



FutureThink: "A" Model for the Year 2013

March 4, 2003

How can we adequately provide health care services to Ohioans in the future without health care workers? The small number of people entering the workforce from the Generation X and Y populations, and the large population of baby boomers who will soon require more health care services, will challenge our systems and our ability to provide the type of clinical services our citizens have come to expect.

Background Information

All employers will face a challenge in meeting their human resource needs. Health care is especially challenged by an increased intensity of services and a decrease supply of health care workers. There will always be a need for *people to take care of people*. Technology will never be able to replace human touch. But how can technology be harnessed to assist health care providers and make their work easier yet more stimulating, and highly satisfying to patients? How can we design health care in our state that will meet the needs of Ohioans given our limited number of available human resources?

To begin that process, the Ohio Hospital Association (OHA) has partnered with Ohio's nursing leaders through the Ohio Organization of Nurse Executives (OONE) on a new initiative called FutureThink to begin steps to develop a better way to provide clinical services for our citizens. We are not wringing our hands but rolling up our sleeves to start working toward a preferred future for delivery of clinical services. We know that we can create opportunities by developing models of health care system that is highly responsive to the needs of the people we serve, that encourages preventive services and putting individuals in charge of their personal health and creating systems that are not burdened by antiquated ideas, equipment, buildings, regulations or processes.

Begun last spring, FutureThink is an outgrowth of OHA's Workforce Work Group, chaired by Mike Stephens, CEO of Greene Memorial Hospital in Xenia.

The Work Group's charge is to help hospitals attract and retain talented and dedicated people.

Using the existing local OONE chapters and other regions of the state, OHA and OONE organized 12 focus groups around the state. Statewide representation included large, urban and small, rural facilities. At the focus group meetings, participants were asked to predict what would happen to clinical care if there were no changes. We had almost 300 staff nurses, nurse educators, nurse administrators and other executive officers that deal with health care every day as participants in the focus groups. We even had special focus groups of consumers who represented a variety of potential health care recipients.

The predictable future was gloomy; decreased access for Ohioans to get appropriate health care, worsening shortages of nurses and other health care providers, dissatisfaction of patients, and other issues that did not paint a pretty future of the delivery of clinical care.

Participants were then asked to think about what they wanted the future of clinical care to look like. What would make them get excited to come to work? How could hospitals become fun, stimulating and extremely satisfying work environments? How could the health care system deliver patient care that is far superior to current practices? We heard many stimulating ideas about technology, partnerships with health consumers to improve their personal health, flexibility in who could provide care and making the patient care delivery system easy to work in. The ideas that came from the focus groups were innovative, full of imagination and enriched with the broad base of experiences of focus group participants.

The next step in the FutureThink process was putting together a design team. The Design Team was charged with the difficult task of taking the almost 1,000 suggestions from the focus groups and creating a vision and strategic objectives. The Design Team was a small but mighty group made up of a representative of each of the regional focus groups; plus a hospital CEO, chair of OHA's Workforce Work Group – Mike Stephens, a physician and a nursing school dean. It also included two members who represent the up and coming workforce under the age of 30.

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From the Design Team's effort, the following vision was created using what was brought forward from the FutureThink focus groups. The FutureThink vision statement is:

The state of Ohio recognizes health is more than the absence of illness. All Ohioans have access to care, which assists them in achieving their optimal being. Ohioans are informed, motivated and personally accountable to actively participate in maintaining a healthy lifestyle, just as health care providers are accountable to Ohioans. The health care workforce is inspired and educated to be part of a care delivery model that promotes collaboration, respects the contributions of different caregivers and utilizes integrative technology. This model attracts bright, diverse and talented individuals to serve our population.

Furthermore, the following Strategic Objectives were developed to use as a road map in achieving the vision of the future of clinical care in Ohio. The FutureThink strategic objectives are:

- 1. Ohioans maintain physical, mental and spiritual well-being through timely prevention and illness services in collaboration with health care workers.**
- 2. Health care teams provide an integrated plan of care using advanced interactive technology and information systems.**
- 3. Health care organizations are recognized for creating an environment that attracts and retains bright, diverse and talented individuals.**
- 4. Health professional education programs share a common core curriculum, building collaboration among professionals and integrating students into practice. Health care professionals and organizations demonstrate financial and clinical accountability directly to the citizens of Ohio.**

One of the interesting aspects of this design work is how consistent the thinking is between the FutureThink participants and the hospital CEOs that participated in similar focus groups held around the state 3 years ago on the future of health care in Ohio. Both groups believe the preferred future is one in which all people have access to care, are healthy and live in health communities. Many of the focus group participants believe that changing society's paradigm to health will indeed positively change the clinical delivery model.

Now we are at the point in the FutureThink process where it is time to start the conversation about "a" model for the future. What will the health care system look like in the year 2013? Is there a model that will show concrete examples of ways the FutureThink vision and strategic objectives will come together in the future?

The document that is attached is a very initial creation of "a" model of the future using the FutureThink vision and strategic objectives. It is the creation of one author, using the ideas of all the FutureThink participants with some help from available literature. The model is just "a" model, not "the" model. All who read the following ideas are encouraged to use the model as a way of spurring creative thinking. What do you see will work in the year 2013? What do you think is too far out? What is currently happening that is in alignment with the model and taking place in your hospital or community?

The model focuses on the roles of clinical care providers in the future, including nurses and allied health practitioners. Future roles for physicians, health plans, businesses and others will require additional exploration. The FutureThink strategic directions provide a framework to have conversations on future roles for these important partners.

You are encouraged to read this "a" model as background reading for stimulating ideas on developing a preferred future for the delivery of clinical care. Come to the March 4 FutureThink summit with a mood of speculation and a bit of optimism that we can create a better future, starting *now*



FutureThink: "A" Model for the Year 2013

It's the year 2013.

In Ohio, healthy people have few illnesses but more than that – they are at high levels of functioning. They are fit. They are active. They are productive. The number of residents in nursing homes has not increased since 2000 –an unexpected turn given that the baby boomers are getting to that age. The average life expectancy for a "buckeye" is at least 6 years older than the average Midwesterner.

Ohio babies are born to women who have given up smoking and alcohol, and have taken on the responsibility for good prenatal care.

This has occurred because all Ohioans have access to health care, which assists them in achieving their optimal being. Readily available to all citizens are health and wellness centers where Ohioans can learn about the latest health care and preventative research and practice healthy lifestyles including massage, biofeedback, stress reduction strategies, and exercise while working with their own personal "health coach".

"Health coaches" are health care providers including nurses, radiology technologists, respiratory therapists and others who were educated prior to the turn of the century but have been inspired and educated to be part of a care delivery model that promotes collaboration, respects the contributions of different caregivers and uses integrative technology. Current "health coaches" are glad to be practicing in the new model. There are waiting lists at educational programs preparing new health care coaches. Just last year, one out of three high school students wanted to become a health care coach. That's because people know that bright, diverse and talented individuals serve our population's health care needs and health care providers are well respected in the communities they serve.

The vision of delivery of clinical care in Ohio by 2013 was started in 2003 and was developed in alignment with these strategic objectives. Here are the

strategic objectives along with details about the model for the delivery of clinical care in Ohio in 2013.

1. Ohioans maintain physical, mental and spiritual well-being through timely prevention and illness services in collaboration with health care workers.

Ohioans each maintain their own health care data management device or Personal wellness device, other wise know as PWD. The PWD is like a palm pilot that individuals use to maintain their own health and wellness records. Most people own their own device, just like they own their own car – others are given one through public assistance. When a person goes to a class, participants are given updated points to add their PWD for later reference. When a person has a diagnostic test, the date and results are added to the personal wellness record for later reference.

Through the PWD, an individual can access distance-learning opportunities for a variety of health and wellness topics. For instance, there are learning modules for healthy eating, weight management and smoking cessation and they are available right with the person to access at a time or location that is convenient for them. In addition, an individual can access learning modules for management of chronic conditions such as diabetes, high blood pressure asthma and congestive heart failure. The learning module includes a mechanism for record keeping of the individual's pertinent health data that puts the individual in control of monitoring their condition and managing factors that are within their control.

These devices can only be accessed by using the fingerprint of the person "owning" the device, which allows for the safeguarding of personal information. Using the finger printing technology allows for the recording of pulse and blood pressure every time the device is accessed. Diabetics, persons with kidney diseases and other physical conditions amenable to blood monitoring can program their devices to have scans that use a finger scan to run pertinent blood sugar and kidney functioning tests when the device is accessed using the finger print. In the individual cases where fingerprints are worn down or cannot be used with the PWD, retinal scans are used in lieu of the fingerprint.

Individuals each have basis access to genetic mapping that helps create a life-long plan for maximum health and wellness.

Health care coaches are readily accessible to persons throughout the community to provide health and wellness counseling. Community resources support individual coaches and local disease entity groups such as heart and cancer associations collaborate with hospitals, public health departments,

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churches and other faith-based facilities, human service agencies, clinics and shelters to assure that all persons have access to health and wellness resources.

Wellness coaches are health care generalists. They are critical thinkers who have a working knowledge of health concepts as well as the ability to find additional information and research on health conditions on behalf of the individuals with whom they work. The coach serves as researcher, accessing the latest scientific findings for the individual. The coach then serves as teacher or interpreter to put the information in context for the individual.

In the year 2013, the public has access to the same information that physicians and other health care providers have. Therefore, the coach provides the individual interpretation for the client and works along side the individual to develop a plan that meets the individual's need for wellness.

The health and wellness resources are headquartered in easily accessible community buildings that provide opportunities for exercise, meditation and visits with health care providers including, physicians, diagnostic experts, physical and occupational therapists, massage therapists, faith resources and others. These facilities are oftentimes housed in workplaces. These community focused facilities also house technology to provide telemedicine services and other technology so individuals can access resources from their home or a workplace that does not have its own community health and wellness center.

Physicians and other experts develop health and wellness plans for the individual based on their current and possible health status including any pertinent disease modalities. The plans also address the individual's needs for total mental and spiritual well-being. Health and wellness coaches are identified for each individual and serve as mentors in helping persons reach their optimal level of complete well-being.

Individuals are reminded of their needed "tune-ups" such as dental and vision checks as well as physical screening and other diagnostic tests based on age and health status. The personal wellness device emits an acoustic reminder when the next rounds of wellness visits are needed.

The attention that Ohioans give to prevention reduces the need for more expensive acute care services. Chronic illnesses get much more attention. In addition, the emphasis is placed upon obtaining the highest level of well-being for all individuals. As far as end of life care, Ohio citizens now realize that death serves in most cases, as a higher level of well-being. All Ohioans have access to affordable care and services.

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2. Health care teams provide an integrated plan of care using advanced interactive technology and information systems.

The PWD, as discussed previously, is of huge benefit to those systems accepting the few patients who need acute care. In the year 2013, there are still hospitals that are needed to care for those whose personal wellness plan is not completely successful. Since the personal wellness record is easily accessible by the individual, there is no need for creating a paper file for each patient that enters the hospital. The person accesses the file and grants permission to send pertinent health information to create a health record for use only during the hospital stay. All health information obtained during the diagnosis and treatment of conditions during the hospital stay is sent back to the patient individual wellness record prior to discharge. Since the individual is responsible for their own record, the hospital does not retain records. There is no big brother as predicted in George Orwell's book entitled 1984.

At the time of admission to a hospital, the PWD eases the paperwork burden of the past. No longer do five different providers ask you the same questions about your medical history since all the pertinent facts are contained in your PWD.

Admission to the hospital takes place at a pre-assigned room in the hospital. The PWD is activated (with finger print permission) and pertinent information is added from the PWD to the hospital record keeping system. The physician or other admitting professional checks individuals into the hospital using a web-based system where the physician or other admitting professional access the appropriate type of hospital room that is needed for the individual based on the individual's need for care and certain services. That's what's really different about the hospital – all of the services are geared to the patient. Since the patient is footing the bill, there is no other way to do it.

When the individual arrives in your personal room at the hospital, one of the hospital wellness coaches, most of whom have a nursing background from the 1970s or later, reviews the plan for your acute care stay. Acute care patients do not need to wait for the physician to provide an update and plan for total care. The nurses use their ability to think critically, to supervise, and to make autonomous decisions as a full partner in the provision of hospital care. This greatly benefits the patients served in the acute care center. The physician or other admitting professional checks in electronically on the screen in the individual's room to assist the coach and the individual with the development of an appropriate plan of care.

Robots provide routine services including stocking laundry, refreshing linens, and providing non-routine delivery of supplies. Most supplies are easily

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available right near the service delivery area because the complex data tracking system that is in place in the health care facilities carefully monitors utilization. Therefore, areas are well stocked with the appropriate equipment and supplies that are generally needed in the area. No one ever has to waste his or her time searching for a piece of monitoring equipment or supply. That would present a delay in serving the individual and would not be acceptable within the culture of the health and wellness service system. Customer care and focus on the individuals drives all decisions, be they specific to the health and wellness needs or any other financial type decision.

The data elements that are entered into the personal wellness record are all standardized so information systems can easily share aggregate data and “speak the same language”. Just as the information is downloaded from the individual’s personal wellness record into the acute care center’s system, pertinent information gleaned during the acute care stay is uploaded into the individual’s record for their personal use in the future.

Personal wellness coaches each carry their own health information device that is voice activated for easy documentation of pertinent information. The pertinent information recorded in the device follows a standardized “language”. The information captured is based on the individual and how the person’s individual circumstances deviate from the evidence-based knowledge for certain conditions. All care provided in acute care centers is based on an approach that has been developed and researched as being successful for treating the condition. In fact, health care coaches can insert the patients’ pertinent health characteristics and a definitive answer for what condition might be developing is available based on newly developed disease management software.

Since there is no paper clinical record system and since communication is through individuals and their own devices, there is no need for “nurses stations” to house charts and phones. Rather than traditional nurses stations, there are small areas in centralized areas, designed to offer resting places that offer refreshments for the health and wellness coaches. Soft music fills the air and stimulates relaxation for those needing a mental and physical break from providing health and wellness services. The resting areas do house the main computer system hard ware for up- and downloading information between personal wellness records, wellness coach’s systems and the main acute care data system.

When the individual leaves the facility that provides acute care services, their personal wellness record device allows them access to continued support and monitoring of chronic conditions through a special telecommunication function on their device. The individual leaves the facility with a clear understanding of how to use their personal wellness device for their ongoing needs. In addition,

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their personal wellness coach will be able to assist them on an as needed basis. The need for home care nurses to check routine lab and blood pressure services is much less today than it was 10 years ago. This frees up more health care professionals and reduces the time of providers in non-productive activities such as driving between client's homes.

3. Health care organizations are recognized for creating an environment that attracts and retains bright, diverse and talented individuals.

Since care in all health and wellness centers revolves around the individual, there are no hierarchies of caregivers. Each member of the team is an equal partner in assuring that the person gets the health and wellness services he or she needs. Each team member is valuable to the individual in meeting health and wellness needs.

The health and wellness services provided across the system are holistically based, not task-based, so providing health and wellness services is highly rewarding and interesting for those in the serving as coaches. Since individuals are so much healthier, much of the basic hands-on care is no longer needed. The few members of the team providing the task-oriented care are valuable and these caregivers continuously provide information into documentation systems for quality control. They evaluate the environment of care, safety of staff and individuals receiving care and provide other assurances that systems are functioning. If systems are not, these essential support personnel find the resources to solve the problems.

There is no talk of staff ratios per patient or other specific regulations or requirements. The number of people providing health and wellness services are adequate and reflect the individuals' needs. The complex data tracking system in place at facilities assures that adequate human resources are present based on the needs of the individuals to be served.

Because all services are focused on the individuals, facilities have refreshing design and appearances. Soft green colors are used in most health and wellness centers to promote a closer relationship to the environment, which is needed for healing. Color and decorations in other areas of the service delivery system are chosen for their ability to promote health and wellness and are targeted to meet the specific needs of the individuals requiring the service in that center.

Technology is accessible to individuals to keep people in touch with their family, friends and work places, if desired.

The health and wellness coaches have their own coach or mentor to talk over specific questions or help in brainstorming ideas.

4. Health professional education programs share a common core curriculum, building collaboration among professionals and integrating students into practice.

Ohio's primary and secondary schools begin education on personal health management early in a student's educational process. The education on personal wellness increases throughout the coursework so by the time a high school student takes science courses, there is a firm foundation for understanding the science behind personal health. Examples of blood chemistry, acid base balance and human movement are incorporated into the student's chemistry, biology and physics courses. Therefore, when a student exits high school, they are well underway to personally managing their own health and have an adequate basis for a career in health care.

When health and wellness experts begin their formal education process, they start the program with the same academic basis of physics, anatomy, chemistry physiology, language and communication, mathematics, and complementary therapies. The general education components foster collegiality among health and wellness experts. Some of the courses are taken in traditional classrooms, but many of the fundamental courses can be taken via distance learning and other telecommunication mechanisms. After the fundamental courses are completed, health and wellness providers will continue to expand their learning through mentorships, advance didactic education, distance learning and alternative learning pathways.

At this point in time, the personal wellness coach is adequately prepared and educated to begin practice, or continue education for specialization in an area of practice. Some students may wish to pursue the medical specialty. Others may wish to specialize in something like physical therapy or pharmaceutical science. And others may wish to attend specialized course work to prepare a health care provider to manage a certain technology. For instance, personal wellness coaches interested in mastering radiology technology using state of the art equipment may need to attend specialized education to safely meet the needs of the individual requiring such an advanced diagnostic procedure.

Regardless of the next step in the person's career as a health care practitioner, the collaborative education model preparing health care coaches provides a common, standardized level of education that a person can take and build upon to meet future demands of an ever-changing health care environment.

The educational preparation for health and wellness coaches is derived from the needs of providing the health and wellness services to clients. Those preparing the education of health care workers access data and resources from those who

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provide the health care services so the data from supply and demand of health care services shapes the educational process. Included in the education of healthcare providers are tools to provide health care coaches with the ability to research health issues and teach individuals about health and wellness concepts.

Educational updates are available through distance learning and other mechanisms (including PWDs) to get previously educated health professionals comfortable with the new health and wellness philosophy. In addition, health care providers who are no longer needed for the lengthy billing and compliance functions are now working in areas to coach personal wellness coordinators on professional development issues and matters of business.

5. Health care professionals and organizations demonstrate financial and clinical accountability directly to the citizens of Ohio.

The individual is completely responsible for the charges incurred in the journey to health and wellness. Individuals' access funding from their personal health care account. Individuals are responsible and accountable for overseeing the payment to providers, just like they are responsible for paying for their food, housing and other basic needs. And, just as some employers support their employees with stipends for housing and car allowances, many employers choose to support their employees with health and wellness benefits.

Employees choose their employer by the overall package that is offered them. However, many employees are not employees at all but private contractors of a sort, working in needed areas and then taking their experiences to another position or function area that has a need for human resources. This offers individuals maximum control over their life and allows individuals to choose their own work-lifestyle balance. Health care coaches also have that luxury of providing services to those who hire them for coaching.

All providers use a standardized billing system that links with the personal wellness device. The individual then coordinates the transfer of funds from their wellness account to pay for the services of the provider. This greatly reduces the regulatory burden imposed by Medicare and Medicaid of the past. Reducing the regulatory burden also has freed up human resources who formerly worked in agencies that assured regulatory compliance.

Health and wellness services are targeted to the person, the individual. The individual manages the payment for health services and the old burdens that were brought about by the Medicare and Medicaid systems of the past are not present in the year 2013. Pricing for health care services is competitive and unscrupulous providers who are misinformed do not stay in the business very

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long. Individuals have great access to information through their PWD and other means so they are fully informed which providers are on the up and up and which ones should be avoided. The only health and wellness service providers that have survived over the past decade are providers that offer high quality services that are readily accessible to multitudes of people. The existing services are innovative and cost-effective and geared to individual's health and wellness priorities.

The individual is accountable for his or her health and wellness and shares in the responsibility for getting appropriate health and wellness outcomes. There is a mutual trust and respect between existing health and wellness providers and the individuals they serve. Therefore, there is much less liability exposure.

Since the buyer is responsible for paying the bill, the regulation of hospitals and health care facilities is different than it was at the turn of the century. Providers of health care bear the financial risk and sell services to the consumers.

The information technology available in hospitals of the year 2013 allows for a quick assessment of outcomes. The database used in hospitals prepares regular reports on length of stay, nosocomial infections. No longer do accrediting organizations rely solely on the assessment that providers meet many process requirements. The hospital uses the data to improve and provide better and better services. Therefore, liability exposure is greatly reduced.

In addition, the hospital's information system is developed to help the experts input patient symptoms and characteristics and develop a projected plan of care for the individual receiving acute care services. The system creates a clearinghouse of clinical pathways based on the latest scientific evidence around health, wellness and disease care. The data element from the person's individual health record, when inserted into the hospital's information system, automatically tailors the plan of care to the individual's situation. Documentation by health care providers is included in the information system only when the patient does not meet the identified plan of care. This allows for the furthering of additional patient focused care. In addition, it decreases the paperwork burden of those providing services for the people receiving acute care.

Summary

Health care systems will be very different in 2013 than in the year 2003. The partnerships created through the FutureThink initiative bring the health care agenda to a wider, more collaborative audience. Preventive health care services lessen the need for expensive health care services. Pilot projects demonstrate what works and does not work in reaching a preferred future that aligns with

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the FutureThink strategic objectives. Learning circles, or mini-think tanks, are created to develop partnerships and foster new ways of thinking about the future.

Although what we know now in the year 2003 is limited by our past experiences, we have the opportunity to develop our own future; a preferred future. We are not wringing our hands, but rolling up our sleeves to get to a preferred future where Ohioans are healthy, where technology is used to ease health care bureaucracies and human inadequacies, where health care is an attractive career alternative that attracts talented health care workers who collaborate to meet individuals' needs, and where health care organizations are an essential part of society and so important, that accountability is a given.

That's a great future, that's what FutureThink is all about.

JAS
12/31/02
Revised 1-18-03, 1-22-03, 2-19-03