The key to real health care reform is tackling barriers standing in way of clinical integration

By Bill Petasnick

Health care reform offers an opportunity to achieve systemic changes that can expand coverage, improve quality and curb costs. It presents an opportunity to correct the longstanding barriers to clinical integration among hospitals, physicians and other caregivers.

The AHA has long recognized the importance of promoting clinical integration. Its 2007 report, “Shaping the Future for Health Care: Transforming Our Hospital-Clinician Call for Action,” outlines key steps for achieving greater clinical integration—through the integration of hospitals, doctors, nurses and others in the care-giving process. The working group members believe that care teams must work together to meet the needs of patients and that “no single entity can bridge the gaps.”

In 2007, the AHA asked former Federal Trade Commission (FTC) staff to work with AHA’s policy committee to craft guidance for the hospital field on antitrust issues related to clinical integration. The FTC published a report and shared the paper, “Guidance for Clinicians,” with the FTC’s Antitrust Division, the Department of Justice (DOJ) Antitrust Division and the federal Antitrust Division on Capitol Hill who oversee antitrust policy.

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AHA’s ‘guidance’ spurs dialogue with antitrust agencies on clinical integration

The AHA’s ‘Guidance for Clinical Integration’ released in 2007, made the case for more guidance on clinical integration in the hospital field. While the FTC and the DOJ have announced steps toward clinical integration programs and procedures to monitor and control any concerns expressed a month earlier by the administration should act now to clear those barriers and allow hospitals to forge the teamwork that can lead to superior health care.

Petasnick is president of Froedtert and the Medical College of Wisconsin and a former AHA chairman. He cochaired the AHA’s 2008 FTC workshop on clinical integration.

The paper discusses steps that hospitals and doctors can take to achieve clinical integration. The FTC welcomes input from all hospital groups and others interested in promoting clinical integration.

On response to Capital Hill Following the release of the working paper in 2008, circular number of colleagues and friends in the health care field. The working group members believe that care teams must work together to meet the needs of patients and that “no single entity can bridge the gaps.”

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First-time subscribers to AHA News will receive a postcard from the AHA, followed by a plastic and/or paper copy in the mail, containing the week’s content, including “Clinical Integration – The Key to Real Reform.” The table below comes from the new AHA TrendWatch report “Clinical Integration – The Key to Real Reform.” For more information on the report, click on the “Research & Trends” section of our website at www.aha.org.

The AHA also keeps on the lookout to “supercharge the ways physicians can collaborate to tackle a single condition, like diabetes. In other words, the hospital, physicians and other caregivers can function as a single entity, working together to provide seamless care to all patients.”

The task force found that clinical integration can be broken down into six simple, clear issues or “check calls for teamwork.”

A: patients’ status is tracked

B: physician integration is teamwork; hospitals, doctors, nurses and others are working together to make sure patients get the right care at the right time, in the right place. The Institute of Medicine’s (IOM) seminal report “Crossing the Quality Chasm” has become its mantra: care that is safe, effective, efficient, timely, patient centered and accessible.

C: achieving the AHA’s five key goals demands better physician and physician teams work together as never before. Like much else in health care, clinical integration should be easier than it is. It is a number of legal obstacles that every hospital faces, every day. They include state and federal laws and regulations that do not thwart hospital efforts to align with doctors to improve the quality and efficiency of patient care.

D: physicians and other care-givers may function as a single entity, working together to provide seamless care to all patients. The task force found that clinical integration can be broken down into six simple, clear issues or “check calls for teamwork.”

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