



More Work Ahead—Points of Light: The 2019 Healthcare Horizon

TENNESSEE HEALTHCARE: PART 2



With midterm elections in the rear view mirror, and 2019 around the corner, the year in healthcare for 2018 had its share of bold disruption, positive innovation and thankfully, greater transparency. As both a state senator and the head of a post-acute specialty pharmacy, there's more work ahead if we are to build a great healthcare system for everyone. But to paraphrase the recently departed President George H.W. Bush, I am encouraged by some "points of light" on the horizon.



Shane Reeves, PharmD
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More Work Ahead

Getting Better at Focusing on the Patient

Sounds simple, right? Focus on the patient. Provide patient-centered care. Healthcare doesn't exactly work that way. We need to frame every decision through the filter of "What is best for patients?" Patient-centered care incorporates patients' values, beliefs and preferences into their plan of care. All clinicians, especially [nurses](#), should be empowered to put this approach into practice. It improves quality of life, increases medication compliance, and as studies show, improves overall [outcomes](#).



A Central Data Repository for Post-acute Care

Post-acute care could use a healthy dose of innovation, especially in terms of data management. As linkages between acute and post-acute facilities continue to grow, there's an unmet need for data sharing. I'm encouraged by the efforts of the Centers for Medicare and Medicaid Services to create the [Data Element Library](#), a free, centralized resource to allow users to see specific data elements, which CMS requires post-acute providers to collect. The DEL includes IT standards to support the collection and easier exchange of vital health data among providers. This is especially important for those with chronic disease, who often migrate from an acute to post-acute care settings. It's a great first step towards healthcare's Holy Grail: interoperability of healthcare data across all care settings.



Rural Healthcare Needs Tailored Solutions

My company serves a lot of rural areas, many of which have been devastated by hospital closures in their nearby towns. Five rural hospitals [closed](#) in 2018, bringing the total since 2010 to 87. The nearly 20 percent of the rural US population that lives in 97 percent of the country's geographic area need tailored solutions to deal with this rapidly changing environment. As Darrold Bertsch, CEO of a rural North Dakota hospital, said in [an Advisory Board report](#), "If communities had a little bit more flexibility, then they could adopt a health care delivery system in their area that is more relevant to the needs that they have, rather than trying to make a hospital fit in a community where it might not be able to be supported anymore." New models of care that emphasize outpatient clinics and better coordination of care between the hospital and other nearby healthcare facilities deserve consideration.



Insurance Companies Need to Stay in Their Lane

Beginning in roughly 2011, insurers began buying physician practices to give them the upper hand in the fight with hospitals over who gets control of primary care. Then they began turning their attention to hospital acquisitions. The latest wave in this trend is the [mergers](#) of pharmacy giants CVS with Aetna, and the pending [merger](#) of insurer Cigna with pharmacy benefits manager Express Scripts.

Insurance companies are in the business of taking on and managing risk, and leveraging the capital that their policyholders provide them to accept that risk. That's tricky enough. The mergers envisioned promise to limit competition and set up significant conflicts of interest.

Points of Healthcare Light

Transparency

[Two bills](#) recently signed into law—Know the Lowest Price Act and Patients' Right to Know Drug Prices Act—provide greater transparency in drug pricing to consumers. The legislation lifts the stifling restrictions placed on pharmacists by pharmacy/pharmacy benefit manager agreements that kept them from disclosing cheaper drug options to consumers. While it doesn't address the issue of lowering actual drug prices, this level of greater clarity is just the motivation the marketplace needs to bring prices down.





Cleveland Clinic

Disruption & Innovation

Amazon's purchase of adherence packaging company [Pillpack](#) might sound threatening to some pharmacists, and most pharmacy stocks declined sharply on the day of Amazon's announcement. It's a smart business decision for Amazon to enter the pharmacy business, but it's not as simple or as lightly regulated as selling books or groceries. As someone who spent many years wearing a pharmacist's coat, there's always a place for independent pharmacies, especially for managing chronic disease. They've been providing adherence packaging for a long time, and most offer same-day, in-home delivery.

For real innovation in healthcare, it's always a good idea to check out [Cleveland Clinic's](#) annual top 10 Medical Innovations. Pharmacogenomics to provide a better alternative to handling chronic pain, the advent of artificial intelligence in healthcare, and advances in immunotherapy for cancer treatment are some of the areas the nearly 100 year-old academic medical center predicts will have positive impacts for 2019.

Telehealth

Much like the early days of implementing EHRs, telehealth is in what some call "hockey stick" growth mode. According to [HIMSS Analytics](#), telehealth use has jumped to 71 percent in 2017 from 54 percent in 2014. "After consistently growing 3.5 percent annually, based on study results, adoption has increased roughly 9 percent since 2016." And estimates show that 80% of health systems are set to invest in virtual care in 2019.



Washington is crippled by divisiveness.

We can't expect much healthcare innovation or transparency from federal-level leadership. What Tennessee—and I would imagine, most of the country—needs is a healthcare system that's flexible, efficient, safe and patient-centered. While there's still much work to be done, I'm encouraged by the progress made and look forward to working with our new governor and the members of the general assembly to move the state of healthcare in Tennessee forward in 2019, making it more affordable, accessible, transparent, and laser-focused on positive patient outcomes.

About TwelveStone Health Partners

TwelveStone Health Partners incorporates the objective of glorifying God into its mission by delivering a higher level of service to partners and patients. As an organization, TwelveStone supports the transition from acute to post-acute care environments and the transition from sickness to health. This is the third evolution in the company's history, beginning in 1980 when Richard Reeves and Ronald Powell created a single retail pharmacy location then called Reeves Powell Saveway Drug Store. In 1994 Shane Reeves and Rick Sain launched Reeves-Sain and over 20 years grew the organization to include seven companies. In 2015 Reeves Sain Drug Store, Inc., a retail pharmacy, and its specialty pharmacy, EntrustRx were sold to Fred's, Inc. In 2016 Shane Reeves launched TwelveStone Health Partners with the objective of continuing to pursue the highest professional, business and community goals set forth by its founders.



For more information, visit or call. www.12stonehealth.com or (844) 893-0012