A Memo to the CEOs:

A Design Professional's Renovation/Build Solutions for the Healthcare Transition

by Jocelyn Frederick, AIA, ACHA, EDAC, LEED AP

As healthcare planners and designers, my colleagues and I not only are accustomed to but also delight in the specific challenges that come with healthcare facility design—from accommodating new technologies to meeting the evolving needs of disparate user groups. But recent enactment of the healthcare reform law has us thinking about a whole new range of issues. If healthcare CEOs want to make the most of this once-in-a-generation opportunity, they should work with us to put these issues on the front burner as well.

It will be 2017 before the healthcare law is fully implemented, and the long-term effects of a reformed healthcare system will take years to sort out. But healthcare organizations and designers must begin now to consider shorter-term transition strategies that will position them for efficiency and competitiveness in the new healthcare economy.

After studying the healthcare reform law, I've identified several key mandates that I expect will strongly influence facility design in the quickly approaching post-reform environment—and some solutions that we can begin implementing now.

Treat more patients, with increased emphasis on preventive care

As the healthcare bill becomes law, more Americans than ever before may begin seeking treatment, and 32 million people who currently don't have health insurance soon will. But it won't be just an increase in patients that hospitals and physicians will deal with; reform also may change the kind of services most in demand. Most plans will cover preventive care, with no co-payments for annual physicals. And the young may take advantage of these services far more than they currently do, as the bill allows children to remain on their parents' insurance until age 26.

With an increase in preventive health care, hospitals should begin to see a reduction in catastrophic emergency room visits, accompanied by an increased demand for physician office visits. How can we work together to best deal with these changes?

More practices will likely schedule group education sessions for patients. This will require larger classrooms with incorporated examination areas outfitted with flexible privacy screens. This configuration will address broader, more commonplace issues affecting the group and also

will allow for individualized follow-up examination and consultation. Of course, we also will need to consider how patients will react to this scenario, prepare to reassess core services, and make sure that designs are flexible enough to manage need as it evolves. Further, we will need to determine where to locate these services to better serve patient needs and confront issues of right-sizing and best use of space.

Modernize record-keeping

Last year's stimulus act offers incentives for the use of electronic health records (EHRs), which are far easier to share among all members of a patient's medical team as well as with the patient. And of course, they also require less physical space for storage.

In a boon for creative designers everywhere, eliminating physical records will free up space for alternate uses. What to do with this square footage? By reviewing existing working relationships and physical adjacencies, improving operational infrastructure is one possibility.

We also have an opportunity to assist in streamlining medical treatment itself. When access to a patient's full medical history requires just one stroke on a touch screen, quick access to this information by every member of a patient's medical team could be potentially lifesaving. We must work closely with facility staff to carefully consider where to position those access points.

Remote access of medical records also means that not all services need to be provided within an institution, allowing CEOs to leverage relationships with other providers to offer 24/7 coverage or to contract out for services in areas that are difficult to staff.

Finally, as our life spans grow longer, there may be many chronically ill patients unable to travel; use of EHRs will allow for portable treatment and the development of roving "clinics on wheels"— along with the accompanying challenge of determining where and how these mobile facilities will be housed.

Offer essential services at more locations

Another goal of reform is to make quality care more accessible. To that end, it provides increased funding to community health clinics, perhaps reducing traffic at large, urban medical centers.

When select services are moved to new locations, space will open up for alternate uses, ranging from revenue generators to opportunities to expand upon existing health services. As CEOs determine the best course for their institutions, our designs will need to be flexible enough to provide for a wide variety of options. To minimize the constant need to renovate, together we should leverage our professions to influence the design of medical equipment, technology, devices, and other equipment. And to avoid the duplication of expensive modalities, we must determine exactly where particular services and facilities can and should be located.

Eliminate unnecessary services

Because the law links Medicare payments to quality of care, it's expected that providers will limit coverage to those services that show demonstrable results. In addition, taxes on particularly generous health policies may result in fewer people utilizing the broad range of services covered by such plans, with healthcare providers streamlining the treatments they offer as a result.

We designers will need to work closely with CEOs and other administrators from the very beginning of a project to outline essential programs, determining those services that will survive, and those that will most certainly be downsized or eliminated. Many larger institutions have a regional presence and will need to take a hard look at services being provided across the system to consolidate and maximize utilization by locating services where the patients are most heavily populated.

The bottom line? Healthcare design is at its best when it supports the delivery of compassionate care, accelerates discovery, and demonstrates sensitivity to human needs for comfort, dignity, and inspiration. There could be no better time than this era of healthcare reform to marshal the fullest array of our strategic and creative skills to finally bring meaningful change to patients and healthcare practitioners across the United States. Health facility designers need to be fully familiarized with reform and ready to engage with administrators, so that together we can produce the new and innovative solutions that will support its mandates for decades to come.

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