

BusinessWest

PUBLISHER

John Gormally
gormally@businesswest.com

ASSOCIATE PUBLISHER

Kate Campiti
campiti@businesswest.com

EDITOR

George O'Brien
obrien@businesswest.com

SENIOR STAFF WRITER

Joseph Bednar
bednar@businesswest.com

ADVERTISING CONSULTANTS

Kathleen Plante
plante@businesswest.com

Diane Sabourin
sabourin@businesswest.com

ART DIRECTOR

Mike Nasuti
graphics@businesswest.com

SENIOR DESIGNER

Nikia Davis
davis@businesswest.com

MARKETING COORDINATOR

Melissa Hallock
marketing@businesswest.com

ASSOC. MARKETING COORDINATOR

Matt O'Connor
oconnor@businesswest.com

OFFICE MANAGER

Cindy Sears
officemanager@businesswest.com

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1441 Main Street
Springfield, MA 01103
(413) 781-8600
Fax (413) 781-3930

EDITORIAL

What We'd Like to See in 2016 (Part 2)

In the last episode of 'what we'd like to see in 2016,' you might recall that we desired to see — and actually expect to see — progress on a number of fronts — everything from efforts to promote entrepreneurship to workforce-development initiatives in light of retiring Baby Boomers; from strategies to bolster the once (and still) proud manufacturing sector to what we called a 'normalizing of relations with MGM' after an unnecessarily stormy 2015.

For part 2, we have something else for the wish list — something probably more elusive but in many ways just as important. Let's call it an attitude shift, or adjustment.

You know what we're talking about, and it goes by different names in these parts. Some would label it an inferiority complex, while others, those who are slightly more cynical, might describe it as a 'can't-do attitude.'

It's the sentiment that there's something wrong, or lacking, in this region, and that we can't ever rise above it and be like Boston or Cambridge, or even Lowell or Worcester. Such sentiments are reinforced every December when BusinessWest presents its annual Economic Outlook. Economists from area colleges and universities and AIM talk about how great the state's economy is doing, and then present the obligatory caveat — 'except in Western Mass.'

So there are some good reasons why this attitude prevails, especially when one considers the city of Springfield, the unofficial capital of this region.

Indeed, when people talk about it glowingly (which isn't that often), it is almost always with the past tense that they get the job done. That's what's needed when we talk about everything from vibrancy downtown to the state of the manufacturing sector, to the health and vitality of spe-

cific neighborhoods. The good old days were decades ago, and by most accounts, especially from those who fuel the inferiority complex, we're not likely to see them again, at least anytime soon.

Meanwhile, the skyline of the city — maybe the most telling sign of progress when it comes to a metropolitan area — simply hasn't changed (unless one counts the MassMutual Center) since Ronald Reagan was in the White House and Mike Dukakis was in the State House. That's a long time to go without a major new building initiative. In the 30 years prior to that, the downtown changed dramatically.

And this brings us back to our hope for an attitude adjustment. It's not going to instantly change our fortunes, but it certainly can't hurt.

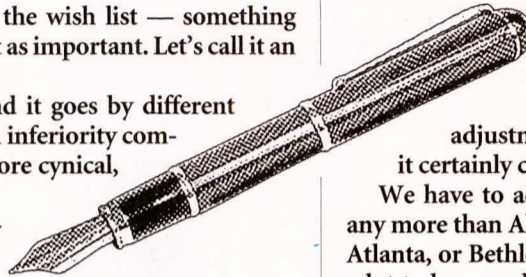
We have to accept the fact that this region is not going to Boston, any more than Albany or Troy can be New York City, or Augusta can be Atlanta, or Bethlehem can be Pittsburgh. And in the meantime, there is a lot to be proud of here — a high quality of life, affordability, culture, history, tradition, and some extremely livable communities.

What we don't have ... OK, that's a long list. We don't have a large biotech sector or major technology employers or a robust financial-services sector. Perhaps more importantly, we don't have the vibrant nightlife and myriad entertainment options often needed to attract and retain the professionals needed to fuel all of the above.

But people are working on it. Dramatic change won't come overnight, but it's very easy to envision a Springfield, and therefore a region, that is more vibrant — and still has all those other qualities listed above.

How easy? Much more easily than any time in the past 30 years.

Will it happen? Maybe. We'll even offer a 'probably.' And an attitude adjustment might just help get it done. ❖



OPINION

Key Healthcare-delivery Trends for 2016

By KERRY ANN HAYON

As we head into 2016, it is important to think about some of the things that will impact physician practices in the year ahead.

- Patients are increasingly seeking health-care-delivery services that are both accessible and quickly responsive to their needs. In 2016, convenience will continue to be a key factor in where patients choose to receive care, and emerging technologies will enhance accessibility to care by bringing care-delivery options to patients' fingertips.

- Store-based, limited-service clinics have made an impact on routine care delivery over the past few years and will continue to cater to patients who are in need of prompt treatment for low-acuity illnesses and injuries; quick access to sports, camp, or other physicals; administration of vaccines; or any other walk-in type of low-acuity illness. Meanwhile, urgent-care centers continue to be a focus for patients who are in need of immediate care but don't warrant an emergency-department visit. In 2016, the continued pressure of high-deductible health plans will be one driver in patient decisions to obtain care in these environments.

- Integration of telemedicine into health-plan payment policies will expand access to physicians for patients both in terms of convenience and enhanced monitoring of chronically ill patients. 2016 is expected to be the year when physicians and their practices strategize on how to incorporate telemedicine into their operational and care-delivery processes for

their patient population.

- Emerging technologies — such as the ability for physicians to connect with patients via a mobile-phone application — will change the physician-patient relationship. Additionally, FDA-approved mobile-phone applications, diagnostic wearable devices, and condition-specific monitoring devices will start to augment the largely consumer-driven self-monitoring health market. It is expected that technology development in this area will grow vigorously in 2016.

- Over the past few years, data has played a significant role in healthcare. This trend will continue, with practices increasingly focusing on understanding the practice's patient population. New approaches will likely elevate the ability of the practice to monitor the health of chronically ill patients, determine the currently healthy patients that may be at risk down the line, and identify potential gaps in care. In 2016, data flow between systems will increase, which will help create linkage points between health systems, physician offices, outpatient centers such as store-based limited service clinics, urgent-care centers, and the patient.

Patients will likely play an increased role in creating actionable data, providing physicians with instant feedback as to their current condition and data points relevant to their care. As systems improve and data capture outside of the traditional office visit becomes more reliable, patient-population health management will be an area of focus, opportunity, and ongoing change in the years ahead.

- Patient-centered care, of which a core component is patient experience, has been a focus for many practices over the past few years. The inclusion of patient experience in accountable-care models, the meaningful-use program, and patient-centered medical home models certainly escalated focus in this area. Increased efforts around transparency of patient-experience scores, which many organizations started to explore in 2015, will start to influence where patients decide to receive care next year.

In 2016, an increased focus on collaboration and communication between patients and physicians will result in more emphasis on 'relationship-centered' care to account for the back-and-forth communication and shared decision making that has been found to promote patient engagement and support enhanced patient outcomes.

What does this all mean for physician practices? Similar to 2015, 2016 will be a year where we continue to focus on transitions and enhancements to systems, processes, and continued innovation in terms of delivery and payment models. Practices will work to engage their patients in new ways and, as a result, will have an opportunity to innovate and try new things while maintaining the excellent care that they already provide. ❖

Kerry Ann Hayon is director of the Mass. Medical Society's (MMS) Physician Practice Resource Center. This article first appeared in *Vital Signs*, an MMS publication.

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