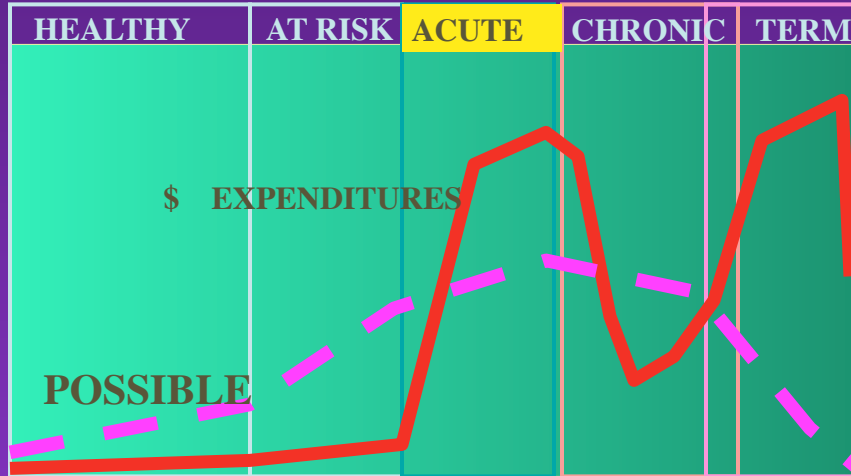


Medicare is
50% of
Patients,
60%
Of costs, but
45% of
Revenue.

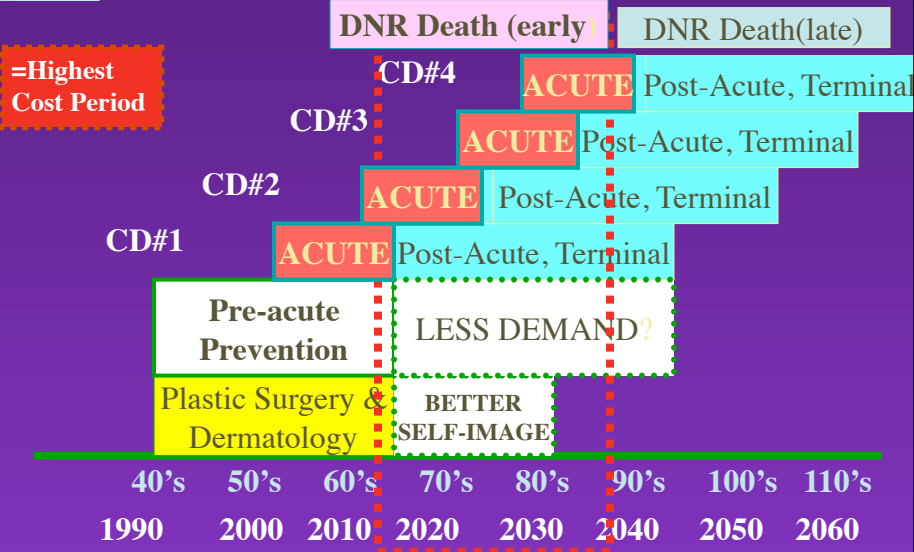
**Taxpayer
revolt**



DISEASE MODEL



POP: Boomer Effects of Chronic Diseases on Delivery & Economics





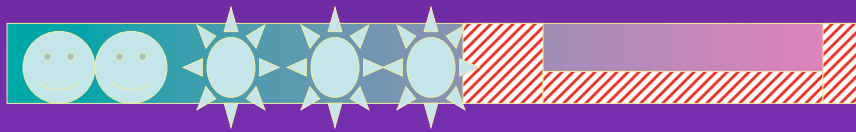
A New Health System:

PRE-ACUTE AT RISK ACUTE POST-ACUTE TERM.

OLD



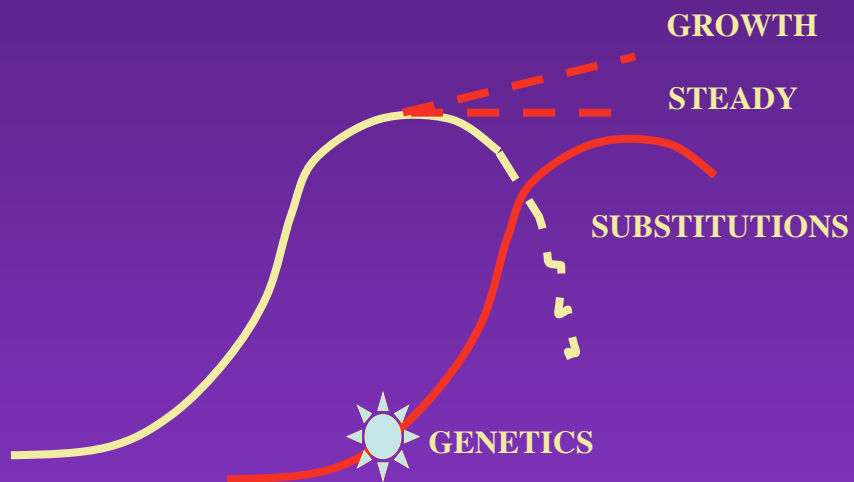
NEW



Membership, risk registries, enrollment, cohort management, protocols

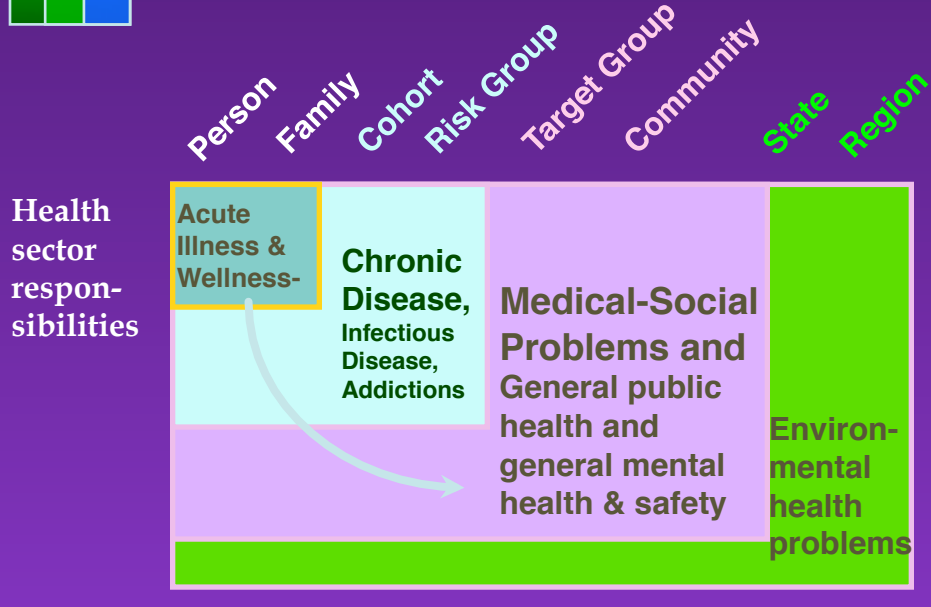


FACING REALITY

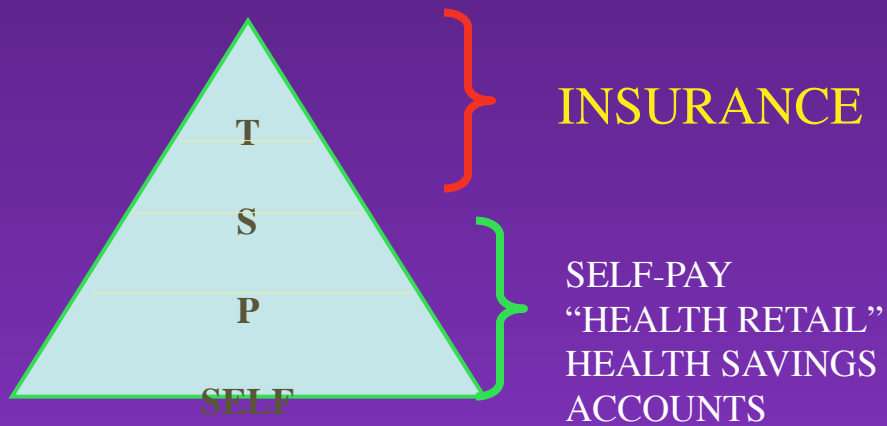




Integration of Medicine and Public Health



DELIVERY/INS MODEL A

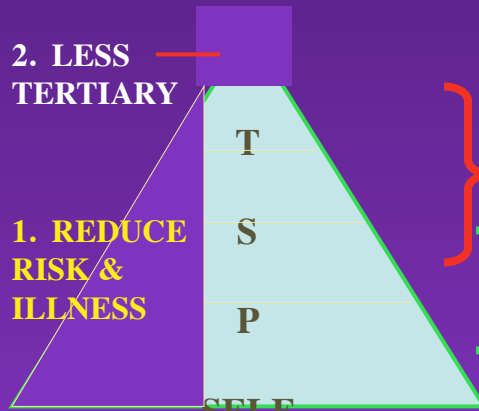




DELIVERY/INS MODEL B

2. LESS
TERTIARY

1. REDUCE
RISK &
ILLNESS



INSURANCE

COHORT CAP

SELF-PAY
"HEALTH RETAIL"

3. "DO IT YOURSELF"



"Design" Equals.....

1. Thinking Together--- BY RISK GROUPS

AND CLINICAL PROGRAMS.

2. Ideas & Choices

3. Decisions

4. Development





PROPOSE THE CHANGES YOU CAN SEE WILL BE REQUIRED

1. FROM ACUTE SETTINGS TO:

- A. Ambulatory
- B. Internet
- C. Distance Medicine

2. FROM FFS TO:

- A. HIGH DEDUCTIBLE
- B. CHRONIC DISEASE "RIDER"
- C. BLOCK PAYMENTS: DELEGATION

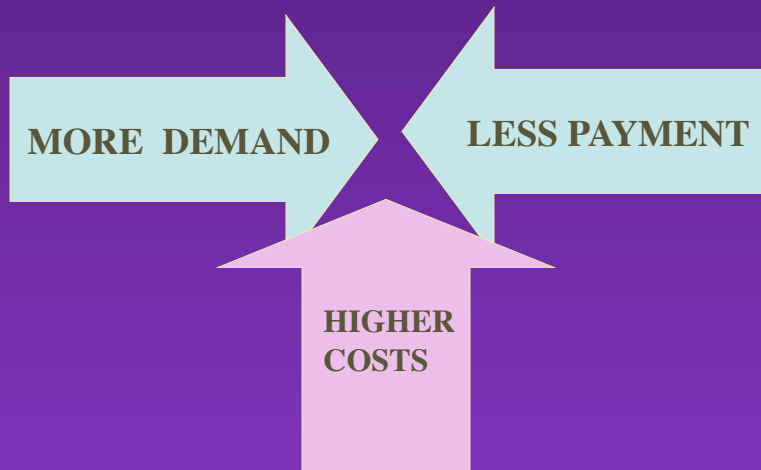


DECIDE WHO YOU ARE WORKING FOR....





YOU HAVE 3 YEARS



LEARN THE NEW SCIENCE

PERSONALIZED MEDICINE

BRAIN FUNCTION

NEUROSENSORY CURES

ROBOTICS

DISTANCE MEDICINE



MANAGE ALL SCALES

MEMBERSHIPS,
COHORTS

HEALTH SYSTEMS

COMMUNITY HEALTH NETWORK

SINGLE SITE
CLINICAL PROGRAM
COHORTS
PATIENTS

MANAGEMENT &
GOVERNANCE?



DO THE RIGHT
THING!