

Reshaping Arab Healthcare Systems: The Role of Providers, Care Givers & Patients



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Health care is consuming an escalating share of income in developed and developing nations alike. Rising costs have reached \$7 Trillion PLUS a year globally due to aging populations, rising expectations for high quality care, chronic conditions and broader choices of treatments aided by an explosive rate of technological innovations. In an attempt to tackle the rising cost of healthcare, regional and global initiatives have started to examine various ACCOUNTABLE CARE systems with the aim of bringing all parties to share and bear responsibility. Reshaping the industry through lower distribution costs, adherence to clinical protocols and moving the delivery of care much closer to the homes of patients, providing services that take advantage of their established behavior patterns.

Traditional fee for service, DRG's and other cost containment initiatives failed to hold fees down and all players accountable to a common medical act. Providers performed certain acts and got reimbursed for them. Insurance and government agencies paid for the treatment regardless of the final outcome. And finally, the patient left the health system back to his/her own community not caring so much about the post discharge care/instructions. Equally, not much attention was given to the initial illness root cause analysis and how to prevent it in case of a rising community related epidemic leaving a big room for post discharge complications and hospital readmission.

The lack of collaboration among the key concerned

players: patients, providers, care givers and insurance/ government agencies have led to cost escalation across the board.

Reshaping health care delivery in our region by holding all parties accountable, promises to minimize the current incremental costs. In essence:

- By specifying certain populations / targets based geography, disease state, etc;
- Providers will get specified outcomes to reach such as population health/vaccinations/ thru evidence based clinical pathways
- Care givers will be rewarded on adhering to clinical protocols and patient education or face lower reimbursements (right skilling the work force);
- Payers reimbursement will be based on outcome;
- Patient needs to be educated about his case, stick to provided instructions or face higher premium/co-pay for negligence (patient centered care);
- All parties must COLLABORATE in reducing errors and complications;
- Final outcome: a value based system;

Conclusion: Focusing on Outcomes for Episodes and Populations

Delivering accountable care for a population involves specifying the population for which providers are jointly accountable for, targeting outcomes for the population, setting metrics to monitor performance on outcomes, learning from variations, linking payments plus incentives to the targeted outcomes (value based healthcare) and coordinating delivery across a range of providers of care in order to achieve the desired outcome (collaboration). Reformers around the globe have demonstrated effective new ways to reach and interact with patients and treat them at significantly lower cost while improving quality. Given the pressure on health systems in this region and everywhere, policy makers should realize the real challenge is how to *implement*, not how to *invent*.



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