

Access On An International Level: Reflections on the Center for Healthcare Management's 6th Forum

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On April 24th and 25th, Burak Malatyali and I had the opportunity to present and participate in the Center for Healthcare Management 6th Forum, which focused on the obstacles surrounding market access and product bundling. In an increasingly complex regulatory and economic environment, our approach to these issues must become correspondingly nuanced. The Center's 6th Forum was a fantastic platform to meet with national and international leaders, and to discuss best practices for overcoming challenges. It was also an excellent opportunity to discuss the larger discourses that underlie these topics, such as access to healthcare as a whole.

Access to healthcare is an international issue, and many countries must address the same challenges. One of the larger challenges patients face when accessing care is financial—they don't have the ability, or fear they don't have the ability, to pay for their health needs. However, there are also numerous nonfinancial factors that prevent people from accessing care. Quality is a barrier: patients perceive that the quality of healthcare won't be strong, and therefore feel discouraged about seeking care. Education is another—patients are not aware of the health opportunities in their area, including preventative health measures. And one of the biggest barriers is time: patients fear taking time off work, taking time to travel, taking time to make an appointment, taking time in the waiting room. For example, a 2011 study by the Robert Wood Johnson Foundation found that while 18% of Americans face financial barriers to accessing care, 21% face nonfinancial barriers, the most common of which were "being too busy with work or other commitments, not being able to get to the doctor's office when it was open, not being able to get an appointment soon enough and taking too long to get to the doctor's office."

At NewYork-Presbyterian, we identified telehealth as a critical piece to the access puzzle. Telehealth cannot solve the problem of access alone, but it can play a large role in lowering many of the barriers mentioned above. Telehealth services can drastically reduce the amount of time patients wait to receive care. As an example, through our Second Opinion program, patients receive detailed written second opinions on their diagnosis or treatment from specialists at Weill Cornell Medicine and ColumbiaDoctors, through a secure online service. In contrast to a traditional system, where a patient with a life-threatening disease would wait months before seeing a doctor in person, our Second Opinion program delivers opinions to our patients in less than a month. A typical case averages 21 days. Telehealth can shift not just the focus, but also the power, to the consumer, giving them the tools and opportunities to increase their own access to care.

However, our efforts in isolation will not be enough. NewYork-Presbyterian must collaborate nationally and internationally in order to ensure that it's not just our patients who are benefiting, but patients worldwide. The challenges facing telehealth are similar in many health systems. Each hospital must understand how telehealth can best align with current operational processes, as well as the organization's strategic goals and priorities. In addition, the liability environments surrounding telehealth are consistently shifting. We must continue to collect and publish data on our programs and share best practices. While the barriers to telehealth can't be disregarded, they are dwarfed by opportunities for

collaboration, and for creating health systems and environments that allow patients to live healthier, safer, and longer lives.

Source: <http://www.cfah.org/hbns/2011/americans-face-barriers-to-health-care-beyond-cost>