Fifty-one years ago, President John F. Kennedy called on the United States to send a man safely to the moon within the decade. This year, Sen. Sheldon Whitehouse urged Rhode Island’s Healthcare Reform Commission to define its corresponding “moon shot” for transforming healthcare. We believe Rhode Island is uniquely positioned to help lead the nation toward a shared vision of that “healthcare moon shot.”

President Kennedy’s call to action has significant parallels to health policy today. He communicated a clear vision with an inspiring, easily understood goal. His justification was compelling: “because that goal will serve to organize and measure the best of our energies and skills, because that goal is one we are willing to accept, one we are unwilling to postpone, and one which we intend to win.”

Our healthcare system is unaffordable, unsatisfying, and unmanageable. Michael Mullen, former chairman of the Joint Chiefs of Staff, described healthcare costs as a national security threat. We must drive healthcare costs down while improving access and quality if we are to develop a sustainable economy. The Supreme Court ruling on the Affordable Care Act and the implications of the recent election for the vision of healthcare we will pursue as a nation represent only the beginning of the work faced by our state and others to fundamentally reform healthcare toward an affordable, high quality healthcare system. Gov. Lincoln Chafee and Lt. Gov. Elizabeth Roberts, and many others, have already taken two crucial steps – establishment of the Healthcare Reform Commission and Health Insurance Exchange, “not because they are easy, but because they are hard,” as President Kennedy said.

Some key next steps for our proposed healthcare moon shot were suggested at the Patient-Centered Healthcare Transformation Think Tank hosted last spring by Brown University’s Department of Family Medicine, building on the Institute for Healthcare Improvement’s “Triple Aim” of healthcare reform:

1. Improved patients’ experience of care (quality and satisfaction)
2. Improved population health
3. Reduced per capita healthcare costs

**Triple Aim**

Local and national experts on health policy, primary care, and health reform attended this think tank. A broad approach to achieve the Triple Aim in Rhode Island arose from this meeting:

- First, we must replace current decision-making based on stakeholder influence with a process that prioritizes public interest. All providers need to participate in systemic cost-containment efforts that improve quality, integration of services, and access. Purchasers and consumer representatives need to insist on better value for the care and coverage purchased.

- Second, we need to clarify what patient-centered healthcare really means. The current preoccupation with “product lines” must give way

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**Design of a Triple Aim Enterprise**

Define “Quality” from the perspective of an individual member of a defined population

1. Improved patients’ experience of care (quality and satisfaction)
2. Improved population health
3. Reduced per capita healthcare costs

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to a broader focus on whole patients, families, and communities. This means changing the context in which care is delivered, and reorganizing benefits, funding, and services to enable an entirely new way of caring for our population’s health. In particular, this requires moving from primary care and specialty providers to patients working in partnership with teams to promote health and well being. Control can no longer rest solely in the hands of payers or providers, especially those most powerful; rather it belongs in the hands of patients and their families who can build relationships with teams of providers and others in their lives to achieve a better healthcare experience with improved results, supporting more effective, fulfilling lives.

- Third, to achieve such dramatic changes in one-sixth of our economy, we must organize our efforts around a shared vision of what we are seeking. Think Tank participants noted that Rhode Island has an abundance of nationally recognized leaders in healthcare reform. However, a shared vision can have even greater impact than strong leadership; we need to develop that common understanding, as well as structures and financing to guide concrete strategies to, as President Kennedy said, “organize and measure the best of our energies and skills” and apply them to healthcare transformation. The vision needs to be clear enough so that we all understand its implications, compelling enough that we all accept its primacy, and concrete enough that we can measure our actions according to how well we meet our goals.

**Proposals**

We thus propose our healthcare moon shot. Within the next decade:

- U.S. healthcare will be the best in the world. The World Health Organization (WHO) has ranked the performance of U.S. healthcare 37th, ahead of Slovenia but behind Costa Rica. We should be #1 in the WHO ranking.
- U.S. healthcare will be value based, no longer just the most expensive in the world. According to the Organization for Economic Cooperation and Development (OECD), U.S. healthcare spending per capita is more than twice the OECD median.

This affordable, effective healthcare system will develop from the best of American values and innovation:

- U.S. healthcare will be affordable because it is effective at improving patients’ lives.

This vision requires that providers determine what patients want from their healthcare – figuring out what is meaningful to them and then providing services planned according to what it will take to help patients meet their goals. Ultimately, healthcare value is determined based on patients’ assessment of the relationship between benefits and costs. These processes, which only sound abstract, have been inherent to the performance of psychological services for decades, and they are easily achieved in all routine medical care.

Around the time President Kennedy was calling for the moon shot, Nobel Prize winning economist Kenneth Arrow noted that free market principles of supply, demand, and competition operate differently in personally sensitive healthcare markets, where the goals which are so important to consumers and decisions are made by patients and their providers, not by payers. Reforms that succeed must acknowledge this reality by designing healthcare to use available resources to meet personally important goals in the most efficient way possible.

We are all threatened by the financial and clinical crisis currently dominating healthcare. Successful reform is a goal we can all accept, a battle we know that we must and can win. In the last election, we have decided what vision of healthcare to pursue. We must aim high and expect to achieve our healthcare reform goals. The health of the public, the economic well-being of our state, and the security of our nation depend on it.

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**Disclosures**

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