

## Three great new Trends in Medicine

The last couple of years have been very difficult for patients and medical providers alike. Multiple and deep changes have altered the healthcare landscape, with many more to come.

The implementation of the ACA ("Obamacare") has brought its share of delays, problems, resistance and misunderstanding. More policy holders saw their policies cancelled by insurance carriers than expected, and finding out that current physicians were not part of the new Marketplace networks became all too common. Delays in getting appointments were the norm, while lists of contracted providers had to be corrected constantly for errors.

On the other side, medical practices and healthcare providers have seen major disruptions in the way they render, account, bill and collect payment for services. The introduction of mandated EMR (Electronic Medical Records) or EHR (Electronic Health Records) accounts for much of the madness in the last 4 years. Upgrading software, testing systems and connections, meeting compliance deadlines and requirements, integrating internal and external modules, all while staying in business and providing care and services have proven daily challenges. Adding to this volatile mix were: two rapid changes in Medicare carriers for the Western states, the mandatory prescribing of medications in electronic formats, cuts in reimbursements, delays in releasing Medicare fee schedules (and payments) due to legislative impasses, and the influx of millions of new customers into the system. You might now understand why staff members at your local doctor's office have seem more overwhelmed or less friendly lately.

However, these growing pains and disruptions are expected to bring major benefits for patients (and medical providers). Some can already be felt, especially as some provisions of the ACA became effective on January 1st, 2014. Others might not be felt for a while, but all are expected to change the healthcare landscape into a system more patient-friendly, affordable, accessible and effective.

### **1. ICD-10: a more detailed diagnosis coding system**

On October 1, 2015, the outdated diagnosis coding system ICD-9 was finally upgraded to ICD-10.

While the rest of the developed world has been using ICD-10 for decades, the US is only now stepping up. The major difference between the 2 coding systems is the introduction of tens of thousand of new codes, reflecting the alignment with current medical practices and meeting the need for more detailed diagnoses, both for data analysis and precision of care purposes.

Delays in payment to providers, coding errors, claim rejections, system errors, incorrect statements and frustration was anticipated. This implementation will require lots of patience with intense training on all parts.



On a positive note, the introduction of ICD-10 will result in more effective, better targeted treatments and outcomes. Data analysis can allow better-defined advisory plans, and highlight ineffective or less beneficial treatments. Medical care models should be better focused and their effect better quantified.

## **2. Major Changes in Medical Care Administration**

According to Robert M. Wenzel, founder of London Global Laboratories, one of the most significant trends in medicine is the way medical care will be administered in the near future. Cutting costs, improving quality, evaluating health risks, addressing a shortage of physicians for a growing aging population, making better use of resources and emphasizing prevention or lifestyle changes are some of the underlying reasons for this drastic change.

With the implementation of the ACA, medical providers will see a shift from a fee-for-service, often wasteful and expensive, payment system to a result-based, cost-effective, more productive and transparent reimbursement paradigm. Patients have already started seeing some of these implications.

a. As of 1/1/14, a long list of *preventive measures* are mandatory in every insurance policy issued to subscribers. These services, such as immunizations, well-visits and screenings, are at no cost to patients, even if they have not met their deductible or yearly out-of-pocket liability. With early diagnosis and immediate intervention, the prevention of more serious chronic effects, (those with a high cost of treatment or management), can be better achieved.

b. The *mobile monitoring* of certain conditions, such as in anticoagulation treatments for thrombosis prevention or blood pressure measurements, is becoming the norm. Devices allowing the supervision of activities or vital signs are already in wide use by individuals, whose results are easily tracked and sent to a physician for review.

Expect technology in the form of apps, devices and sensors to play a growing role, saving time and money by eliminating "routine" or "maintenance" visits at the office. This also allows for more efficient, productive, sustained and routinely adjusted care, and real time (early) diagnostics.

Apps and shared access to medical records will also keep important health details available to all medical staff involved in the care of a patient, eliminating duplicate or ineffective treatments, and providing an alert system in case of counter-indication or possible drug interaction.

c. Welcome to a drastic shift in *ways of communication with your physician!* One-on-one contact with your physician in an office setting will soon be reserved for acute incidents, specific tests or treatments, or for documented or diagnostic needs. Many practices have already made the switch to communicating test results or answering non-urgent questions via e-mail, and use automated appointment recall systems. More patients will be able to contact their physicians via Skype or email, while others will watch recordings explaining an upcoming treatment or intervention.

The use of technology in all forms can allow instant, direct and on demand access to health information, previously only available through a call or a visit to the office. Technological innovation is bringing more tools, methods and ideas to replace the need for a direct contact while allowing easy sharing with other healthcare partners.



d. Expect to *see less Doctors and more support staff.*

With the recent influx of new health insurance subscribers and a growing aging population, demand for visits is likely to increase significantly, just as the number of doctors, especially in rural areas or in certain specialties, diminishes. Recent data shows an alarming shortage in oncology or general practice, among

other specialties, where not enough practitioners (or students) meet the needs of the patients. Patients with less severe or non-acute conditions will be more and more under the care of Physician Assistants or Nurse Practitioners. They might be referred to a physician for an initial consultation, establishment of a diagnosis, prescription of a treatment or supervision of a serious illness only. The use of local "clinics", such as those in some drugstore chains, for non-life threatening emergencies is becoming more familiar, when a visit to the ER is not warranted, but a look by a clinician is.

e. Expect *your home and life to become part of the medical arena*. The drastic shift in the way medicine is performed, from a curative or reactive model to a pro-active, preventive stand, will require more patient involvement and participation. Soon to be a thing of the past will be the current tendency to *not* address the individual unhealthy behaviors that have become so expensive to manage.

If costs are to be reduced significantly, even as the population ages and harmful excesses come to negative consequences, then the lifestyle choices of the patient will need to be scrutinized, altered, and monitored. Getting a pill to cover a symptom while continuing an unhealthy routine, will no longer be as easy. Expect to get a medical analysis of your nutritional, exercise and lifestyle habits, advice and assistance on changing course, and stricter monitoring and positive reinforcement or rewards for doing so.

This new healthcare paradigm bets that, with a more personalized approach and concrete, adapted suggestions, more individuals will adopt healthier behaviors, earlier, and participate more fully and knowingly in their health management. The goal of a long, healthy, independent living will involve more effort and less resistance by patients to these fundamental changes.

### 3. Better record keeping and universal access

Finally! The days of hand-written, incomprehensible, incomplete or unsigned records are coming to the death they deserve. The ACA requirements for implementation of EHR (Electronic Health Records) or EMR (Electronic Medical Records) systems have met with fierce resistance on the part of multiple medical agencies, due to the complexity, cost and technological hurdles involved. Fortunately for patients, this implementation is now well under way, with significant gains for patients and their healthcare providers.

Some of the benefits of this giant web of interconnected systems are expected to be include, among others:

- immediate/easy access to all records for a patient,
- elimination of duplication of services, tests, labs, prescriptions or exams,
- improved tracking of treatment effectiveness,
- greater mobility for services,
- lowering of risk of negative drug or medication interactions or bad reactions,
- better assessment of medical need especially in emergency conditions,
- improved coordination of care,
- early intervention of potential chronic or serious condition
- optimum coordination of care between several specialists or healthcare providers
- lowered risk of recurrence, negative impact or side effects
- improved quality of care
- immediate tracking of orders, tasks, referrals and prescriptions,
- better use of resources.

Patients have already noticed that the nurse or MD now type on their tablets while in the exam room, and may find that process lacking in direct care or contact. They should remember that better care is the prize.

So, while many changes in a short amount of time, may be disruptive, resisted to or annoying, the positive results they are expected to bring are well worth it. Streamlining the current network, and evolving into a more efficient, cost-effective, patient-oriented, result-based system is not only good medicine for the country as a whole, but absolutely necessary to avoid a financial crisis that could bankrupt us all.

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