



AT THE FOREFRONT OF INNOVATION

zones be built around academic health centers as sites for testing new models of care delivery and financing,” Kirch explains. “Freed from regulatory constraints, these hubs of innovation would strive to improve the quality of care for patients while containing or decreasing costs.” The model is being evaluated as a potential solution for the future.

What else can be done to curb costs? Kirch suggests the following:

- Conduct a baseline health assessment of employees to understand the level of health care risks in the employee pool;
- Partner with an insurance entity to help reduce costs;
- Redesign health benefits so there is a balance between cost and health promotion/management;
- Help employees and students make informed lifestyle choices to not adversely affect their health care by promoting health literacy; and
- Assess if the health care administration programs that are being taught deliver high-quality care at a reasonable cost.

Following these steps can provide at least one model that demonstrates a road map to the future of how health care can be delivered.

For more information:

<https://www.agb.org/trusteeship/2011/marchapril/higher-education-and-health-care-at-a-crossroads>

A seismic change is taking place in health care. Among the drivers are the shift to wellness and prevention, away from the reactive mindset of helping people get well when they are sick; reducing medically unnecessary care and testing; and bundling of payments to help reduce costs. There is also a consumer movement demanding ease of access, excellent service, and transparency of both cost and quality, all at a reasonable cost.

As organizations struggle to shift their business models to meet these conditions, higher education can help. In a report, “Higher Education and Healthcare at a Crossroads,” Darrel Kirch, president and CEO of the Association of Medical Colleges, notes that universities are employers, educators, and, at times, health care providers. Within this complex setting, the U.S. continues to spend twice as much on health care as any other developed nation and still has no better outcomes, according to the World Health Organization.

Colleges and universities can be a beacon for navigating the storm. As businesses have, colleges and universities are shifting more health care costs to their employees, paying less in terms of overall coverage. In addition to providing incentives for keeping staff and faculty well, these institutions are doing more to educate employees about the cost of care and choices. The Penn State Milton S. Hershey Medical Center, starting in 2006, offered a tiered approach to premiums that were based on income levels. Employees at the lower end of the income spectrum received a larger contribution from the employer “to ensure that their access to care was not jeopardized,” according to Kirch. “All employees could reduce their premiums further by reviewing health education materials and engaging in health promotion programs.” Additional key preventive services were also fully covered with no co-pays to ensure services were used.

Hershey, as an academic medical center, was in a niche, one that is part of the Affordable Care Act’s Healthcare Innovation Zones. “The law designates that such

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