**WAYS TO BE APPLIED IN TRANSFORMING HEALTHCARE DELIVERY SYSTEM.**

To improve the healthcare care delivery system and achieve the Triple Aim of better care, better health and lower costs, hospitals and healthcare providers must implement several key principles.

## **The Triple Aim**

## The triple aim splits the goal into three definable categories and it’s important to remember that good performance in one does not guarantee the other

Some of the applied principles are highlighted below to improve system design:

### A Collaborative Vision.

### Transformation of the care-delivery system that will generate the cost savings necessary to revitalize the medical system will require extremely great initiatives. In each one, the collaborating hospitals, physicians, and payors need to define and commit to an overarching vision and clear objectives. A vision defines what, in essence, the initiative is trying to achieve, whether that is cost reduction, improved quality, a better experience for patients, or some combination of those factors. Objectives define specific goals, such as targets for cost reduction or market share. Moreover, there must be overriding principles that stakeholders can use to resolve the conflicts that inevitably arise when trade-offs must be made.

**Consumer engagement**

Collaboration models need to determine the proper role of healthcare consumers in the overall integration. The objective of increased engagement is for consumers to take a greater degree of ownership in their health and make better, more informed lifestyle and healthcare consumption decisions. The level of consumer participation in collaborative models varies depending on their health status and medical conditions, as well as the level of care they require — for example, consumers can be assigned differing levels of responsibility in their own care by treatment type and level of risk.

The use of consumer engagement to transform care delivery and control costs is common in employer plans. These plans often include value-based benefit designs that motivate employees to make optimal choices in their consumption of care. Workplace incentives for programs such as smoking cessation and weight loss have existed for several years. Some large employers are expanding their efforts by assuming a more proactive role in steering employees toward better healthcare choices. For example, in 2010, home improvement giant Lowe’s Companies Inc. struck a three-year deal with Cleveland Clinic for bundled cardiac care services. To encourage its employees to take advantage of its terms, Lowe’s waives deductible, out-of-pocket costs and pays travel and lodging expenses for employee plan members who are willing to travel to the clinic for qualified cardiac surgery.

**Application of Virtual Healthcare Delivery**

While the shift to virtual care has slowed after explosive growth earlier during the pandemic, virtual care is here to stay as innovations in telehealth and wearable technology advance.

For patients, the technology is convenient and mostly accessible; for providers, it’s efficient, flexible and affordable – saving them crucial costs after a difficult financial year.

Pre-pandemic, telehealth was already a growing delivery model. Data analyzed by the [CDC](https://www.cdc.gov/mmwr/volumes/69/wr/mm6943a3.htm) from January-March 2020, before the onset of the pandemic in the U.S., shows telehealth visits were up 50% compared to the same period in 2019 (considering the starting point was relatively low).

Going-forward, a larger proportion of healthcare visits and interactions will be virtual as the technology behind telehealth continues to refine, offering more intuitive, easy-to-use interfaces with growing provider capabilities.

## **Using data to design better health services and target them more accurately**

Patients with complex needs, such as those with multiple chronic diseases, stand to gain most from harnessing ICT and in the delivery of care. Secondary use of data is the key toremodelling services around patient needs*.* But integrating care for complex patients can also be resource intensive and costly. Integrated care therefore needs to be personalised and targeted accurately at those people who can benefit most.

**Reforming primary health care payment.**

Primary health care is the foundation of a high-performing health system. There is a [great deal of evidence](https://pubmed.ncbi.nlm.nih.gov/24278694/) showing that comprehensive, coordinated, and continuous primary care is associated with better health outcomes, lower costs, and greater equity.

But for many people in the United States, especially those with complex health and social needs or low income, people of color, and rural residents, high-quality primary care is simply not available. [Decades of underinvestment](https://www.commonwealthfund.org/blog/2023/how-congress-can-strengthen-primary-care-through-medicare-payment-reform) and issues related to how we pay for care are two major reasons.

The Commonwealth Fund aims to strengthen and modernize primary health care, making it more accessible and better attuned to patients’ needs and preferences. Our work in this area includes promoting primary care payment reform in Medicare and exploring opportunities to engage safety-net providers, particularly federally qualified health centers, in payment reform.

**Accelerating effective value-based payment.**

In the U.S., fee-for-service care predominates, with payment tied to the volume of services provided rather than the overall value of care patients receive. Holding health care organizations accountable for the value they deliver can incentivize improvements in health care quality, equity, and cost-effectiveness and in health outcomes. By encouraging providers to offer their patients the right care at the right time, moving to value-based payment also will spark needed innovation in care delivery.

##### **An emphasis on teamwork**

Workforce strategy must be emphasized. If the patient is being sent to multiple healthcare providers, is everyone involved communicating the patient’s needs? Teamwork and communication can prevent patients from being given “the run-around” or time and resources being wasted due to overlapping processes.

##### **Patient-centered outcomes research**

Information on the relative effectiveness of care which the patient is receiving is vital when considering the cost and the systems in place. Investing in quality measurement to determine at what scale the patient’s health has helped will provide hard data that can lead to greater incentive when it comes to healthcare delivery reform.

**Better healthcare data management and communication technology integration**.

##### Healthcare technology companies like [Rainbow Health](https://rainbow.health/) are working to create platforms that make it easier than ever for providers and medical professionals to access and share their patient’s information with the appropriate people. Having a digital space to communicate needs with those invested in the patient’s health and well-being is imperative. This can mean a quick view at scheduled appointments, lab results, or something as simple as ensuring that the patient has food or a ride system.

##### **Better provider payment systems**

Provider payment systems are one of the greatest obstacles in transforming healthcare delivery for patients. Too often providers are unintentionally rewarded for a duplication of services, unnecessary services, and cost-escalating activities. These issues can be minimized by better communication among providers and outcome-based data being utilized.

**Bold Goals for Reform**

To overcome the structural barriers to systemic reform and transform care delivery, the three principal stakeholders in healthcare systems that is the providers, payors, and patients have to work together toward a given goals. This will demand some difficult adjustments in the traditional stances of these three stakeholder groups, but their closer alignment throughout care delivery is the best approach to achieving transformative change.

**Refferences**

* *7 steps to improve healthcare delivery system by Zack Budryk Jan 28 2016*
* *The transformation of Academic Health Centre by James Merlino.*
* *Delivering quality health services: a global imperative for universal health coverage.Geneva: World Health Organization, Organisation for Economic Co-operation and Development, and The World Bank; 2018.*