



FROM LEFT

Julie Rovner
Chief Washington Correspondent,
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Atul Gawande, MD, MPH
Executive Director, Ariadne Labs;
Surgeon, Brigham and Women's
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Chan School of Public Health

James C. Capretta
Resident Fellow and Milton Friedman
Chair, American Enterprise Institute

Sylvia Mathews Burwell
President-Designate, American
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Health and Human Services

IMPROVING HEALTHCARE TO DELIVER BETTER QUALITY CARE AT LOWER COST

Sylvia Mathews Burwell,
James Capretta,
and Atul Gawande

MODERATOR: *Julie Rovner*

THE DAY'S FINAL PANEL centered on health-care innovations that will improve the quality of care and lower costs, as well as the implications and possibilities surrounding the legislative debate on coverage and access. This conversation was moderated by Julie Rovner, chief Washington correspondent for *Kaiser Health News*, and featured American University President-Designate and former U.S. Secretary of Health and Human Services Sylvia Mathews Burwell, American Enterprise Institute Chair James Capretta and Atul Gawande, executive director of Ariadne Labs.

While much of the discussion in the public sphere and in Congress has centered on “repeal and replace” of the Affordable Care Act, Gawande urged his fellow panelists to take a step back and examine the larger picture. “What is the goal from a healthcare point of

view about what we're going to do with healthcare?" he asked. "In what way are we making people's lives better or the healthcare system, or a long-run approach to healthcare better?"

Capretta identified three overarching goals for healthcare reform. The first, he said, should be a better understanding of the distribution of financial responsibility and societal responsibility. Second, he said, was to achieve a level at or near "100 percent enrollment in health insurance." Capretta said his third goal is "to bring discipline to the system," which means identifying and making available low-cost, high-value options in healthcare.

Burwell outlined her own objectives for improving the healthcare system: access, affordability, and quality, all in a "fiscally responsible way." Burwell added that we must make sure we consider the entire healthcare landscape: employer-based care, Medicare, Medicaid, and the marketplace. Burwell cautioned that proposed cuts to Medicaid, in particular, would have a "devastating" impact on low-income, elderly, and disabled Americans.

Capretta noted that demographic changes and rising healthcare costs are creating a fiscal pressure that will need to be addressed. "We're well into the retirement of the baby boom generation," he said. "And within five or ten years the fiscal situation is going to get pretty bad. So something has got to give."

Gawande agreed that as a nation, we should strive to expand healthcare coverage to include the "20 or 30 million people" who lack it. Additionally, he said, we must transition to a system of portability, where healthcare coverage is not tied to employment.

"Healthcare is [important] for every individual and their families," Burwell agreed.

The panel ended with a discussion of major misunderstandings about the healthcare system and how to best educate the public, policymakers, and people in the health systems themselves.

All three panelists agreed on the critical need for greater public education and engagement to build the political will for change and ultimately to produce policy that is responsive to Americans' needs.

Michael A. Peterson and Atul Gawande

Atul Gawande joined Michael Peterson on stage for an impromptu one-on-one conversation about how healthcare delivery reform can help reduce costs and improve quality of care. The session served as an in-depth introduction to the Summit's broader healthcare panel later in the day.

Gawande and Peterson began by discussing the difficult but important subject of end-of-life care, which has significant implications for the U.S. healthcare system. Gawande said, "The reality is we're making many bad choices towards the end of life." He said a lack of adequate planning often leads to decisions that cause more harm than good and increases suffering.

Gawande highlighted the importance of palliative care communication—clinicians having in-depth conversations with their patients about goals and values—as a key way to reduce suffering and improve quality of care.

Peterson discussed the work of the Peterson Center on Healthcare, which focuses on identifying, validating, and spreading solutions that lower cost and improve care. Gawande noted the difficulty in scaling that sometimes exists because of a lack of physicians or other resources.

Gawande emphasized one evidence-based tool that is being scaled around the world with impressive results. The Surgical Safety Checklist, developed by Gawande and a team of experts with the World Health Organization, has been shown to reduce surgical complications and mortality by 18 to 47 percent. Simple tools like checklists hold great promise for "better, more efficient, lower-cost, higher-quality healthcare delivery."

