Making High-Quality Healthcare a Reality for All

by David J. Badolato, M.D., Founder & CEO of Life Laboratory

Affordable quality healthcare for everyone should not be such a lofty goal to achieve if we work together

We are all patients, and therefore today’s healthcare model is our model. We all deserve access to affordable, high-quality care, and if we work together we can transform today’s healthcare system into one that focuses on delivering healthy outcomes at lower costs.

In 2006, a non-profit organization known as Life Laboratory was founded as a collaborative between patients and doctors. The organization, led by patients and doctors, is dedicated to research and education on the best models of care that improve the process of care, as well as the access to care.

Proof of Concept Model

The Life Laboratory model is simple and is referred to as the proof of concept model. It has been given this label based on the research that has been conducted over the past 12 years at Family Practice of Upper Dublin (FPUD).

The consortium of ten doctors at FPUD has collected case study data that demonstrates Life Laboratory’s cost-responsible quality model and, most important, the outcomes of care. Life Laboratory has provided proof that there is a direct correlation between doctors and patients having quality time together and relationships with their physicians, who are trained to take care of all of the individual’s needs, including the coordination and collaboration with specialists as needed.

By selecting PCMH medical practices that are willing to be “living laboratories,” the team of patients and doctors at Life Laboratory is committed to researching many vital issues of needed change and seeing first-hand what works and what doesn’t work. Through its “demonstration of proof-of-concept” approach, the organization is helping to lead change in today’s complex healthcare system.

S. Nicholas Lezzi is the chairman of the board of Life Laboratory, a non-profit organization that is affiliated with Family Practice of Upper Dublin.

The research has shown that quality time with the patient provides optimum care, not maximum care. By more thoroughly understanding the patient, the doctor prescribes fewer tests and orders less medication. When doctors follow up with a patient and utilize electronic medical record systems to collect and store patient data, they are able to more easily track that patient’s medical history and provide safer care.

This “proof of concept” model, using FPUD as the initial demonstration medical practice, resulted in a 50 percent reduction in hospital stays and a decrease in medications prescribed, which healthy outcomes. “Mary’s Story” below is a real-life example of how doctors and patients can work together to navigate the healthcare maze and achieve healthier outcomes.

Patient-Centered Medical Home Model

A new concept that is supported by many industry-leading organizations, including Life Laboratory, and could significantly change the healthcare landscape is the Patient Centered Medical Home (PCMH).

The PCMH model supports the idea of patients having personal, ongoing relationships with their physicians, who are trained to take care of all of the individual’s needs, including the coordination and collaboration with specialists as needed.

By providing a combination of sufficient patient-physician time, optimal care and efficient information technology, Life Laboratory believes healthcare costs can be reduced, access can be guaranteed, and quality care can be offered to all.

For more information or to become a friend of Life Laboratory, please visit LifeLaboratory.com or call 215-646-6504.

Mary’s Story

A few years ago, Mary saw her family physician with whom she had a long and valued relationship. She saw him for what they both believed to be a routine physical.

All appeared well except for a concern about her abdominal aorta, for which an ultrasound was done. Her aorta was normal; however, the ultrasound detected a mass near her ovary. Her physician then attempted to get a CAT scan to evaluate her pelvis and abdomen; however, he was told it needed to be “pre-authorized.” He contacted a person who does pre-certifications for Mary’s health insurance company. The first person to respond to the request was not a medical professional, but had “standard” pre-cert questions to ask. That person denied the doctor’s request. Mary’s doctor then appealed to the pre-cert nurse and was denied again!

After making a call to the medical director of the “pre-cert company,” the doctor received an apology and was immediately granted the pre-authorization for the CAT scan. Mary then went on to get the best care for the surgery and subsequent chemotherapy required for her ovarian cancer.