OAKLAND UNIVERSITY

Wednesday, November 11, 2009

Health care leaders, EMBA members, students and faculty debate health care reform

By Karen Hildebrandt

“At a time when our nation is working on legislation to reform health care, OU's School of Business Administration offered a great opportunity to bring various perspectives from the health care industry into the discussion,” says Dr. Bassam Nasr, president, Health Care Network, and 2007 OU SBA **Executive MBA (EMBA)** graduate. Nasr served as moderator for an interactive panel discussion which debated the challenges and opportunities of reform, and included speakers from major hospitals, health insurance companies, research centers and academia.

The session was part of the school's October 2009 International Business Conference.

A second session focused on health care posed the question, "Can IT save the health care crisis?" This panel, featuring CIOs, business analysts and educators, was moderated by EMBA student Denis Dudzinski, senior account executive, health care, Compuware/Covisint.

Health Care Reform: Issues, Challenges, Opportunities

With current U.S. health care costs reaching $2 trillion per year, all panelists agreed the nation must develop reforms which provide equal, accessible and affordable health care for all. Consensus fell short, however, when panelists began to debate which types of reforms will reap the best quality outcomes, while reducing costs.

“Primary care, which is patient centered and team based, needs to be a priority,” according to Dr. Ernest Yoder, vice president, medical education and research, St. John Health System, and adjunct faculty for the SBA EMBA program. He believes we need to look to systems in other countries to find positive options, as well as learn from the negative outcomes. “Politics and our nation’s resistance to change are two major challenges for reform,” he adds.

Jack Weiner, president and CEO, St. Joseph Mercy Oakland, also shared his concerns about challenges, suggesting that a lack of useful data and a standardized method for measuring data makes it difficult for the industry to address geographic and racial inequalities and access problems.

“Consider how we purchase equipment and materials,” he says. “As an industry we have never determined our value purchasing strategy – that we collectively want X amount of quality for Y amount of dollars. We do it for every other type of purchase we make – food, clothing, tires -- and yet we do not make this type of decision where it is most important, where it affects life and death decisions.”

Some reforms suggested by panelists included reforming medical liability, root cause analysis of system ineffectiveness, expanding health insurance markets, empowering patients to make right lifestyle choices, bundling professional fees and leadership alignment, among others.

Although the proposed solutions were numerous and complex, panelist moderator Nasr recognized some common ground. “By the time every panelist gave their perspective, it became clear that health care needs reform, that public expectations need to be aligned with economically possible solutions, administrative tasks and costs must be simplified and incentives should be put into place to reward quality not quantity,” he says.

How will IT shape the future of health care?

Will information technology solve the health care crisis? More specifically will the American Recovery and Reinventment Act (ARRA), which designates $38 billion to high tech incentives for health care play a major role in reform? Will the $19 billion targeted solely on electronic health records (EHRs) be enough incentive for hospitals, and physicians to adequately adopt this technology? During the second health care session, four panelists and several conference participants shared their insights on these important questions.

Paul Peabody, recently retired vice president and CIO, William Beaumont Hospital, describes IT as “the lynchpin for what we will accomplish in the future.” He was adamant that the health care industry cannot eliminate waste and fraud without good IT systems in place, but says we have a long way to go.

“Right now, only 17% of doctors and 10% of hospitals have basic EHR’s,” Peabody says. “Since the ARRA is an incentive that does not cover complete startup, costs remain an issue. It also requires a process change. If you put a good system on top of a bad process, you get bad results faster. Change management is critical.”

Michael Ubl, executive director, Minnesota Health Information Exchange, agrees that the biggest challenge is adoption. “It’s not about whether technology will work or not. It will. It’s about accepting a new paradigm. It’s about doing right by the patient and becoming more patient focused. It means aligning goals and objectives at the leadership level. The patient also needs to change. If we continue to live lifestyles that aren’t prudent, our health care problems will continue to exist. The government is betting a lot of money on this. What is fundamental to its success is our ability to change.”

Session moderator Dudzinski felt the session was very meaningful because the panelists were all “leaders who make important decisions around the headlines of today. It was great to be part of that,' he notes.

Discussions brought leaders, issues and possible solutions together

Both sessions raised many issues, challenges and proposed solutions to the health care crisis. While many questions remain, all agreed that high-level discussions among industry leaders brings important issues to the forefront and brings us closer to resolution.

“Celebrating history, successes and highlighting the next challenges is always good for growing organizations,” says Nasr. “I liked the opportunity, as an EMBA alumnus, to be part of this. The actual exchange of ideas and knowledge and identifying areas that need further clarification, debate and research is what a university is all about.”

Learn more about the SBA Executive MBA program

The Executive MBA (EMBA) at Oakland University's SBA prepares highly motivated professionals to become dynamic global business leaders. The Executive MBA program is one of very few in the country to offer two different but complementary concentrations in Health Care Management and Information Systems Leadership.

"The program is outstanding, not just academically, but in terms of the level of contribution from leadership within health care and IT. It is the access to leadership that has been most impactful to me," Dudzinski adds.

The Executive MBA program will hold an information session for prospective students Friday, Nov. 20 at 5:30 p.m. in 238 Elliott Hall. For more information, contact Monica Milczarski at (248) 370-2059 or **milczars@oakland.edu**. For more information about the program, check the Executive MBA Web site at **http://emba.oakland.edu**.

SUMMARY
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Created by Linda Bowers (bowers2@oakland.edu) on Monday, November 9, 2009
Modified by Linda Bowers (bowers2@oakland.edu) on Tuesday, November 10, 2009
Article Start Date: Monday, November 9, 2009