Critics assert that healthcare in the United States, perhaps inadvertently, has become an example of “ready-fire-aim” thinking. For decades, our conventional model has been tweaked and refined to create necessary cost efficiencies that are palatable to the traditional fee-for-service, insurance-shaped marketplace. The old model — which industry experts dubbed the First Curve Paradigm — typically put urgent, episodic, acute care front and center. In this First Curve culture, preventive, chronic, and longer-term care are relegated to a volume-based healthcare periphery where patients basically fend for themselves. This often involves navigating an uncoordinated network of independent providers operating as turf-protected islands unto themselves. There is little communication among providers, no strategy to sustain the patient’s health beyond isolated episodes, no forward-thinking plan for maintaining the wellness of the patient or even entire population groups.

In recent years, healthcare visionaries have identified the trouble with the curve and are in the process of correcting it. While the healthcare system of the past put the needs of providers first, the healthcare system of the future will put patients first. Hierarchic structures established to control costs and expedite individual patient encounters as quickly and efficiently as possible are being completely re-examined through the broader lens of quality applied across the lifelong patient-care spectrum. This change in mindset is becoming a quiet revolution, setting forth the Second Curve Paradigm — an evolving model that hospitals can embrace and even lead.

The emerging Second Curve will cultivate a robust customer service culture focusing on value-based care and business models that support a seamless continuum of care for every customer/patient. It also will look ahead at managing the health of defined populations.

Second Curve changes are designed to increase customer/patient safety, reduce the incidence and cost of adverse events, promote resources more efficiently, improve medical staff satisfaction, and incentivize practitioner commitment to a holistic, customer/patient-centered clinical model that addresses all states of health, not just the urgently sick and injured. While First Curve models were almost exclusively physician-directed, Second Curve care will actively include customer/patients in their wellness and treatment decisions.
Under the Second Curve, customer/patients will engage with a coordinated team of healthcare providers working to achieve positive team-based results for them. Often, a nurse or administrative case manager will be assigned to the customer and be responsible for supporting the team’s coordinated care efforts. The new approach will respect individual preferences, including alternative therapy choices. Ultimately, the goal is for every individual one day to have a lifelong “medical home” built on 360-degree, technology-enabled relationships among physicians, nurses, nutritionists, dentists, mental health, and other practice team members working in tandem to deliver care that is best for the customer/patient. Punctuating everything in this culture is the recognition that ongoing professional development for all personnel is imperative, because we are all lifelong learners.

In addition, Second Curve financial and clinical care data will be fully integrated. Ideally, electronic medical records will be instantly updated in real time via stationary and mobile devices, and the information will be readily accessible to all caregivers in the customer’s care circle. This one milestone will have a significant impact on safety, quality of care, and cost-effectiveness (expedited access to information and reduced duplication of testing or services).

The customer-focused, value-based Second Curve model also will create a sea-change in how healthcare providers are compensated. The passage of the Affordable Care Act (ACA) and its attendant focus on accountable care and bundled payments have required healthcare providers to examine how to best become compliant without experiencing additional financial hardship. Shared risk is permeating healthcare to encourage providers to adopt models that deliver better care at lower cost.

Just as Second Curve provider teams will look at supporting the customer/patient’s health holistically across the spectrum; hospitals also will turn their attention toward working collaboratively with one another, public health agencies, and other community organizations to better manage the collective health and wellness of population groups. The term “population health” is defined as the health outcomes of a group of individuals, including the distribution of such outcomes within the group.

The ACA created an urgent need to measure population health. The bill has made the Institute for Healthcare Improvement’s (IHI) “Triple Aim” [an approach to optimizing health system performance] a reality. Therefore, we are going to need measures of the effectiveness of the Triple Aim to include, of course, health of the population, per capita cost, and individual customer experience.

The goal is a lifelong “medical home” built on 360-degree, technology-enabled relationships among physicians, nurses, nutritionists, dentists, mental health, and other practice team members working in tandem to deliver care that is best for the customer/patient.

OB/GYN hospitalists are uniquely suited to respond to the challenge of improving population health by providing higher-quality healthcare to a given population at a lower cost. Due to the narrow scope of their practice, OB/GYN hospitalists are able to be much more customer-focused, proactive, and to approach care as a member of a dedicated team rather than an over-burdened provider juggling multiple demands and responsibilities in isolation.

Under ACA, health systems face multiple shared clinical delivery reimbursement pressures, such as reduced payment rates for inpatient services, reduction and/or elimination of payments for outpatient services, and impending...
penalties for readmissions and other adverse clinical outcomes. These demands will continue to escalate, placing increased pressure on creating a value-based, efficient delivery of care systemwide.

Hospitals are now confronted with Medicare payment reductions for poor performance in the following metrics:

- Low scores on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey of patient perspectives
- High readmission rates
- High hospital-acquired infection rates

Conversely, hospitals now will be eligible for bonus payments if they deliver exceptional performance in multiple quality metrics, including decreasing the incidence of Early Elective Deliveries (EEDs). The presence of OB/GYN hospitalists can positively affect the metric for EEDs by providing support to local providers. Hospitalists can also positively impact the overall hospital metrics mentioned above by providing immediate care, educating patients upon discharge, increasing patient throughput, and encouraging best practices among nursing and hospital staff.

While the Second Curve is still in its infancy, we are beginning to see gradual evidence of movement toward a Second Curve model. Positive impacts of Second Curve medicine already are present in a number of hospitals that are achieving real improvements in quality of care, customer/patient safety, customer/patient satisfaction, and staff satisfaction. These hospitals have partnered with Ob Hospitalist Group (OBHG) to design and implement an OB/GYN hospitalist program featuring a dedicated Obstetric Emergency Department (OBED).

OBHG, the nation’s leading provider of OB/GYN hospitalist services, is already ahead of the curve by using data, knowledge-sharing, and best practices to continuously improve quality of care, patient outcomes, and hospital metrics as well as to mitigate risk and responsibilities for the local OB/GYN provider. OBHG delivers excellent patient care as an integral member of a much broader team sharing risk and collaborating care to serve an often-overlooked patient population.

OBHG’s goal is to ensure that every expectant mother is afforded the basic privilege of consistent and unconditional care by a physician when arriving at the labor and delivery department. OB/GYN hospitalists are on-site 24 hours a day, 365 days a year, to treat uninsured, unassigned, and emergent OB patients.

OBHG embraces Second Curve processes designed to achieve positive outcomes and to produce synergy across a healthcare delivery system, a system is designed to meet the needs of defined populations while retaining responsiveness to individual needs. Teamwork, development of best practices, and knowledge-sharing are essential in order to reach these goals. OBHG hospitalist programs assist hospital partners with capturing revenue they were missing prior to implementing an OBED, increasing transfers, and overall patient volume and throughput. The program also addresses all three criteria of the Triple Aim Initiative — supporting advances that improve the patient experience, improve the health of populations, and reduce the cost of healthcare.

After Futurist Ian Morrison published his 1996 book, The Second Curve: Radical Strategies for Managing Change, discerning hospital leaders began to envision Second Curve concepts applied to healthcare delivery and payment system improvement. Now that vision of a holistic, individualized continuum of care is taking shape, with the emphasis on people rather than patients.

Guided by our vision to elevate the standard of women's healthcare by delivering specialized services that improve quality and positively impact lives, Ob Hospitalist Group exists at the apex of Second Curve healthcare. We have been advocating Second Curve approaches to our hospital partners since our inception in 2006. We believe passionately that the immediate availability of OB/GYN hospitalist care will reduce delays in care, improve patient safety and satisfaction, and enable our hospital partners to welcome Second Curve healthcare with confidence.

We invite you to discover the advantages our customized programs deliver at www.OBHG.com or call 800.967.2289.