Choosing the Future

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Thinking Beyond "the Box"

Events of the past few days have prompted a return to this line of thought, albeit with a very different emphasis.

The change explosion currently affecting the health care operating environment gives governing bodies and executives time for little else—and that's a problem. Change producers such as the *Affordable Care Act* and ICD-10 implementation (to name just two of many) consume massive amounts of planning time and energy. Unfortunately, dealing with them can distract from other factors that may have even greater impact.

Everyone in the field recognizes the tremendous potential for change offered by advances in medical knowledge and technology. All too often that potential is viewed through a lens that is "hospital centric" (to steal a phrase recently used by a client) and perhaps a bit too incremental. That is, the point of departure during planning sessions often seems to be "how can we best put this technology to use in our hospital" rather than, "how can this technology best be put to use for our patients". Those are two very different questions.

- Consider how a potential building project might be affected if it was suddenly discovered that hand-held imaging technology was about to be introduced allowing state-of-the-art high definition image capture to be conducted anywhere (including the physician's office or the patient's home). Digitized information would be transmitted remotely for near-instant interpretation?
- What if primary care became "uberized" with clinicians delivering automatically-documented care directly to the patient in the home (without the expense of a physical plant or support staff)?

Developments such as these have profound implications and I assure you that these and many more are in the offing.

Then there are "very macro" issues that loom so large, appear to be far outside the "health care" focus, and are so monumental in scope that nothing can be done about them locally. Probably the most dramatic example has to do with economics. For example, over the past two days, China has allowed its currency to begin to float to its "real" market value. This is certain to accelerate an already precipitous decline in the price of oil and produce a significant reduction in international demand for the "petrodollars" with which oil is now purchased. What does this imply for the U.S. economy generally? What does it mean for Medicare and Medicaid specifically? What, if anything, will it do to the demand for primary care?

We don't pretend to know the answers to these questions but their existence is real. Although it is true that the hospital cannot change economic policy, it is equally true that economic trends and conditions have a tremendous impact on the hospital and its patients. The potential of that impact and its likelihood must be considered in planning.

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