

# Why Is It So Important to Have Organizing Principles and Data Standards for Primary Care? (Now!)

Washington, D.C.

October 10, 2007



Q: What does this road sign represent?

# Why Does It Matter?

- Health care in the US is very expensive, so expensive that projections based on experience to date conclude it is unsustainable.
- Health care in the US is mediocre in terms of measured processes and more importantly, measured results.
- Health care in the US is inequitable.
- The richest country, with \$2 trillion to spend every 365 days on health care, deserves better and can do better.
- (Aren't you tired of being embarrassed?)

# Why Does It Matter?

- Primary care is a key part of the solution of the value equation for health care and inequities: better results with lower expenditures.
- Primary care is, from a population perspective, the largest platform of formal health care delivery, and it has big information problems.
- Maturing information technologies can help primary care fulfill its role, to the benefit of millions of people—every day.

# Why Does It Matter?

- The US is muddling toward a national health information infrastructure that will provide a key enabler for all aspects of health care.
- The “medical home” is code in the US for high performance (integrating) primary care.
- The “medical home” has political legs, at the moment.
- Having a personal physician “who will stick with me” is yearned for by people and probably necessary as medicine becomes more complex.
- Primary care physicians are personal physicians destined to work in teams in medical homes in the information age.

# What Does This Have To Do With Classification and Data Standards?

Primary care in the US has an urgent need for ordering principles and data standards sufficient to support personal doctoring in the medical home (integrate care wherever it occurs) and the discovery of new knowledge necessary for high performance care.

The rest of the health care system, perhaps doesn't know it, but needs primary care to get this right, asap.

# What Does This Have To Do With Classification and Data Standards?

- PC shares needs for interoperability and data stewardship standards.
- PC has some particular needs including:
  - Registered populations/Personal physician
  - Why people come when they do
  - Personal goals to guide decisions
  - Provisional labeling
  - Clinically meaningful episodes of care

# Don't You See?

*This is a propitious moment when a leap can be made—the redesign of the largest platform of health care delivery is underway, it depends on information management for its prime function of integration of care, and pertinent ordering principles and data standards are not elective or needed someday. They are needed right now.*

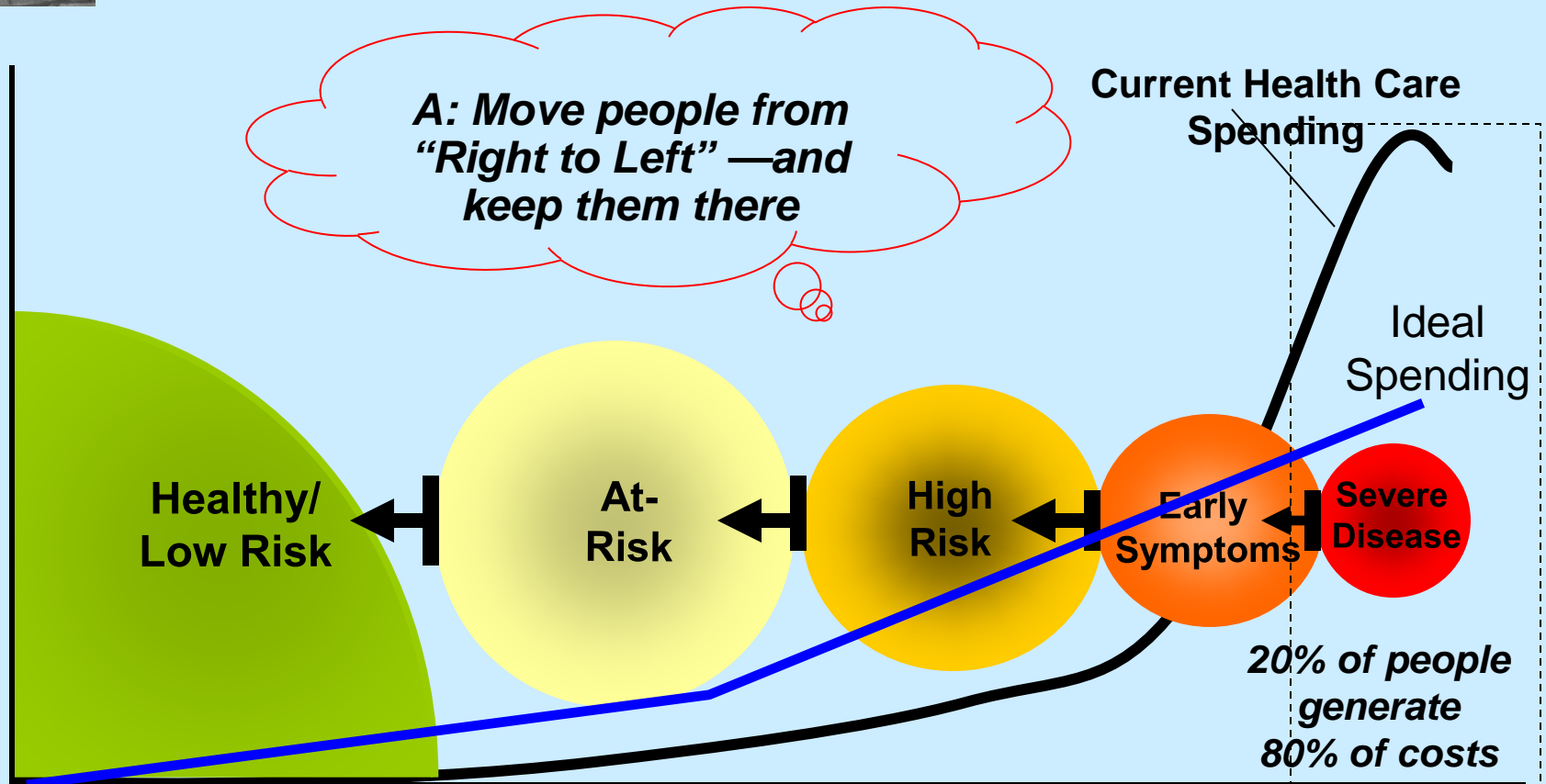


# What Is At Stake Here?

- Truly personalized, integrated health care that is satisfying to people, both when they are and when they aren't patients.
- Efficient: Acute, chronic, and preventive care.
- The math of medicine.
- Harnessing molecular and genetic medical knowledge.
- Distributive justice.
- The non-health care systems that matter, e.g. education, defense, transportation, parks and recreation.



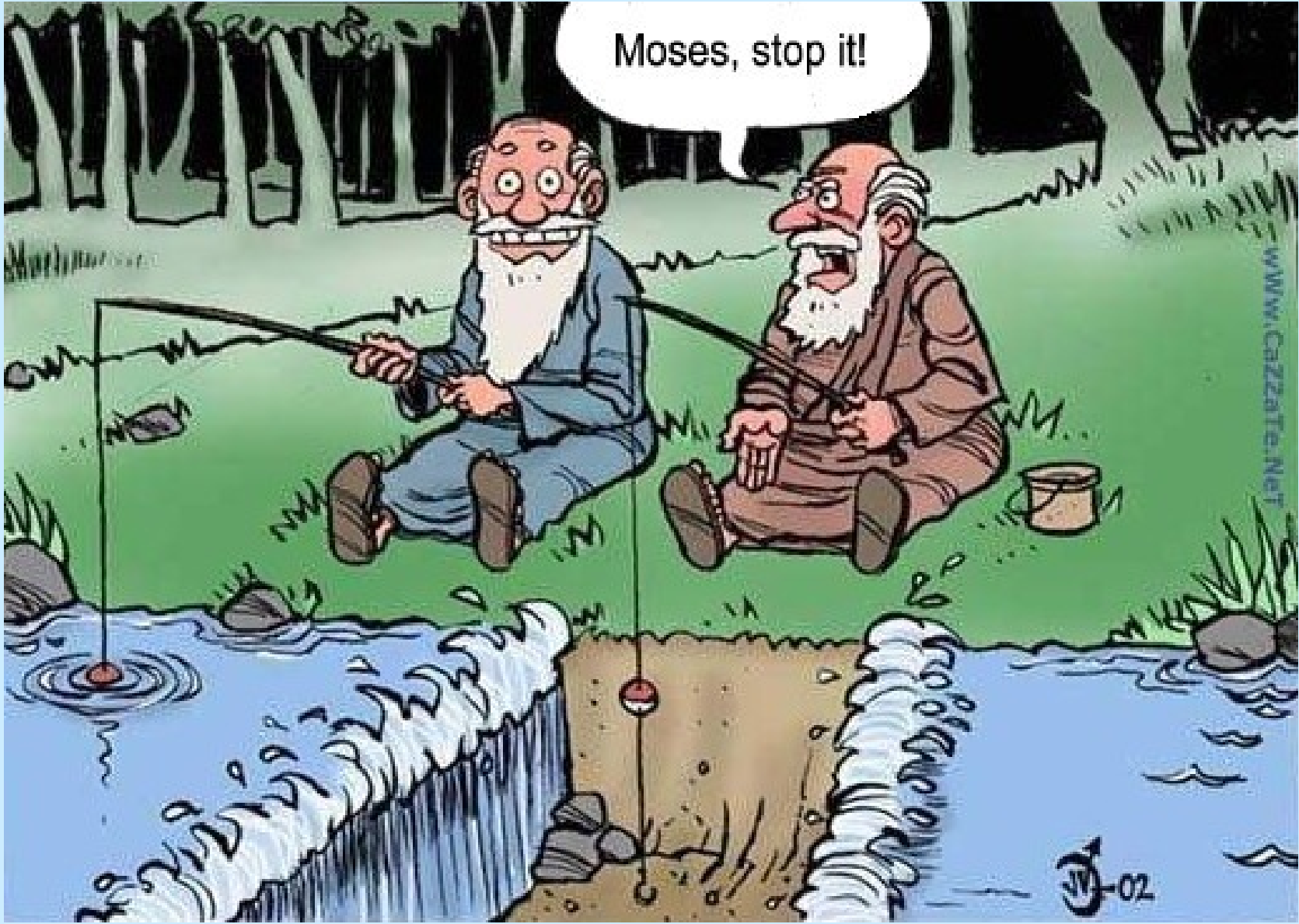
# How do you link the Medical Home with payment reform?



***A value-based health care system***







Moses, stop it!

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