

MEDIA ADVISORY

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‘One way or another’

Longtime backer of population-health reform says November’s election could derail, or at least delay, nation’s move toward a system that rewards value, not volume

By the time November’s presidential election rolls around, the availability and affordability of medical care will emerge as the American public’s “No 2 issue — right behind terrorism and national security,” a leading healthcare reformer predicts.

David B. Nash, MD, PhD, founding dean emeritus of Jefferson University’s College of Population Health in Philadelphia, says the next 10 months will “crystallize our view, one way or another, on the future of the Affordable Care Act.”

Nash, to be clear, is not a neutral bystander; he doesn’t claim to be. The board-certified internist has spent decades advocating fundamental changes in the way physicians practice medicine — and get paid. Specifically, he wants to shift, once and for all, from a fee-for-service payment system — “heads and beds,” as he puts it — to an outcome-based payment system.

At this point, Nash said, too many clinicians address “one patient, one problem, one at a time” — with little or no regard for (1) the long-term efficacy, safety, or cost of a given drug or procedure, (2) the measures taken by other providers involved in the patient’s care, and (3) the emotional, economic, and environmental factors that shape a patient’s overall wellbeing (or affect the patient’s ability to adhere to a treatment regimen).

Speaking on the podcast *Innovators*, an audio series presented by the global recruiting firm Harris Search Associates, Nash said physicians’ failure to consider the big picture, coupled with their spotty adherence to established best practice, contributes to considerable waste — as much as \$935 billion a year by some estimates — and exposes patients to unnecessary risk.

Nash doesn’t ascribe any sinister motives, however, noting instead that most providers simply aren’t trained or incentivized to do otherwise. Indeed, he says, fee-for-service providers face a “pernicious imperative to do more” — to schedule more office visits, to order more tests, to perform more procedures, to prescribe more medications.

The upshot: In 2018, the most recent year for which data are available, U.S. healthcare spending increased by 4.6 percent to \$3.6 trillion — or \$11,172 for every person in the country. That’s 17.7 percent of the nation’s gross domestic product, the highest such figure, by far, in the developed world. Americans’ average life expectancy, meanwhile, declined for the third straight year.

“The main message that we find difficult for practitioners to get their arms around is that it’s not about coming to the doctor or the hospital,” Nash said. “Quite the contrary. Health is determined by a sort of witch’s brew of behavior, Mom and Dad, climate change — ‘all of the above.’ The actual laying on of hands — healthcare services — contributes only 10 to 20 percent of a population’s wellbeing.”

The 30-minute interview was conducted by Richard A. Skinner, PhD, a two-time former university president who now serves as senior consultant at Harris Search Associates.

Innovators, which debuted in August 2017, features timely conversations with global thought leaders in the areas of higher education, research, engineering, technology and the health sciences.

“Our goal is to give listeners the opportunity to learn from national leaders who are changing the landscape of innovation and discovery,” said Jeffrey G. Harris, founder and managing partner of Harris Search Associates. “Now, more than ever, information really is power.”

The conversation with Nash and an archive of previous *Innovators* segments are available on the web at harrisandassociates.com and on leading podcast platforms such as Apple Podcasts, Libsyn, Google Podcasts, Overcast, Stitcher and Spotify.

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