**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