Visioning 2026 Healthcare Focus Group Session
November 12, 2006
2:00 – 4:30 p.m.
Chamber Office

Present: Diane Blinn, Lisa Walters, Ann Oertwich, Jay Spracklen, Connie Barnes, Mark Hall, Gregg Hansen, Mike Brogan, Jennifer Adams and Dan Mauk

Introductions were made along with a brief background of each participant and facilitator. Brogan gave a brief summary of the Visioning 2026 five-step process. Group was asked to consider the 16 trends previously selected as having the biggest possibility of impacting our area, and was asked if the group could suggest any other trends for consideration.
Group added:
17) Specialists, many whom are going into the field of medicine, have moved into a specialization instead of a general practice, thus creating considerable overlapping of knowledge and redundancy.

Discussion continued on the pros and cons of this trend, general feeling of the group was:

a) There is a need for doctors to be broader minded. There is a need for more generalization in the medical field, which sees areas starting to crisscross. The use of technology could bridge the gaps and break down the barriers to bring partnerships to healthcare providers.
b) Self-diagnosis is being done more and more online; however—is the information accurate, how does one decide? RFID chips could eventually be implanted under the skin and could assist the individuals in self-diagnostics and perhaps submit information directly to the physician, thus reducing the need for office visits.

During discussion, the group was also asked to consider:
What other trends or weak signals do we see now that will cause us to alter the ways we think about healthcare?
What problems or pitfalls might those in healthcare anticipate having to deal with because of these trends?
What opportunities might present themselves to those in healthcare because of these trends?
What aspects of our current healthcare system do we feel need a fresh approach?
What ideas do you have for positively transforming our healthcare system?

End of life issues have created an increase in insurance premiums to cover the cost of the elderly who do not have a DNR. Premature births and neonatal costs are also on the rise, and the consumer pays the price for technological advances. This brings to mind ethical and religious issues as well, when do we say we have done enough?

Mental Health—how do we improve mental health profession and the care patients receive. In recent years, healthcare has continued to move forward, while mental health care continues to go backwards, using older, less expensive drugs to treat patients. This is a very political issue and needs to be addressed via the state legislature and in Washington, D.C. There is a need for flexibility in how the mentally ill are cared for.

Social Environment—may be an issue for consideration, with the Democrats taking control of the House and Senate, will prior attempts to effect changes in the healthcare and insurance system be revived? How will the existing system be changed, if at all?

There is a need to standardize the gathering and storing of information to make it more user friendly and to partner with other facilities. Patient safety is the primary reason for creating standards of care. The use of technology—such as a bed side bar code system—would help to reduce or eliminate negligence in patient care. (For example, over- or under-medicating a patient.) This would also reduce medical malpractice suits. Nebraska does have a cap on medical malpractice damage awards.

Why can't Norfolk be the next Mayo Clinic? Currently, Faith Regional Health Services is expanding, creating a 30 million dollar bed tower facility, together with increasingly reputable cardiology, oncology and orthopedic departments. Studies are done periodically on patient care from our area that uses other facilities, such as Omaha, for inpatient care. Study also indicated an expected drop in the birth rate.

Looking at the aging population of our area, what steps will we need to take to prepare? How is FRHS preparing? Initial consensus is to start the building process, to make sure we have the facilities to handle the increased need for elderly medical assistance. Group was asked if existing buildings could be renovated—Walters advised that it is more costly to renovate to standard than to build new. A more homelike atmosphere has become the norm for inpatient care, as well as in assisted living care and nursing home care facilities. Hospitals have created family rooms, to encourage family members to participate more in the recover phase of the healthcare system. This change in atmosphere has been proven to promote faster healing. There is a need to re-educate our physicians towards a wellness mentality, with family involvement and be willing to consider alternative ways to do things.

Young, upcoming physicians want an 8 to 5 clinic work environment. They want to have the same hours as other businesses, with weekends off, so that they can enjoy life and their families. Older physicians may not be appreciated for all the sacrifices they have made to care for their patients. A specialty, "hospitalists," has developed--internal medicine physicians who work longer shifts but fewer workdays to cover the ER and patient care of those hospitalized to reduce the burden on clinic physicians. These specialists help manage patient care, however, there needs to be better communication in the type of partnering.

Continuing education requirements online are currently limited, with most healthcare providers needing to travel to keep their credentials up-to-date. Perhaps a willingness to expand more classrooms to online, improve networking and communication, such as virtual reality classrooms would remove some of the burden in continuing the providers education. There is a lot of frustration in the medical field—physicians do not want change as they feel they are losing control.

Would development of organic foods create a healthier lifestyle, reducing health issues is something Norfolk should consider? The reality is that organic foods are more expensive and time consuming for healthcare providers to consider using and it is a trendy idea rather than a true trend. Healthcare costs to the consumer would have to increase to cover the additional expense to serve organic to patients and families.

Behavioral healthcare providers teach and encourage patients to eat better. Once on a healthier diet they feel a lot better and they are more apt to continue better nutrition. They are also taught how to prepare healthier meals to ensure they can provide themselves with good menu choices. Society needs to retrain our youth, get them away from the fast food, junk diets and go back to healthier eating.

Group decided on the following five trends (of the 17 considered) as being the most likely impact healthcare in our area during the next 20 years:

1) (1) Education/Self Learning—continuing education of health providers
2) (9) Communication and Innovation Network—better direct communication via internet
3) (10) Population Trends—shortage of healthcare providers with an aging and longer-living population
4) (13) Symbiotic Relationships/Partnerships—how doctors get along with nurses, how all health providers get along with patients and each other, how everyone in healthcare gets along with the government in the foreseeable political climate
5) (15) New Technology—higher costs of new technological advances will raise healthcare costs and raise health insurance premiums

[Group took a break at this point.]

Spracklen advanced these additional trends to be considered:

6) Cultural Diversity—in particular, language barriers, need for interpreters, more foreign physicians moving into the rural areas to fulfill visa regulations of serving underserved rural areas so they may remain in the country to practice. Once requirements are met they tend to move to similar immigrated cities so they can live where they are more culturally comfortable. Diverse cultures create new provider barriers as to what the provider can and cannot do for a patient care/treatment based on patients' beliefs (religious and otherwise). How can we get the foreign physicians to take ownership in the rural areas and want to stay? Their families' happiness and motivation to stay plays a big role.

7) Transportation—aging population cannot always get to their appointments, unable or do not have the means to drive themselves to hospital, clinic or rehabilitation visits. There is a need for a Community Health Clinic that can provide patient transportation.

Outcome Segment:

Can you identify the top two or three actions or accomplishments in healthcare that citizens of Norfolk and Northeast Nebraska should undertake to best benefit from and take advantage of these five trends?

- and -

Specifically, what changes should we make to our local healthcare systems to make us "World Class" and set us apart form other communities and cities?

There is admitted difficulty in an educated group coming to a consensus in one afternoon, particularly when there is no examination of potential costs, evaluation of comparative benefits, or prioritization of the ideas discussed. Nevertheless, recognizing these limitations, the group answered the outcome questions as follows:

1) Establish and Improve Public Transportation—both locally and regionally—including continuation of a 4-lane expressway system and return to commercial air travel. This would require funding on the local level of some type to provide affordable public transportation and continued pressure at the state and national level for new funding dollars to continue the 4-lane expansion. One consideration could be the partnership between employer and the healthcare provider to allow the employee take time away from work to take elderly or disabled family members to and from appointments and the pharmacy. A sub-goal is partnering with healthcare providers and city.

2) Funding for the Free Clinic—maintain and expand the Community Healthcare Clinic. Keeping the facility open and expanding it to full time service, including transportation assistance as well as providing a center for mental health and residency housing would require new types of funding and partnerships with other healthcare providers and other agencies in the area.

3) Center of Excellence—transform what Norfolk's Faith Regional Health Services (FRHS) does best into a healthcare "center of excellence," providing broad based, affordable healthcare. Promote our area to the national or even global market—this would include uninsured patient care availability. Delivery of care would be preferred provider—"highest quality of care at the lowest possible cost." A natural resource: Norfolk's healthcare costs are 80% of the national average. Look at where we are excellent now and where we could expand into healthcare excellence, and then target the desired market. [*See also* Diane Blinn's separate paper discussing Marvin J. Cetron's article, "Small-City Clinics: Competing with India and Thailand in the Global Medical Market" (9-7-06).]

Group was asked, what are their expectations from FRHS? Group responded that they would like to see FRHS be a leader in the healthcare global market!

a) Funding: How does the community as a whole support and fund such a center? National level fundraisers similar to ones done by the Mayo Clinic, St. Luke's, etc.
b) What would FRHS need from the community to sustain a center of excellence?
    - Support from the regional area, not just Norfolk, Madison County
    - A standardized clinical data exchange environment
    - Building of the infrastructure
    - Possibly on-line advertising, partnering with businesses in this field to create and maintain
    - Partnerships with surrounding communities for long term, non-critical care
    - Diagnostics, FRHS has the capacities, must have a willingness from within and without Norfolk to pass/refer patient care on to other providers.
c) Lobbyist: The community should consider hiring a lobbyist to work for us in Washington to create projects that Washington would get behind and provide funding. Natural resource: effective and responsive state and local leaders.
d) UNMC Initiatives: Community and FRHS also need to get behind the expansion of the proposed nursing college—this would create a higher educated healthcare professional locally. Retention possibilities of students remaining in rural areas should increase. The economic impact of the new college would be a big shot in the arm for the area and could contribute wealth to help with funding issues. (Connie noted we have a shortage of behavioral healthcare providers, so it is also advisable to introduce local partnering with the University to train for licensed mental health and substance abuse providers and psychiatrists using the UNMC-FRHS model.)