

no. **16**

AIA Academy of Architecture for Health | **Academy Journal 2014**



WELLNESS  
CITY  
OUTPATIENT CLINICS  
NEIGHBORHOOD

HOSPITAL  
COMMUNITY  
ANCHOR

## Mission of the Academy Journal

As the official journal of the AIA Academy of Architecture for Health (AAH), this publication explores subjects of interest to AAH members and others involved in the fields of healthcare architecture, planning, design, and construction. The goal is to promote awareness, educational exchange, and advancement of the overall project-delivery process and building products.

## AIA Academy of Architecture for Health Board of Directors 2014

### President/Vision & Strategy

Charles Griffin, AIA, FACHA

### President-Elect/Design Awards & Initiative/ Emerging Professionals

Tatiana Guimaraes, Assoc. AIA

### Past President/Sponsorship/AAHF Liaison

Roger Call, AIA, ACHA, LEED AP

### Industry Liaison/Regional Initiatives

R. David Frum, AIA

### Director of Operations

Orlando Maione, FAIA, FACHA, NCARB

### Communications/Research

Marc Marchant, AIA

### Education

Fernando Rodrigues, AIA

### Conferences/Events

Joan Suchomel, AIA

### Codes & Standards

Chad Beebe, AIA

## About the Academy

The Academy of Architecture for Health (AAH) is one of 21 member communities of the American Institute of Architects. The AAH is unique in the depth of its collaboration with professionals from all sectors of the healthcare community, including physicians, nurses, hospital administrators, facility planners, engineers, managers, healthcare educators, industry and government representatives, product manufacturers, healthcare contractors, specialty subcontractors, allied design professionals, and healthcare consultants.

The AAH currently consists of approximately 6,954 members. The mission of the Academy is to improve both the quality of healthcare design and the design of healthy communities by developing, documenting, and disseminating knowledge; educating design practitioners and other related constituencies; advancing the practice of architecture; and affiliating and advocating with others that share these priorities.

Please visit the Academy's Website at [www.aia.org/aah](http://www.aia.org/aah), for more information on the Academy's activities. Please direct any inquiries to [aah@aia.org](mailto:aah@aia.org).



## CONTENTS

- 3 Letter from the Editor
- 4 Advancing Patient Care in Research Facility Design
- 14 Meaningful Healthcare Planning:  
A New Era for Needs Analysis Plus  
Creative Design
- 26 Population Health: the Health and  
Wellness of People and Communities
- 34 Moving from Volume-Based to Value  
Based Care...Are You Ready?

# Moving from Volume-Based to Value-Based Care...Are You Ready?

by THOMAS REUTER, AIA AND GERALD PUCHLIK, AIA, ACHA

## ABSTRACT

The Affordable Care Act is changing the concentration of healthcare services from sickness-based to wellness-focused. This new care model will change the idea of “doing everything regardless of the need” to “doing what is required for the best outcomes”. Discussions were initiated with Healthcare Leaders to understand the care delivery patterns of the past and the future uncovering several common themes:

- Business Case Delivery
- Value and Quality
- Exposure and Obligations
- Alliances and Relationships
- Capitalizing the Outcomes
- Prepare to Up-End Patterns
- Space for Essential Use

Healthcare leaders should evaluate healthcare architect's ensuring that they possess the following skills that fit the hospital's goals and vision:

1. Architects should develop designs that are responsive to growing community needs.
2. Architects should be able to look at reusing what exists and plan new spaces based upon anticipated care models.
3. Architects should supply the foresight that will bring responsible, long-term solutions to changing technology and patient care delivery.
4. The planning team should help to isolate the vital decisions from the trivial issues.
5. Architects should use multidisciplinary teams, planning cannot be done in isolation.
6. Architects should develop a design that respects what exists while providing new views.
7. A planner for the new age should validate that the project fits the goals and business plan of the organization.

The overarching principle is to develop bold new ideas through decisive leadership and becoming stewards of the community.

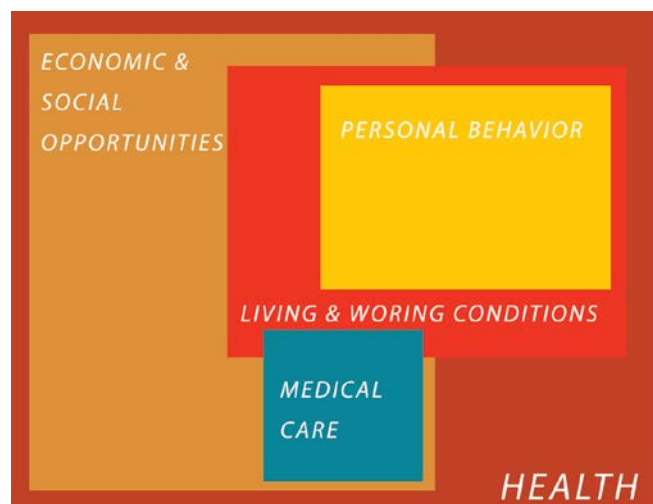
## ARTICLE

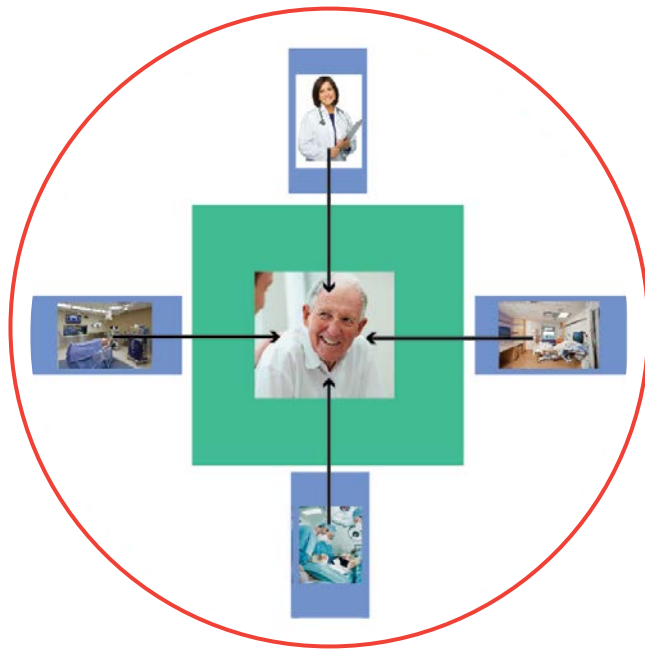
### Moving from Volume-Based to Value-Based Care...Are You Ready?

...

In a world where “the only constant is change,” providers are faced with planning a strategic direction in the midst of shifting sands. The mandate to provide healthcare for all, has resulted in many provider organizations feeling like they’re “rolling the dice” when planning for the future in the midst of uncertainty.

The Affordable Care Act is changing the concentration of healthcare services from sickness-based to wellness-focused. Healthcare is evolving from reactive medical care to a more comprehensive proactive health model, encompassing economic and social opportunities, living and working conditions and personal behaviors. This new model also transitions from a “more is better” approach to identifying specific treatments targeted for the best outcomes. Providers currently compensated on a per-treatment basis will ultimately be incentivized to provide care that more closely reflects the needs of their communities. Healthcare executives are realizing that evolving to a more patient-centric model





with a focus on outreach, requires an understanding of who their clients are, where they are and where they come from. This will lead providers to focus on patient and caregiver experiences, care coordination among caregivers, patient safety, preventative health education and serving the at-risk (frail and elderly) population.

Design professionals need to be responsive to these changes and embrace the future direction by becoming trusted advisors. By providing services that specifically address these new directions, designers can assist in positioning the healthcare provider for success in the community. While some healthcare managers will continue to work to protect their personal agendas, the successful design professional needs to be willing and able to draw people out of their comfort zones. Designers displaying a clear understanding of the facility's vision and needs—both short and long-term—will have the ability to flourish.

Discussions were held individually and in small groups with healthcare leaders from medical organization types including: university/teaching medical centers, major health systems, large medical centers and community hospitals, in order to understand the care delivery patterns of the past and what is needed to better prepare for the future. These interviews uncovered several common themes, which are paramount to the success of care delivery. From these came correlated planning tenets that require “pattern alterations” to the norm.

**Business Case Delivery**—Designers must understand the new healthcare paradigm, provide plans that are LEAN from start to finish and provide outcomes that are RESILIENT to a fluid environment. Design must become integrated into the business of healthcare rather than being over the top and misplaced. The future requires a shift to new responses; it is time to make changes.

**Value and Quality**—Planning must account for volume surges by building in TRANSITIONAL spaces to accommodate the ebb and flow of healthcare needs. Empowering the patient and the family in care decisions helps to promote health and wellness by working as a team with the primary caregivers, reinforcing a new model.

**Exposure and Obligations**—Healthcare providers must be able to see the SHELF LIFE of facilities and assist in evaluating their alignment for services and staff.

**Alliances and Relationships**—The planner must create an atmosphere of collegiality and assist the organization in becoming the GO-TO medical and wellness provider.

**Capitalizing the Outcomes**—Requested capital projects must be based upon facts that support the organization's mission and BRAND. This is not a new trend, but one that is sometimes overlooked in the interest of enhancing one service line over another. It is important to insure that every option has an operational/financial overlay aligning it with the facility's mission and long-term expenditures.

**Prepare to Up-End Patterns**—As the shape and nature of the healthcare CULTURE is changing, so must the processes that support them. New processes will lead to new solutions. Planning must support a new patient/staff model, within a network of commitments demanding open communication and agreement at all milestones.

**Space for Essential Use**—Planning must be evaluated in consideration of where the services and service lines are going and growing, before any planning and design work begins. The planning team must understand the vision of the organization in order to design for the future.

What should Healthcare Providers expect from architects and planners who are tasked with assisting in the decision making process? Healthcare leaders should evaluate architects to ensure they possess the following qualities that align with the hospital's goals and vision:

1. Architects should develop designs that are responsive to growing community needs, improve on planning efficiencies and anchored to measurable results. Planning options should be based on a positive business model that support increased care and patient satisfaction at all levels.
2. As a starting point, architects should consider reusing what exists today and plan new spaces based upon anticipated care and business models. Planners should explore how space can be transitioned to other functions as the needs and service lines change.
3. Architects should supply the foresight and vision that will bring responsible, forward-thinking solutions to changing technology and patient care delivery, understanding the long-term expenditures required by any venture.
4. The planning team should be able to differentiate the vital decisions from the trivial issues that are found in all projects. For example, Standardization of room design, furniture and equipment, etc. will uncover duplication and variations that create unnecessary expenditures.

5. Architects should recognize that planning cannot be done in isolation. Clients should use multidisciplinary teams to lead to solutions that are an asset to the organization and improve care management and outcomes.
6. Architects should develop a design that respects what exists while providing creative new options; challenging the organization to consider different ways to deliver care. Remember, "business as usual" no longer applies to healthcare in general and should not apply to the design team.
7. A planner for the new age should use "Target Teams" that will study options quickly and succinctly, understand implications for staffing and patient interactions, and validate that the project fits the goals and business plan of the organization.

Creating the right design goals and environment equates to reengineering the planning process, eliminating reworks while stretching the combined thinking of the organization, resulting in a positive healthcare experience. Managing duplication is no longer an option, as variation and alteration of the same processes equates to added costs and extended times. Healthcare architects must help with understanding the exposure that this presents to the industry. The overarching principle is to develop bold new ideas through decisive leadership and becoming stewards of the community.



**The American  
Institute  
of Architects**

1735 New York Avenue, NW  
Washington, DC 20006  
[www.aia.org](http://www.aia.org)