

THE NEW HEALTHCARE ECOSYSTEM: 5 EMERGING RELATIONSHIPS

UST Global Contributed Article | October 03, 2014

The healthcare "system" is now better understood as an ecosystem of interconnected stakeholders, each one charged with a mission to improve the quality of care while lowering its cost. To ensure patient safety and quality care while realizing savings, these stakeholders are building new relationships — often outside the four walls of the hospital. Here are a few of the new relationships that are taking shape:

1. Provider-payer relationship

The payer-provider collaboration is at the heart of the new consumer-centric model of healthcare. ACOs are the most explicit example of this collaboration, but the relationship is evolving across the industry: a wary distance between payer and provider must give way to a symbiotic relationship focused on wellness.

New collaborative care teams may include representatives from payers and providers, for example; what those teams can learn about each consumer will help tailor service to that consumer's needs. Meanwhile, insurance companies will offer customized policies that take into account specific patient health conditions and incentivize specific behaviors.

The convergence of payer and provider is one relationship that has attracted a lot of attention recently, but there are several new relationships that have received less notice. Did you know about these new relationships?

2. Provider-pharmacist collaboration

With real-time data sharing, healthcare providers will start thinking of pharmacists as direct partners in patient care, not just the executors of their orders. Consumer adherence to prescriptions and new information about adverse interactions will arise when providers leverage this new relationship to learn more about their patients — even after they leave the hospital premises.

Pharmacists, in turn, will help consumers minimize clinic visits by adjusting dosage and prescriptions when needed. New access to real-time data, and a closer relationship with a patient's physician, will help integrate pharmacists into the web of care — saving money and resources while improving patient satisfaction.

3. Medical device manufacturers-clinician communication

Across healthcare, investment in preventive care is on the rise. In the medical device space, though, people tend to use

biomarker trackers and monitors to manage a disease they already have. Shifting these devices to a more future-oriented utility will require the expertise of physicians as well as the design wisdom of manufacturers.

To reorient wearable medical devices toward prevention, data about optimum lifestyle decisions and the right care will need to be incorporated and updated continually in response to new evidence. Clinicians will have to work closely with manufacturers to devise the analytical applications for themselves and their patients. The usefulness of such devices will ultimately depend on open standards, interoperability and communication from physicians on the front lines.

4. Employer/payer relationship

The cost structure of managed care will certainly change as payers move from a business-to-business model to a business-to-consumer model.

Indeed, employees are becoming more aware of the cost of their coinsurance versus flat fees — and are demanding that their insurance providers act in their best interests. With consumers looking at the big picture, market-oriented pricing — without a sacrifice of quality — will follow. It will be up to employers to educate their employees about the overall cost of their treatment so they understand the new cost structure. Overall, the new model of healthcare should provide focused financial in the bundled care arena.

5. The consumer relationship across the board

As healthcare consumers become more aligned and integrated with care management, data is the key to building trust and intelligence. Payers and providers alike must capitalize on this new appetite for information, and harness the self-interest and autonomy of informed consumers. They should make tools available for self-monitoring, and provide consumers the information and resources to make healthy changes and choices. Payers will need to react to positive consumer action, rewarding compliance with drug regimens and wellness programs with premium reductions, for instance.

In this new ecosystem, the consumer has a new power and a new prominence. Payers, providers and other participants in care will have to see themselves as retail and technology enterprises who must collaborate with each other to tailor their offerings. Everyone involved will have to rethink financing, technology sharing and use of analytics to understand and improve consumer experience.