

University of Miami School of Business
Business of Health Care
Grundy Keynote
April 20, 2018
By Richard Westlund
850 words

Keynote: “Current and Future Trends in Technology and Access to Health Care”

Drawing on his experiences in different cultures, Paul Grundy, M.D., M.P.H., delivered an afternoon keynote talk on “Current and Future Trends in Technology and Access to Health Care.” A former IBM executive who spent part of his career in Denmark, Grundy is global director of healthcare technology, HealthTeamWorks, a Colorado company that partners with practices, physician groups, integrated clinical networks and payers. He is also founding president of the Patient-Centered Primary Care Collaborative, an organization dedicated to advancing a new primary-care model.

“Fifteen years ago, my CEO at IBM almost died from a dangerous medication interaction,” Grundy said. “That started our team thinking about a better approach to health care. We began driving a transformation, moving from episodic care to managing patients proactively.”

Several years later, Grundy and his team brought executives from 47 of the Fortune 500 companies together to advocate for a change in purchasing care. “We felt insurers should be paying us for proactively managing primary care, so we brought the health plans into the room and asked for their help,” he said. “The results of the early pilots were very favorable, showing that when you proactively manage individuals’ health, you can see a positive impact.”

In 2017, the implementation of a patient-centered medical home program in Michigan led to a 10 percent decrease in adult emergency room visits and a 27 percent drop in patient hospital days.

Grundy pointed out that the concept of a medical home applies to the data – not the patient or the physician. “It means sharing the data and changing the way you pay for care,” he said.

Lessons from other cultures

With healthcare costs twice as high as in other developed countries, Grundy said there is much that the U.S. can learn from Denmark, where primary care providers are taught how to build a relationship of trust with their patients. “Danish citizens know their doctors,” he said. “Each patient has an ongoing personal relationship with a physician, who is considered a personal healer.”

The result is a system where a general practitioner delivers primary, comprehensive, coordinated and accessible care. “That care coordination and accountability is immensely important in terms of results,” Grundy added.

On the technology side, medical records are kept in a patient portal for ready access. Also providers get financial incentives for responding to emails in 20 minutes, rather than taking a day or longer to get back to a patient.

“If you agree to allow a general practitioner to have access to your health records, then the portal service is free,” Grundy said. “It allows anyone in the Danish system to access records with permission from the patient. It’s a system that works well.”

Creative approaches are working in other locations as well. On the Isle of Jersey in the UK, local postal workers are trained to visit the homes of frail elderly residents. They can take a few minutes to have a conversation, and if they see an issue, they can use a tablet to notify the appropriate agency.

Residents in a Vermont town decided to look at the social determinants that affect health. “They created the role of community coordinator, who would introduce newly diagnosed diabetics to a pharmacist and nutritionist,” he said. “They also organized a hiking club and taken other steps to support a healthy community. The result was a sharp drop in the number of complications from diabetes, including amputations and blindness.”

Technology drivers

While one of the factors driving the adoption of technology in health care is cost, a second factor is the sheer volume of data. “We are moving from the information age to the age of intelligence,” Grundy said. “It is harder to manage 100 diabetic patients than it is to launch a rocket to the moon.”

Predictive analytics and artificial intelligence (AI) can help with analyzing risks, and accelerating delivery of care, and building population management models.

“Machines are really good at pattern recognition,” he added. They can dig into the data and see things that we miss, such as identifying melanomas or symptoms of depression. It is very difficult to move to population management without having the data or the analytic tools.”

But AI will not replace the personal interactions between a patient and physician, Grundy said. “Ultimately, there are two things a physician should do: perform difficult diagnoses and build patient relationships as part of a care team.”

A third driving force for technology is communication – the ongoing growth in wearables with sensors, mobile devices and applications. Texts, emails, tweets, and voice messages are forms of asynchronous communication, since the recipient doesn’t interact immediately with the sender, Grundy said. On the other hand, video applications can connect patients and primary care physicians in real time, potentially reducing emergency room visits and hospitalizations.

Looking ahead, Grundy said the emerging data-driven model for care puts the patient first. “Everyone should have a health plan,” he added. “That plan should be team based and provide for managing a patient population right down to the individual.”