**UIC-- GMR Symposium, March 12, 2015**

**Transitions in Healthcare Delivery: Patient Communication in the New Era**, Eric Swirsky,UIC

**Patient Centered Care and Clinical Ethics**   
Low income>low health literacy  
Does the provider have satisfactory communication skills?  
Product of literacy is the communication between provider and patient  
Jargon, cultural competence, impact of illness, patient autonomy   
Ave. reading level is 8 & 9th grade while medical handouts are senior HS level  
If you have all the information, it doesn't equate to knowledge  
Need an intermediator to help with transfer of knowledge  
Barriers might be bias, values, social, status, patient's own confidence  
Healthcare Disparities Report is showing little or no change  
Racial disparities in physicians, few blacks  
Race continues to show a role in satisfaction of phys-patient encounters  
EBM may be biased as ignores minorities, maybe unethical, has immeasurable outcomes, individual vs. population health  
Does EBM improve health or decision making?  
Efficiency may not work with scarce resources  
It may limit patient options  
Lower costs means bigger profits not consumer savings  
HIT (Health Information Technology) becomes a triangle with patient>physician>computer  
Minorities and lower income people do not seek health information online  
Bioethics is not remotely diverse....it is Judeo-Christian whiteness  
Doctors die differently as they know the limits of treatment and need to plan for end  
Spend more at the end of life than any other time  
People still have dignity and agency even if all they do is play video games  
Comfort care is a denial of personhood--palliative care for the disabled!  
  
**The Affordable Care Act and the Need for Information,** Brenda Delgado, Regional CMS

Understanding the Health Insurance MarketplaceComparing plans on price, benefits, etc.  
Focus is to streamline process  
Shouldn't pay more than 9% of your income  
Can get an exemption from paying the fee if you don't have insurance  
  
**Improving the Quality, Safety, and Cost-Effectiveness of Patient Care Through Evidence-Based Practice  at the Organizational Level**, Craig Umscheid, Penn Medicine--Center for Evidence-Based Practice  
Health system level of integration of EBM  
1st case study is Chlorhixidine ($13) vs. Betadine ($0.50)  
Bridging the implementation gap (scientific/patient care)--knowing doing cap  
Knowledge to Action Cycle (diagram)  
Evaluate: best practice of care, devices, drugs, costs  
VIVO---research sharing page for the institution  
CDS (Clinical Decision Support) Five Rights Model: Right Information, Right Stakeholder, Right format, Right channel, Right time in workflow  
Improving transitions in care coordination  
Risk factors for re-admissions  
How to utilize health services  
Social support for patient  
ERS are still being used by the medically uninformed and uninsured  
No amount of insurance is going to teach people about consuming care  
30 million still  uninsured  
65% of recent enrolled are over 35