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Commencement Address to the Class of 2009
Tufts University School of Medicine
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Dean Rosenblatt, graduates of Tufts University School of Medicine and the Sackler Graduate School of Biomedical Research, family and friends of these accomplished graduates; I am delighted to be here to celebrate with you today. Today, these graduates launch the next phase of their careers as clinicians and researchers with great hope for the promise of what medicine can accomplish, and likely with some trepidation, as these are challenging times.

Physicians, policymakers and patients all speak of a “crisis” in healthcare. Most of you have spent a great deal of time in Boston’s Chinatown in the course of your studies, and I’d like to share with you a nugget of wisdom from the Chinese language: the Chinese character for “crisis” contains the elements of the characters for “change” and “opportunity.”

Graduates, as you embark on your clinic work and research, you do so at a time that holds enormous opportunity for POSITIVE change: in how we think about medicine, how we practice medicine, and how we investigate new ways to cure illness and promote health.

I’m sure I don’t need to tell a group of bright, energetic young physicians and researchers that falling back on the status quo is seldom the best option when change starts to look scary. But for those who have any doubt, please look no further than the World Health Organization’s 2000 ranking of health systems. Despite spending a larger portion of our GDP on health care than any other country, the US ranked 37th in terms of quality of its health system. We fell between Costa Rica and Slovenia.

Now, that may sound daunting. But let’s not forget about crisis encompassing “change” and “opportunity”. As you all know, President Obama and Congress are undertaking an effort to reform how healthcare is delivered in this country. This comes on the heels of our own health reform effort in Massachusetts, which has so far brought needed increases in coverage for all residents of Massachusetts. But the success of this effort remains tenuous in these difficult fiscal times.

Recently, I listened to a speech from former Sen. Tom Daschle, one of the preeminent thinkers on health care in this country. Change – especially when it involves many prominent and conflicted interests – is never easy. Senator Daschle assigned 50/50 odds to the likelihood of a major health reform bill passing in this Congress. He said, if it passes, it’s likely to be this year. The year you graduate!

I'd like to share with you some of what Senator Daschle described as indispensable parts of any meaningful health care reform plan:

- First, while our current system of health care delivery and payment has its problems, a new system will build upon the success of our current one – not completely reinvent it.
- Second, Coverage MUST be universal for all Americans. Whether we will reach that goal via an individual mandate – as we have done in Massachusetts – or via an employer mandate, will likely be a matter of great debate.
- Third, Care, and coverage for care, must be complete. Mental health care and long-term care are still neglected in our current system, to the detriment of millions of Americans and our society as a whole. We must also find better ways to treat patients with chronic illnesses, to help them avoid episodes that make them worse and cost our system so dearly.
- Fourth, Our health system must orient itself toward promoting wellness, not just treating illness.
- Fifth, Related to that goal, many of you, particularly those who are researchers, have likely observed the recent controversy over comparative effectiveness research. It is believed that comparative effectiveness models will be core to new payment methodologies.
- Sixth, I believe any effort to reform health care MUST involve a decrease in practice variation among physicians. While clinical treatment will never be a one-size-fits-all pursuit, we must devote more focus to discovering and disseminating the best practices of evidence-based medicine.
- Seventh, If we embrace evidence-based medicine, we should be able to reduce the amount of unnecessary care delivered far too frequently today. Sen. Daschle called this a half-trillion dollar problem (that's trillion with a T) and it is staggering to think about the waste involved.
- Eighth, Health Information Technology will be a key component of disseminating evidence-based medicine, reducing unnecessary care and improving outcomes for patients. President Obama has committed \$50 billion to HIT over the next five years, and as the president of a hospital, I can tell you it is a much-needed investment.

I agree whole-heartedly with Sen. Daschle's assessment. And I would add several additional factors that must be taken into account to successfully reform health care in this country:

- Yes, hospitals and doctors have work to do in eliminating unnecessary costs. But so do insurers & health plans. The administrative complexity heaped on hospitals and physicians is staggering. Administering a myriad of different health plan designs is a labor- and cost-intensive task. One Plan in Massachusetts has customized over 16,000 different health plan benefits designs. Wouldn't 100 different designs be enough?
- Consumer expectations of health care must be managed. Everyone has a right to excellent care. But when health plans promise consumers access to every doctor and every procedure on demand – and at little cost to the consumer – consumers make decisions in a vacuum, with no appreciation for the cost to the system or the real benefits to themselves.

- It sets physicians up for failure when health plan benefit designs promise unfettered access to consumers and consumer expectations run counter to expectations placed on physicians. There's something wrong with that picture.

And many of the physicians who instructed you over these last four years will agree with me on this – the need for tort reform is real. So much medicine practiced today is defensive. It's so deeply embedded into how doctors practice that its real costs are inextricable from the overall cost of care.

To those of you who are embarking upon a career in research, you are truly the future. Your breakthroughs will drive how care will be delivered decades from now and I urge you to focus upon the translational aspects of your efforts.

Graduates, you know that health care should be an American right, not a privilege. You know that it is time to stop the perverse incentives that currently drive too much of what is delivered in health care, inspired by supply-side demand. And you know that the time for change is now.

As you continue with in your careers, as you treat patients and make new discoveries in medicine, I challenge you to keep your eye on the big picture. Get involved in groups that influence policy. Especially now, tell your Congressmen what you see every day in the clinic, in the emergency room, in the laboratory. Don't let the policymakers off the hook when the debate gets tough. Call them, write them, and tell them to keep their eye on the ball.

Your future in medicine, the future of your patients, and a better future for the health of our country, rests with you.

I have no doubt that you are ready to face that challenge – you CAN & WILL make a difference.

Congratulations.