

A healthy perspective: A local doctor ponders a future of better care

by Caitlin Byrd

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President and CEO of the Mountain Area Health Education Center for a little more than a year, Dr. Jeff Heck says the academic medical center has an eye toward not only training physicians, but thinking about sustainability. And it starts with recruiting and retaining doctors.

He talked with Xpress recently about sustainability in the health-care industry and some ways that MAHEC is addressing them.

Mountain Xpress: In your opinion, what is the greatest barrier to sustainability in health care?

Jeff Heck: Our own lack of empowerment to care for ourselves, to take our own health as a blessing, as something that we need to nurture and care for. We know that the healthiest people are those who take an active interest in staying and being healthy, in exercising, in eating right and taking care of illnesses early rather than later, being concerned and seeking help for mental health. Most of our own health care is what we do ourselves.

The next big block is advice that we seek outside of ourselves from experts, and sometimes those are doctors. It might be other people, like our grandmothers.

The next block that we look for in the medical system is primary care — [those who] do the bulk of the actual care. It's only the smallest amount of people who get care from specialties and hospitals. Those usually come at later stages in diseases.

So then, what is the most unsustainable trend we're seeing in health care right now?

The cost of health care continues to rise and be a problem. [We need] more incentives on prevention and staying healthy, rather than just sick-care. So that's a threat for us. Another threat is, as state and federal governments and city governments have more trouble with finances, it means less is invested into education. In order for a society to be healthy and strong, you need to have a great educational system.

And MAHEC has trained more than 300 local physicians. You also offer a free consulting service for local doctors, regardless of whether they trained at MAHEC, correct?

Yes, it's our Center for Quality Improvement, [which is] helping offices meet some of the new demands of the Affordable Care Act, and also the sort of changing nature of medicine. Some examples are almost all the practices now in Western North Carolina have electronic health records. But using those health records to the benefit of the patient, well, that's more complex.

The electronic health records don't talk to each other, and [we can't] easily produce the reports that demonstrate your quality [of care received]. The records weren't really designed for population management and they weren't designed to help practitioners monitor their type of care. So our consultants really help in that way. They help offices to make great use of their health records and even beyond that, to also to redesign the way the practice is run so that it has a maximum benefit to the patient, preferably at a lower cost, and improves the quality of life for the physician and the staff so that they can really do their best work. This way, [doctors] can do their best work without having to be overly burdened by the clerical work associated with a health record.

We've also seen a trend in medicine and health care: The concept of a solo practitioner is becoming a thing of the past. Would you agree with that? One of the models of care that's become more popular low-overhead practices. MAHEC has actually piloted that model in Flat Rock. It's also a good model where the physician has few-patients, does almost all of the work, carries the office phone with them as a cell phone and is able to spend more time with patients, just [by having] lower office overhead.



With all these changes in health care going on, how can a practice be sustainable in WNC?

We're about to see some major changes in how health care is delivered and also how it's paid for. I think in the future we're going to have a health-care system that works well for my daughter-in-law. I call it the Hannah health-care system. She's going to get up in the morning to get ready to go to work because both she and her husband both work. She's going to notice that one of her kids is sick, and she's going to want to go the computer and make a visit online. She's going to want to schedule her visit around her own schedule so she won't have to miss any work. It has to be very convenient.

There's going to be open access, which means that she'll be able to go at a time when it's convenient for her or even be able to stop by the office and know that she'll be seen quickly at that time. It may be 7 in the morning, but it's also going to be her practice where she gets her care, so all [her] records will be there. She'll have affordable medications, some generic medications, and go to her pharmacy, which is able to fill her medication quickly for her. And then if her child has any tests done, those results will be emailed to her with an explanation, and she'll be able to have a consultation by phone or by email so she doesn't have to make a doctor's visit just to discuss her child's results or her own results of a test.

Going forward, how should the health community be thinking about making care sustainable in WNC?

To be a good guy, you care about low-income populations, you care about those who are sick for whatever reason and who are not healthy. You care about children who need to have the right nurturing and healthy environment to be successful. If we're thinking just about our business and our sustainability for ourselves, then it's not the right way to look at it.