# Healthcare is Complex, But We Haven't Seen Anything Yet!

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## **Claiming Credit**

### Submit Attendance

- 1. If you have **not participated in a VCU Health CE program** in the past:
- Go to vcu.cloud-cme.com to create an account make sure to add your cell phone number
- 2. If you have participated before:
- Text the course code to (804) 625-4041.
   The course code for this event is: <u>22207-18313</u>

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Open the CloudCME app on device Click "My Evaluations" Click the name of the activity to Click "Evaluations and Certificates"

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### **Center for Pharmacy Practice Innovation (CPPI) Seminar**

Provided by Center for Pharmacy Practice Innovation/Department of Pharmacotherapy and Outcomes Science

Speaker(s): Michael Elliott, PharmD

#### Topic:

CPPL invites various health care professionals from around the country and globe to speak on issues relating to innovation in the health care space.

Please contact the Center for Pharmacy Practice Innovation to request a meeting password by clicking here

#### Please click here to join the webin

Meeting ID: : 972 0552 6057

**Purpose or Objectives:** At the conclusion of this activity, the participant will be able to: 1 Review changes in health care delivery that likely impact pharmacy practice.

2 Describe current trends in contemporary pharmacy practice as they relate to interprofessional collaboration.

3 Discuss practice innovations designed to improve health outcomes.

4 Discuss role delineation for pharmacists on the interprofessional health care team.

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#### Date/Time: 8/23/2021 12:00:00 PM

#### Accreditation:



In support of improving patient care, VCU Health Continuing Education is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

### 0.75 ANCC contact hours.



This activity provides 0.75 contact hours of continuing education credit. ACPE Universal Activity Number (UAN): Pharmacist: JA4008237-0000-21-044-L01-P Technician: JA4008237-0000-21-044-L01-T

NOTE FOR PHARMACISTS: Upon closing of the online evaluation, VCU Health Continuing Education will upload the pharmacy-related continuing education information to CPE Monitor within 60 days. Per ACPE rules, VCU Health Continuing Education does not have access nor the ability to upload credits requested after the evaluation closes. It is the responsibility of the pharmacist or pharmacy technician to provide the correct information [NABP ePID and DOB (in MMDD format)] in order to receive credit for participating in a continuing education activity.

### **Disclosure of Commercial Support:**

We acknowledge that no commercial or in-kind support was provided for this activity.

### **Disclosure of Financial Relationships:**

The following planners, moderators or speakers have the following financial relationship(s) with commercial interests to disclose:

| Name of individual  | Individual's role in activity | Name of commercial interest/Nature of relationship                      |
|---|-------------------------------|---|
| Dave Dixon, PharmD, FACC,<br>FCCP, FNLA, BCACP, BCPS,<br>CDE, CLS | Activity Director             | Contracted Research-Boehringer Ingelheim<br>Vetmedica GmbH - 08/04/2021 |
| Michael I Elliott, PharmD   | Faculty                       | Nothing to disclose - 08/19/2021  |
| Dana Burns, DNP   | Planning Committee            | Nothing to disclose - 09/29/2020  |
| Teresa Salgado  | Planning Committee            | Nothing to disclose - 09/29/2020  |
| Evan Sisson, Pharm.D., MSHA,<br>BCACP, CDE, FAADE                 | Planning Committee            | Nothing to disclose - 05/18/2021  |
| Madeleine Wagner, BA  | Planning Committee            |   |





The Health System Serving Central and Southside Virginia

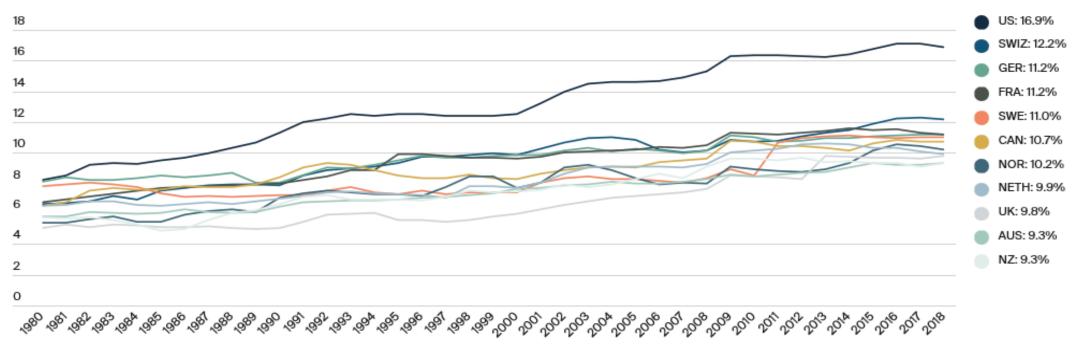


 Which country spends the highest amount of their gross domestic product (GDP) on healthcare?

A. Switzerland
B. Germany
C. United States of America
D. France

## SPENDING The U.S. Spends More on Health Care Than Any Other Country

Percent (%) of GDP, adjusted for differences in cost of living Legend shows 2018 data\*



### OECD average: 8.8%

### Download data

Notes: Current expenditures on health. Based on System of Health Accounts methodology, with some differences between country methodologies. GDP = gross domestic product. OECD average reflects the average of 36 OECD member countries, including ones not shown here. \* 2018 data are provisional or estimated.

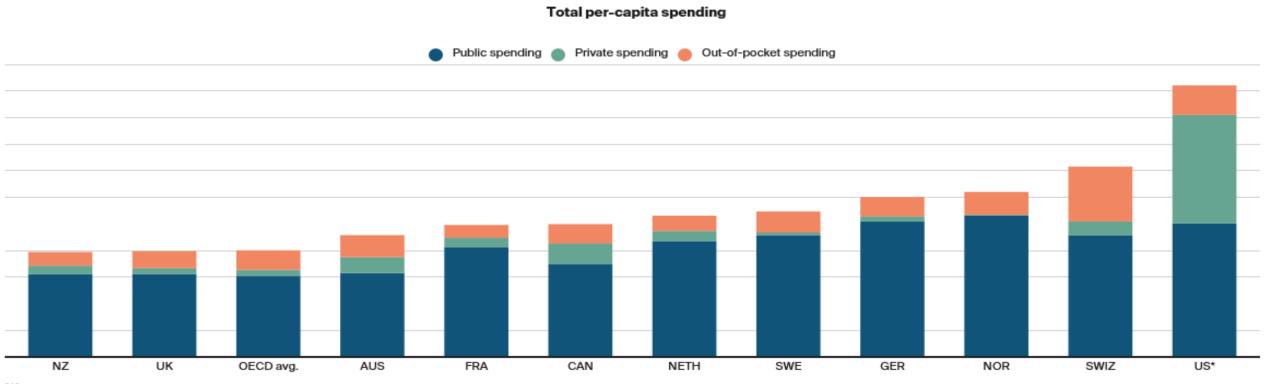
### Data: OECD Health Statistics 2019.

- Which country spends the most per capita on healthcare?
  - A. Switzerland
  - B. Germany
  - C. United States of America
  - D. France

### SPENDING

# U.S. Public Spending Is Similar to Other Countries; Out-of-Pocket and Private Spending Are Higher Than Most

Dollars (US\$), adjusted for differences in cost of living



Download data

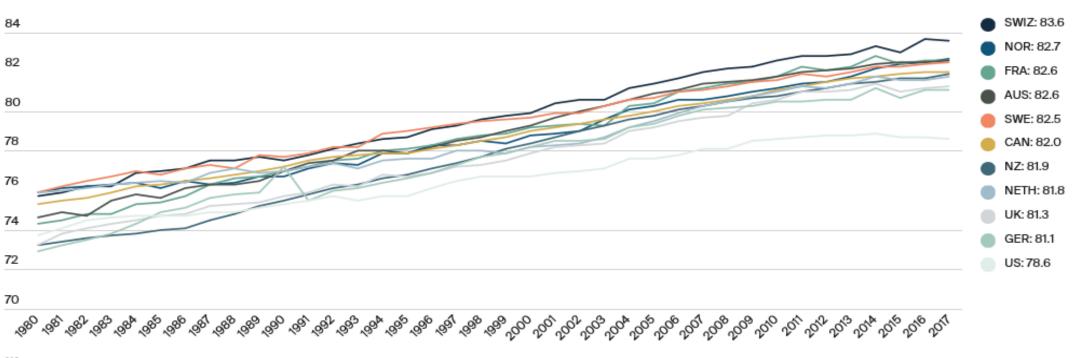
Notes: Data reflect current expenditures on health per capita, adjusted using US\$ purchasing power parities (PPPs), for 2018 or the most recent year: 2017 for FRA, SWIZ, UK, US; 2016 for AUS. Data for 2018 reflect estimated or provisional values. Numbers may not sum to total health care spending per capita because of excluding capital formation of health care providers, and some uncategorized health care spending. \* For US, spending in the "Compulsory private insurance schemes" (HF122) category has been reclassified into the "Voluntary health insurance schemes" (HF21) category, given that the individual mandate to have health insurance ended in January 2019. OECD average reflects the average of 36 OECD member countries, including ones not shown here.

### Data: OECD Health Statistics 2019.

- Which country has the highest life expectancy?
  - A. Switzerland
  - B. Germany
  - C. United States of America
  - D. France

### HEALTH OUTCOMES The U.S. Has the Lowest Life Expectancy

Years Legend shows 2017 data



OECD average: 80.7

### Download data

Note: OECD average reflects the average of 36 OECD member countries, including ones not shown here.

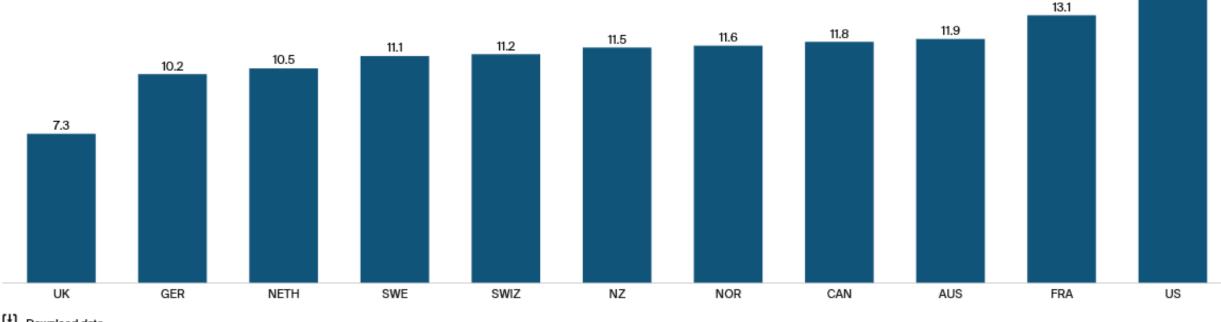
Data: OECD Health Statistics 2019.

### **HEALTH OUTCOMES** Suicide Rates Are the Highest in the U.S.

Deaths per 100,000 population (standardized rates)

OECD average: 11.5

13.9



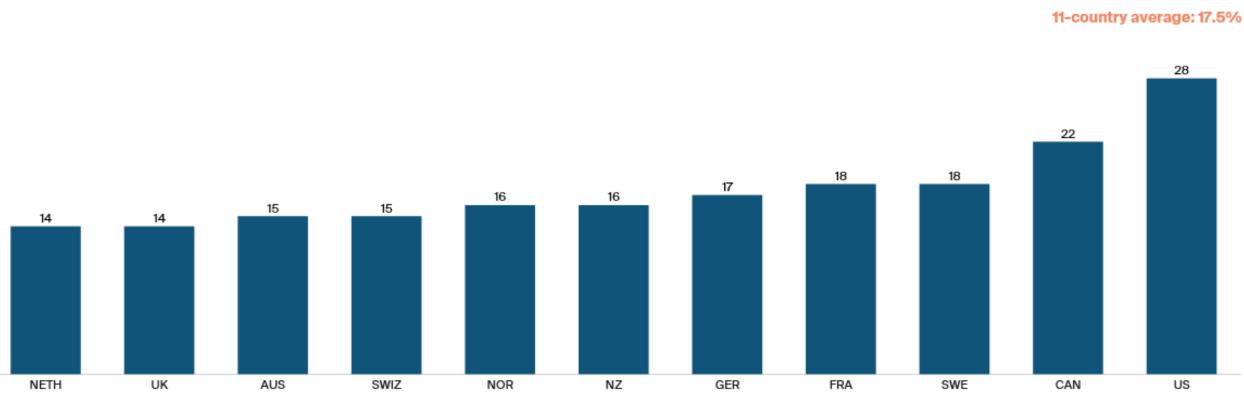


Notes: Rates reflect age- and sex-standardized rates for 2016 or latest available year: 2015 for CAN, FRA; 2014 for NZ. OECD average reflects the average of 36 OECD member countries, including ones not shown here.

### Data: OECD Health Statistics 2019.

## **POPULATION HEALTH** U.S. Adults Have the Highest Chronic Disease Burden

Percent (%)



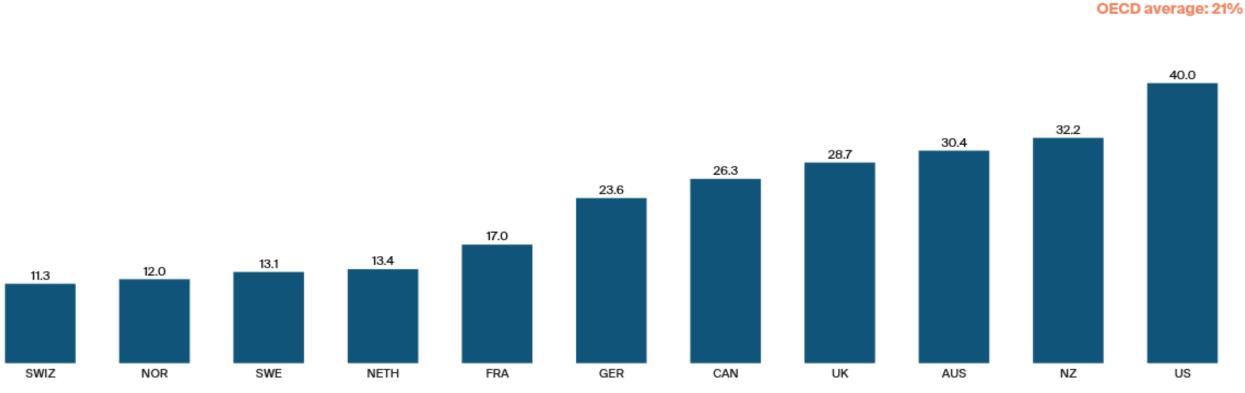
<sup>🗄</sup> Download data

Notes: Chronic disease burden defined as adults age 18 years or older who have ever been told by a doctor that they have two or more of the following chronic conditions: joint pain or arthritis; asthma or chronic lung disease; diabetes; heart disease, including heart attack; or hypertension/high blood pressure. Average reflects 11 countries shown in the exhibit that take part in the Commonwealth Fund's International Health Policy Survey.

Data: Commonwealth Fund International Health Policy Survey, 2016.

## **POPULATION HEALTH** The U.S. Has the Highest Rate of Obesity

Percent (%)



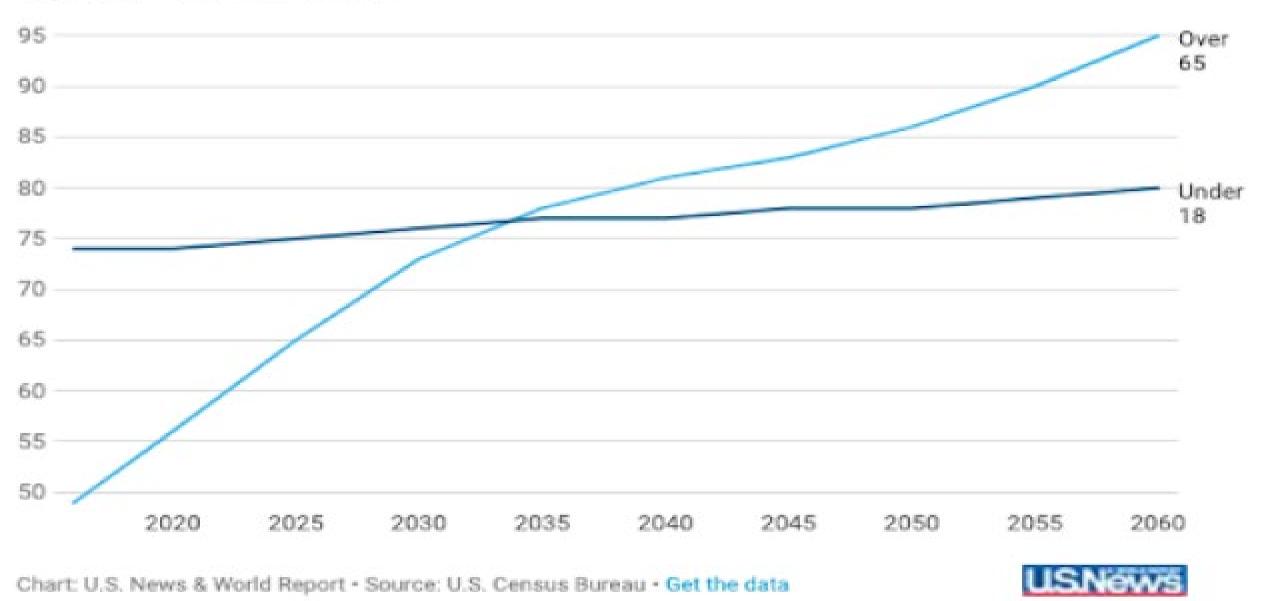
Download data

Notes: Obese defined as body-mass index of 30 kg/m<sup>2</sup> or more. Data reflect rates based on measurements of height and weight, except NETH, NOR, SWE, SWIZ, for which data are self-reported. (Self-reported rates tend to be lower than measured rates.) 2017 data for all countries except 2016 for US; 2015 for FRA, NOR; 2012 for GER. OECD average reflects the average of 36 OECD member countries, including ones not shown here.

### Data: OECD Health Statistics 2019.

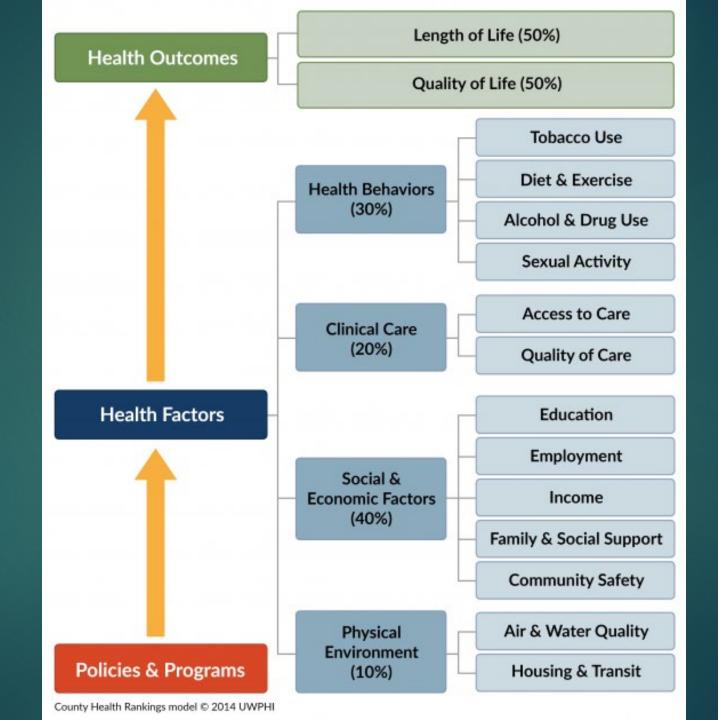
## **U.S. Population Predictions for Seniors and Children**

Population values in millions



 What percentage of the overall factors that make up your health are based on the clinical care you receive?





# Points of View not Answers

## People

- COVID is a big deal, but it's not the only job to be done
- The right people are our most valuable asset and the future is unsure
- The Nursing profession and therefore healthcare is in crisis
- Solving for workforce resiliency will be key
- Diversity, equity and inclusion are business imperatives
- Change management will be the most critical skill

## Operations

- Become a HRO (High Reliability Organization)
- Health systems and payers will be strongly incentivized to move to value risk transference will accelerate
- Most modern health systems are built for acute, episodic care not chronic conditions and systems of care
- Interoperability is critical
- Rationalize your offerings

# Points of View not Answers

Community

- Health happens in the community not hospitals and clinics
- 80% of factors impacting overall health are non-clinical

Accessibility

- Affordability affects access
- Everyone believes healthcare is too expensive
- Telehealth is here to stay

## Trends

- Revenues are declining and expenses are rising
- Smaller rural health systems are particularly vulnerable
- Industry consolidation will continue (if the government allows it)
- Payors are becoming providers
- Private equity and venture capital are rolling into healthcare

# Questions and Answers