



Reaching for Excellence: A plan for the future

By Terri Parsell Hilmey

Image on this page courtesy of Reaching for Excellence

What shape will health care take in the next ten years? Will you be shunted into a corner in an emergency room, to wait along with dozens of others? Or will you be treated in a clean, comfortable doctor's office in your own hometown, where the nurses know your name, and your medical records are available at the touch of a button?

Reaching for Excellence is a program designed to help the community decide for itself. Specifically geared to collect data in the form of people's opinions, it seeks answers to the above questions directly from those most affected by the decisions our lawmakers and health care providers are making. Instead of wringing hands over the problems that already exist, the program seeks to look fairly far forward (ten years) and define the goals first—what patients want their future health care system to look like—and then map a plan to get there. “We’re trying to focus on the vision of where we want to go, rather than focus on the problems,” says Ann Monroe, president of the Community Health Foundation, which co-sponsors the program, along with the John R. Oishei Foundation, P2 Collaborative of WNY, Inc., and the University at Buffalo Regional Institute. “We’re guiding the discussion toward the future, and what we want it to look like,” says Monroe. “If you start with the health care system today, and the things that are wrong with it, you’ll never get out of that discussion, and everyone ends up depressed, instead of empowered.”

The method of decision-making used now, with health care providers choosing what best suits their profit motives instead, can be counterproductive to the needs of the community. The hope is if health care can be addressed from the perspective of the patient, the solutions will naturally better fit the needs and desires of the people who use the system. “At this point, it’s almost completely supply-side, from the health care providers,” says Monroe. “They decide how health care is delivered, where a clinic will be built, what hours the clinic will be open, etc.”

Those decisions, being made by local, state and federal governments, along with health care providers and insurance companies, will affect the type and quality of health care we will receive in the





future, with vastly different potential consequences for patients. “We don’t supervise, or have any authority over the providers of health care, but the community has a right to say what they want, and an obligation to guide those who deliver health care,” says Monroe. “And we need to bring it down to the end level: What should the system be delivering for you? How do you want to be treated? Then we turn to those who design the system, and say, ‘How do we get there?’” Tracking and accountability are a big part of the program, because words are just words, unless they’re put into a comprehensive, compelling and clear format, with, hopefully, an impressive number of voices. “We can’t claim to speak for the community unless we’ve heard from a fair cross-section of it,” Monroe says.

One Friday: Four Futures

To graphically illustrate that point, and jump-start the conversation, Reaching for Excellence has crafted a dramatic presentation of four stories, called “One Friday: Four Futures.” Each story provides a picture of how the health care system may look in the year 2018, based on the choices that are being made today. These very realistic possibilities are presented as narratives and vary from the worst-case scenario to the best-case scenario, showing how each method of delivering health care would affect different people in different areas of the community, from the rural population, to the elderly, to urban dwellers. The four stories (each of which is gripping) are presented in both written and DVD format, and then a discussion is opened.

“We want to hold at least one-hundred ‘One Friday: Four Futures’ meetings in the community, and any group can sponsor one,” says Monroe. A representative from Reaching for Excellence will come to the meeting, and bring all of the materials required to facilitate the discussion (all materials are available in Spanish as well as English).

“One Friday: Four Futures”—The Stories

What will the future of health care in Western New York look like? In the following example from the four stories that make up “One Friday: Four Futures,” an interwoven cast of patients and health care providers interact with each other on a single day in 2018—Friday, June 22, to be exact. The date is the same in each story, but each Friday has been reached along a different path, with distinctly different outcomes for all involved. The following story features the best-case scenario.

“You Get What You Need”

In 2010, Congress passed the Universal Access to Health Care bill:

- In WNY, health facilities and providers merged to form more efficient delivery systems.
- Now medicine focused on prevention and education, with classes on nutrition, exercise, smoking, and substance abuse.
- Most people took part, though sign-up rates were lower for the mentally ill, the poor, and those mistrustful of government “systems.” Therefore, many families remained vulnerable.

Positioned on his back, wearing a crisp paper gown, Don Castle kept his eyes on the flat panel monitor beside his gurney.

He asked himself once again why he couldn’t have waited a year or two for this procedure. “Even if your father hadn’t died of colon cancer,” Dr. Tony Tomasello had said during his first office visit, “this could save your life. The more colon screening I do, the less surgery I have to do.”

Castle had read the magazine articles, had been happy to get a break on his insurance premium for being part of his employer’s physical fitness program. And he had tried to eat a balanced diet—but the pizza in Buffalo was just so good.

“This is so much less invasive than the old way,” the doctor said, moving the imaging wand over Castle’s abdomen. “By the way, how’s your daughter?”

“Still pregnant,” Castle said. “She’s got diabetes and already had one miscarriage. But this time she’s getting really good prenatal care and she monitors her blood sugar seven or eight times a day. She has an appointment for a Caesarean next week.”

“Where’s it being done?”

“At the hospital right across the street from here. Laura and Mike live down in Holland,” Castle explained. “But she used the internet to find the best doctors for high risk pregnancies, and they’re here in Buffalo. Thirty plus miles is a long haul when you have her problems, so they decided to schedule her delivery.”

“See these small pockets right here?” the doctor said. “Diverticulosis.”

Castle swallowed. “Is it serious?”

“It’s a normal part of aging. Just stick to a balanced diet with fruits and vegetables and drink lots of fluids.”

“Getting old is no fun,” Castle said.

Dr. Tomasello laughed. “You sound like my mother, or how she did before her mild dementia set in.” He sighed. “She was okay at home with us until she fell. Now she has to go into a nursing home. At her age, with her confusion, nobody will approve a hip replacement or rehabilitation.”

Castle said, “They straightened out Medicare and Medicaid, according to my wife.”

“She’s right. More preventive screening, more flu vaccines, stable funding agreements between federal and state governments.” Dr. Tomasello shifted the wand again. “Almost done ... So what is it your wife does, Mr. Castle?”

“She’s the financial officer at Autumn Valley Nursing Home.”

“Really? That’s on our list of homes to visit.”

“A nice place,” Castle said. “They take good care of their residents.”

“Glad to hear it,” Dr. Tomasello patted his arm. “You’ll be happy to know you’re clean and healthy, not a polyp in sight. You can wait another four years before your next procedure. Because of your father, I recommend a screening for any siblings you might have.”

“My brother didn’t sign up for this coverage,” Castle said. “He’s one of those guys who never trust the government. Now, thanks to his wife’s lung cancer, he may lose his house.”

“The system’s not perfect,” the doctor said, “but it beats losing everything.” He was quiet a moment, then said, “Hey, my nurse and I have a little bet about your lunch plans ...”

“I treat myself to steak once a month,” Castle said. “Today’s the day.”

Twenty minutes later, as Castle was leaving the doctor’s office, his cell phone buzzed on his hip.

“Don,” his wife said when he answered, “Laura’s water broke. She’s on her way to the hospital out there.”

“Call her doctor here,” Castle said. “Maybe he can get online for a virtual surgery link. Then go outside and wait. I’m on my way.”

As he closed his phone, the steak he had dreamt of for a week began to recede from his mind’s eye.



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Ann Monroe: "Our goal is to take these pieces and combine them into a priority list for the community. We want to track this. We want to know: Are we getting better?"

The meeting facilitator will take notes of the discussion, recording how those present feel about each story and how the health-care system should respond to each situation. Priorities will be identified, according to what those present feel would be the ideal outcome for the patient in each story, and how they might best be served. The information gleaned from these meetings will be compiled, put into a report and ultimately distributed to pertinent organizations, the media, health policymakers, health care providers, and presented as the voice of the community.

Distinguished speaker series

As another method to provoke discussion, and attempt to take lessons from other regions around the country, Reaching for Excellence is also sponsoring a very impressive distinguished speaker series. Free and open to the public, the series will run through winter. Keynote presentations are given by respected professionals from other communities (as close as Boston, and as far away as Indiana and beyond) where they have been successful in addressing some of the same healthcare issues we face here in Western New York. Such specific discussions as "Health Care in Rural Western New York," "Preparing for the Aging Population in Western New York," and "Western New York's Urban Safety Net," have already taken place, with many more scheduled.

Goals of the program

The ultimate objective of the program is to yield priorities and goals for Western New York health care, as identified by as many consumers as possible. With so many different voices represented, and the clout of such prominent local sponsors, combined with a large community commitment, clear feedback, and real measurable results, the Reach-

ing for Excellence program hopes to create a persuasive package of undeniable evidence that will shape where health care goes from here, how health care providers make their decisions, how politicians view the needs of their constituents, and how the community itself feels empowered to effect change for themselves.

"Our goal is to take these pieces and combine them into a priority list for the community, and for each priority, to develop some indicators of progress. We want to track this. We want to know: Are we getting better?" says Monroe.

So, Reaching for Excellence will seek to define the needs of a community with rising health care costs, a rapidly aging population with increasing healthcare needs, a poorly defined safety net in both urban and rural areas, and healthcare workforce shortages in doctors and nurses. But it will also attempt to take into account possible positive outcomes, such as how we may realize the possibility of the medical and health science industry becoming a major economic engine for our region (in the form of the Biomedical Campus). Combining these formidable challenges and potential advantages into a plan for Western New York is no easy task, but, if successful, the program could influence healthcare into the next decade.

To schedule a presentation for your group, contact the University at Buffalo Regional Institute at 829-3777, or visit www.rx4excellence.org.

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