

“FOR HEALTHCARE’S FUTURE, LOOK LOCALLY”—REDUX

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In the first issue of the *Journal of Lancaster General Hospital* in 2006, I outlined the current state of our economic and healthcare landscape.¹ Economically and nationally we found ourselves at an uncomfortable crossroads with our progress limited by budget deficits, political unrest, and a lame-duck president. In healthcare, we were hardly faring better—rising healthcare costs accounted for close to a fifth of the nation’s GDP and impending provider shortages threatened to exacerbate our country’s healthcare woes. Healthcare and our economy were staring down the barrel of change—our economy would be forced into flux with a recession, and changes in healthcare would be catalyzed by the Affordable Care Act.

Healthcare reform asked much of healthcare providers, who were uniquely tasked to increase access, advance with the benefit of technology, and deliver a high-quality experience—all at a lower cost and in the midst of demand destruction. With little assistance from the deluge of regulations packaged with the Affordable Care Act, which also included programs only partially formulated or funded, healthcare providers such as Lancaster General Health did their best to stay afloat.

Admittedly, healthcare needed to go through this “crucible.” Fee-for-service healthcare did not promote engaging, high-value care. Instead, the fee-for-service model encouraged healthcare providers to practice defensive medicine and order a battery of tests to protect against malpractice suits. We focused on productivity rather than spending time with our patients, and ultimately forfeited engagement for throughput. And so, it is with some level of refreshment, through the challenges and the difficult lessons we learned, that we now move into an era of population health management and fee-for-value. This new model is much better aligned with the true vision of healthcare providers. Fee-for-value and population health strategies redirect our priorities, allowing us to serve in a “health coach” capacity, enabling those we care for to be better equipped to navigate their own healthcare challenges.

While I am biased, I would suggest that Lancaster General Health has managed to make this transition from episodic care to population health management better than some. Supported by an aligned and focused group of leaders, from administrators to physicians and advanced-practice providers, we have collaboratively established a new way forward. This collaboration, coupled with our electronic health record serving as a backbone for engagement, has supported our strong strides on this new path.

Over the past decade, we increased access to healthcare services by adding new resources throughout the community. We added retail and urgent care clinics as well as developing new competencies delivering healthcare in an engaging setting by pursuing Patient Centered Medical Home certification for all of our primary-care offices. We took these investments and translated them into new, successful programs such as Care Connections, addressing the needs of our “superutilizers” and saving our state millions of dollars. We also built new mechanisms for delivering on population health management through our Accountable Care Organization—the Lancaster General Health Community Care Collaborative. In short: our system has weathered this initial storm well, achieving national recognition for many of these successes, while continuing to deliver on a healthcare promise to our local community and never faltering on a commitment to quality.

However, as we continue developing our competencies in population health management, we have come to realize that some of the skills our community requires are not organically reasonable to acquire. Specifically, as research and technology continue their trajectory toward genomics and personalized medicine, developing these competencies locally would be incredibly challenging. Similarly, delivery of certain quaternary care services such as heart transplants are better managed regionally versus locally.

With this in mind, LG Health looked to see who might be able to offer a partnership that would afford our community these opportunities. Mayo Clinic, Cleveland Clinic, and other well-known and

well-respected organizations caught our attention, but did not serve our strategic geographic needs. We felt and continue to feel that a partner that is closer to our community would be more invested in its health and would ultimately better serve our community’s needs.

As such, the most logical partner to pursue was the University of Pennsylvania Health System. The organization is internationally recognized, well-respected, and shares all of our same values of quality, culture, and community benefit. It is undeniable that a partnership with this system would serve Lancaster well and would propel Lancaster General Health into the new paradigm of population health management.

We have been fortunate that Penn is interested in bringing our two organizations together in a fully consolidated single entity. While there continues to be much work to do in order to finalize such a relationship, we have already seen a great deal of success as a result of our Strategic Alliance established in February of 2014. Some examples of our achievements to date include partnerships to bring needed, valuable services to the communities we serve. For example, Penn specialists in oncology and gastroenterology practice in concert with our local physicians to broaden our clinical capabilities, including a “free flap” surgical approach for breast reconstruction. Similarly, discussions are ongoing to provide support to develop additional competencies at our Parkesburg Health Center location. This year, Penn Medicine expects to open liver and kidney transplant clinics in Lancaster, offering pre-transplant work up as well as post-transplant follow up care close to home.

These three examples are just some of the ways that our health system, in conjunction with the University of Pennsylvania Health System, can provide better healthcare to LG Health’s communities. We are hopeful that the end result of our consolidation discussions will be a stronger, unified organization that will become a model for population health management excellence.

In 2006, writing the first article in this Journal, I would not have predicted the number of transformations we would undergo as a system in order to survive. Nor would I have predicted that our institution’s efforts for over 125 years would culminate in the opportunity to partner with the caliber of an organization like the University of Pennsylvania. However, I would also contend that I would not have predicted the success of this *Journal*, now available to more than 6,500 readers in 44 states and overseas.

When it comes to the future, no one can be certain of much, and healthcare’s future is particularly challenging to foretell, but we can be certain of where our strengths lie, and what commitments we have made. Lancaster General Health is a strong system with high quality, high value, and high-tech capabilities. Our organization has committed to ensuring our community’s health and serving as the community’s leader in this capacity. Both of these responsibilities will be upheld and fortified by a relationship with the University of Pennsylvania Health System; with the support of that relationship we can confidently face the inevitable uncertainty of health care’s future.

REFERENCES

1. Beeman, TE. For healthcare’s future, look locally. *J Lanc Gen Hosp.* 2006; 1: 4.