

US Health Care System in 2035

The Neurology Future Forecasting
Series

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Abstract

Evolution of the US health care system has been punctuated by periods of rapid change. In the coming decades there will be meaningful and potentially disruptive developments in health care delivery mechanisms, the policy environment, and the populations for whom we provide care. Neurologists will need to adapt to changing patient expectations, market dynamics, and regulatory structures to thrive in the future health care environment. This article describes a forecast of potential changes in the US health care system by 2035, an assessment of the implications for the field of neurology, and a rationale for long-term strategic planning to prepare.

<https://pubmed.ncbi.nlm.nih.gov/35256518/>

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Research interests: Health care value, Systems of care, Neuromuscular medicine, Neurologic education



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- Health Care Delivery System
- Health Care Policy

2

Future State

- People and Society
- Health Care Delivery System
- Health Care Policy

3

Implications for Neurology

4

Planning for the Future

Introduction

- **Uncertainty** about the future of health care
- In 2020, the **COVID-19 pandemic** and changes to our health care system

The intent of this work is **not to achieve perfect accuracy**, but rather forecast potential developments in the US health care system by 2035, assess the **implications** for the field of neurology, and inform **how we can plan** in the interim.

1

Current State

- **People and Society**
- **Health Care Delivery System**
- **Health Care Policy**

2

Future State

- **People and Society**
- **Health Care Delivery System**
- **Health Care Policy**

3

Implications for Neurology

4

Planning for the Future

Current State

1

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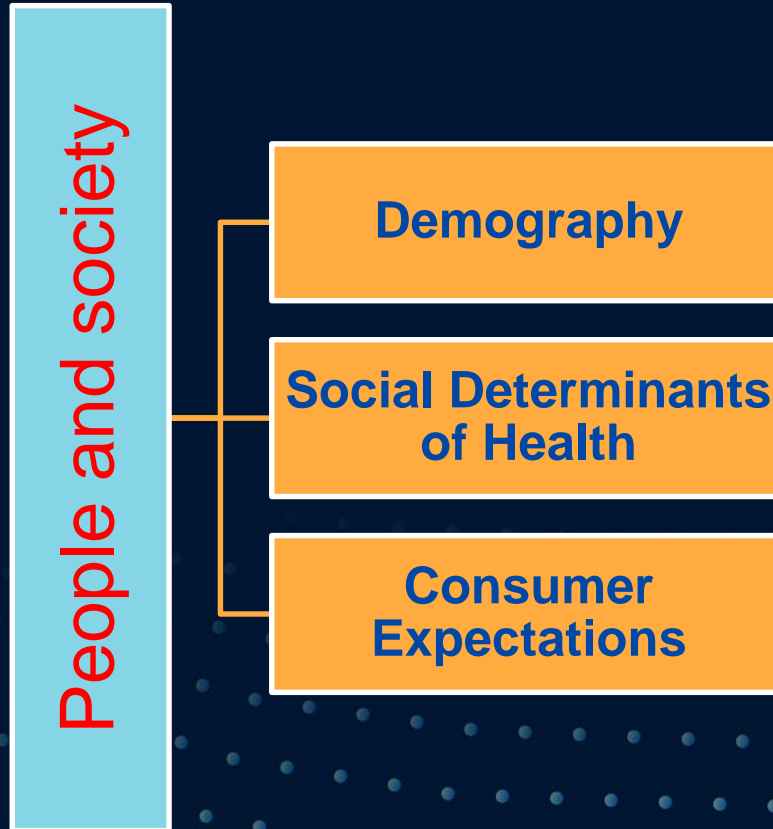
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Current State

1



Demography:

- Factors related to an **aging** population
- Increasing appreciation for social determinants of health
- **Racial and ethnic diversity** have increased

**Current
State**

SDH:

- More **awareness of the effects** of social structures on the health
- Structural **racism, gun violence, bias, health care disparities,** and issues of economic equity
- **Poverty** is a stronger predictor of **stroke** outcome.
- Firearm **violence prevention**: reflected a growing **vocalization** of social and policy priorities from the medical and **neurologic** communities.
- **Progress on social issues** such as gay marriage, gender parity, and health care access
- The necessity of addressing social determinants of health and pursuing health equity: the COVID-19 pandemic and disparities in health care outcomes **among Black and Hispanic**

People and Society

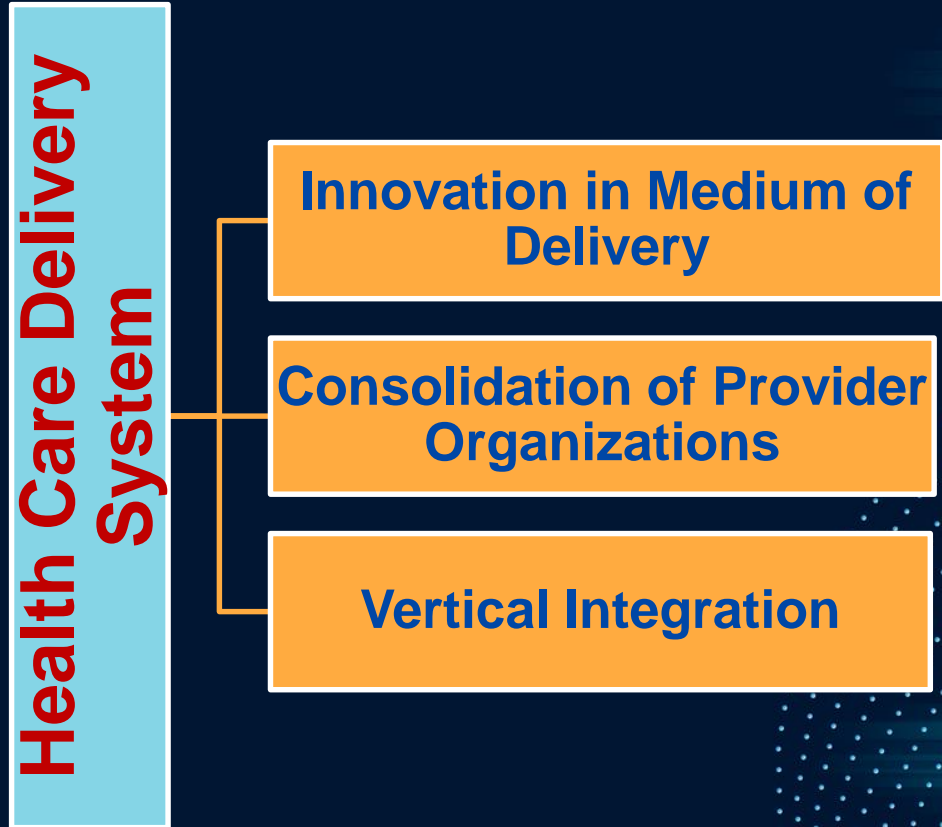
Consumer Expectations:

- Entering the **third decade** of widespread Internet access, patients commonly research their health care questions: **incorrect or misleading sources**
- Improvements in **telecommunications** :
 - new consumer expectations
 - prolonged delays** in scheduling services.

**Current
State**



Current State



Innovation in Medium of Delivery

- Prior to the COVID-19 pandemic, remote **telemedicine services** had found a toehold in some areas of neurology
- The COVID-19 pandemic **necessitated an extensive transition** to these services in 2020
- Policy responses to the pandemic **removed some short-term** barriers to telemedicine adoption, especially in terms of payment.

Consolidation of Provider Organizations

- The past 20 years have seen an explosion in **horizontal health care consolidation**.
- Between 2012 and 2018, the **number of US physicians employed by hospitals** increased from 94,000 to 168,000, a 78% increase.

**.Current
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Vertical Integration

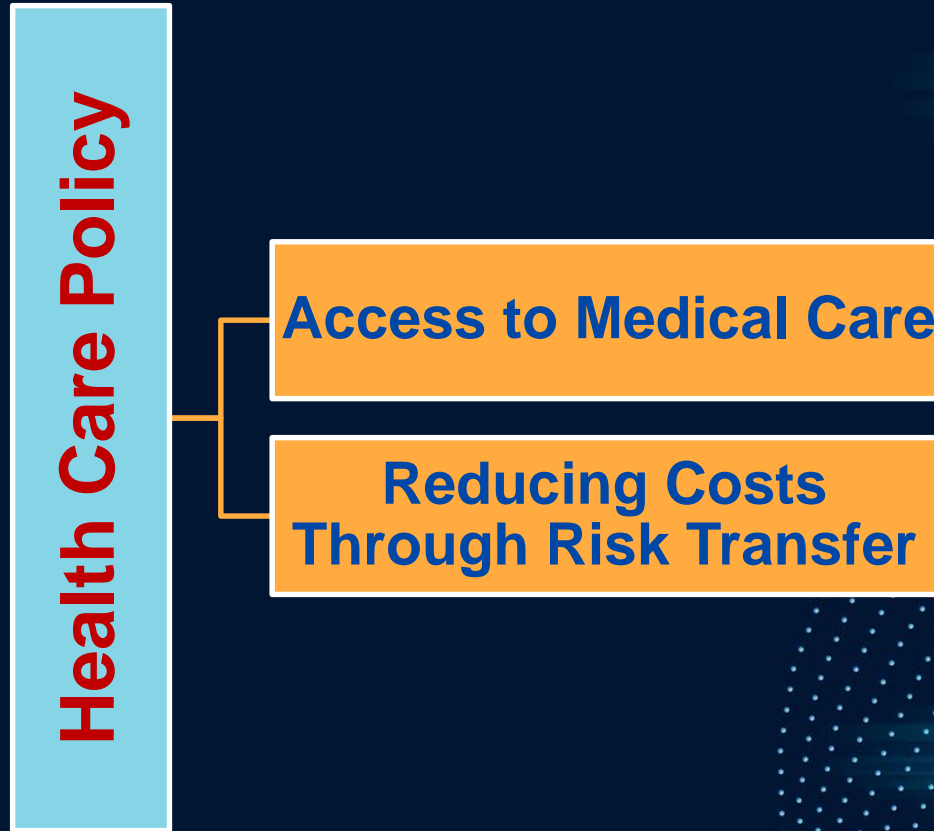
- Larger health care entities have pursued **unconventional partnerships** and acquisitions.
- Merger between a large commercial **health insurer, and a pharmacy services company that had already begun to offer retail clinical services:** the potential for further vertical integration in health care.

**.Current
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Current State



Access to Medical Care

- By 2010, almost 45 million people in the United States did **not have health insurance coverage**.
- Affordable Care Act (**ACA**) in 2010
- By 2016, the number of uninsured people dropped
- During the COVID-19 pandemic : **lost coverage** due to COVID-19–**related job losses**.

**Current
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Reducing Costs Through Risk Transfer

- Total US health expenditures grew to \$3.6 trillion in 2018
- More than 1 out of every 6 dollars
- Risk transfer programs: seek to **alter incentives in health care** delivery: rather than simply reimbursing for services :payment according to **quality and cost outcomes**.

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1

Current State

- People and Society
- Health Care Delivery System
- Health Care Policy

2

Future State

- People and Society
- Health Care Delivery System
- Health Care Policy

3

Implications for Neurology

4

Planning for the Future

Future State

1

**People and
Society**

2

**Health Care
Delivery System**

3

**Health Care
Policy**

Demography

- **By 2035**, the overall US population : 332 million to **365 million**
- More than **78 million** Americans will be **older than 65 years**, compared to 56 million in 2020.
- The Black or African American population: **44 million to 51 million**

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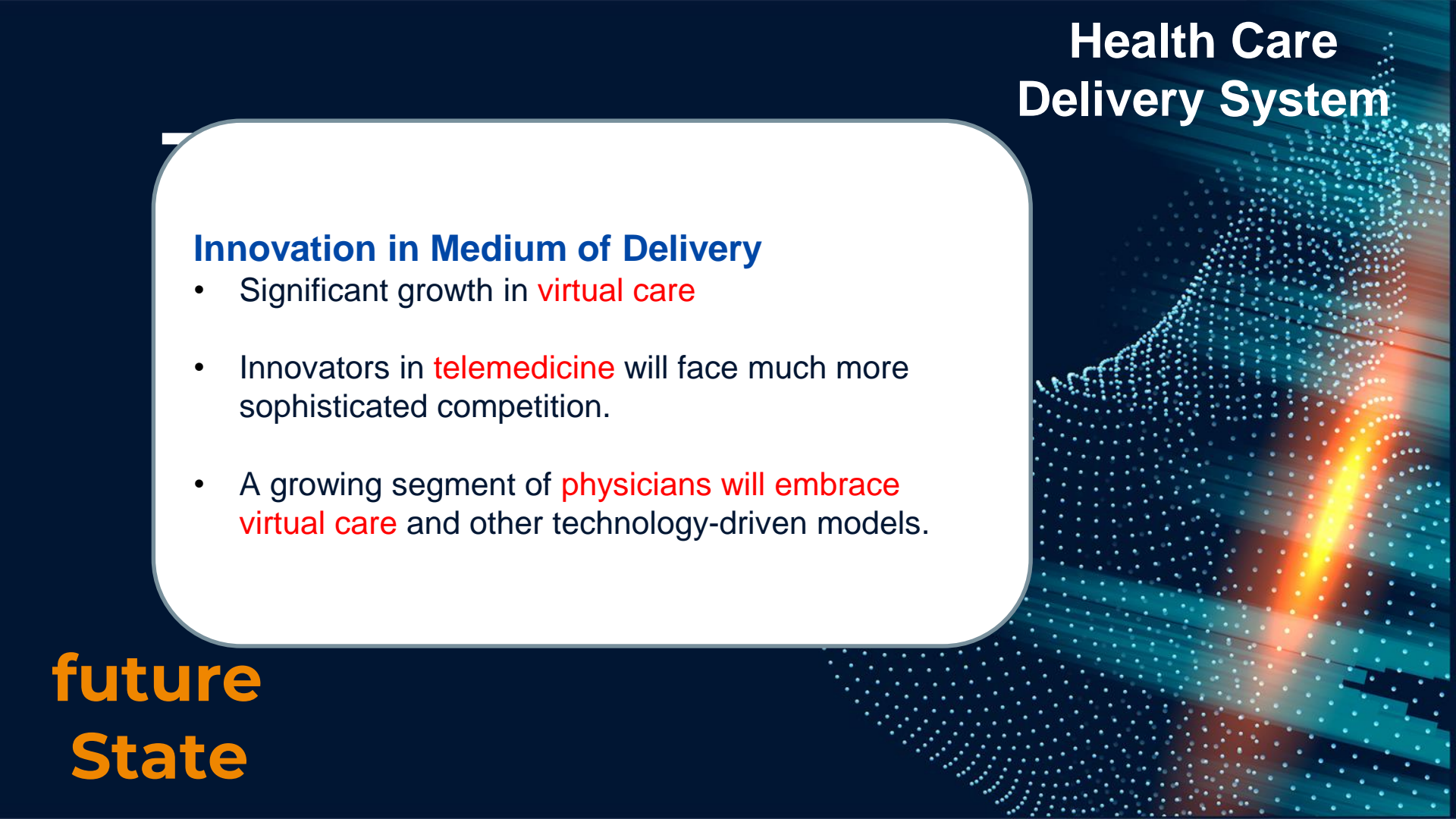
Social Determinants of Health

- Considerable progress in policy and outcomes across **sex, race, ethnicity, cultural background, and sexual orientation and gender identity**.
- The US health system of 2035 : **emphasis on health maintenance and disease prevention** than disease management.
- The **importance of social determinants** of health will have achieved much stronger recognition in health care and **policy circles**.

Consumer Expectations

- In the interim between now and 2035, **advances in information technology**, will be extensively leveraged for primary and preventive care.
- **Increasingly transparent** quality performance, **cost of care**, financial relationships, and clinical documentation are all realities for which the neurologist will need to be prepared.

Health Care Delivery System



Innovation in Medium of Delivery

- Significant growth in **virtual care**
- Innovators in **telemedicine** will face much more sophisticated competition.
- A growing segment of **physicians will embrace virtual care** and other technology-driven models.

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Health Care Delivery System

Health Care Providers of the Future

- Health systems will continue the **trend horizontal consolidation**.
- Small and solo physician practices will survive as **entrepreneurial innovators**.
- Smaller and medium-sized practices will increasingly seek **to merge with large systems**

- The longstanding trend toward **subspecialization in neurology** will continue.
- **Complex new treatments** become available.
- In 2035, **professional and personal well-being**.

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Reducing Costs Through Pricing Pressure

- Manage costs by **transferring performance and risk to provider organizations**, in the hopes of encouraging **higher-value care** and less utilization.
- Growth in **health system costs**: will almost certainly outpace inflation
- The necessary infrastructure for a **redesigned preventive health system is unlikely** to be developed by 2035.

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1

Current State

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- Health Care Policy

2

Future State

- People and Society
- Health Care Delivery System
- Health Care Policy

3

Implications for Neurology

4

Planning for the Future



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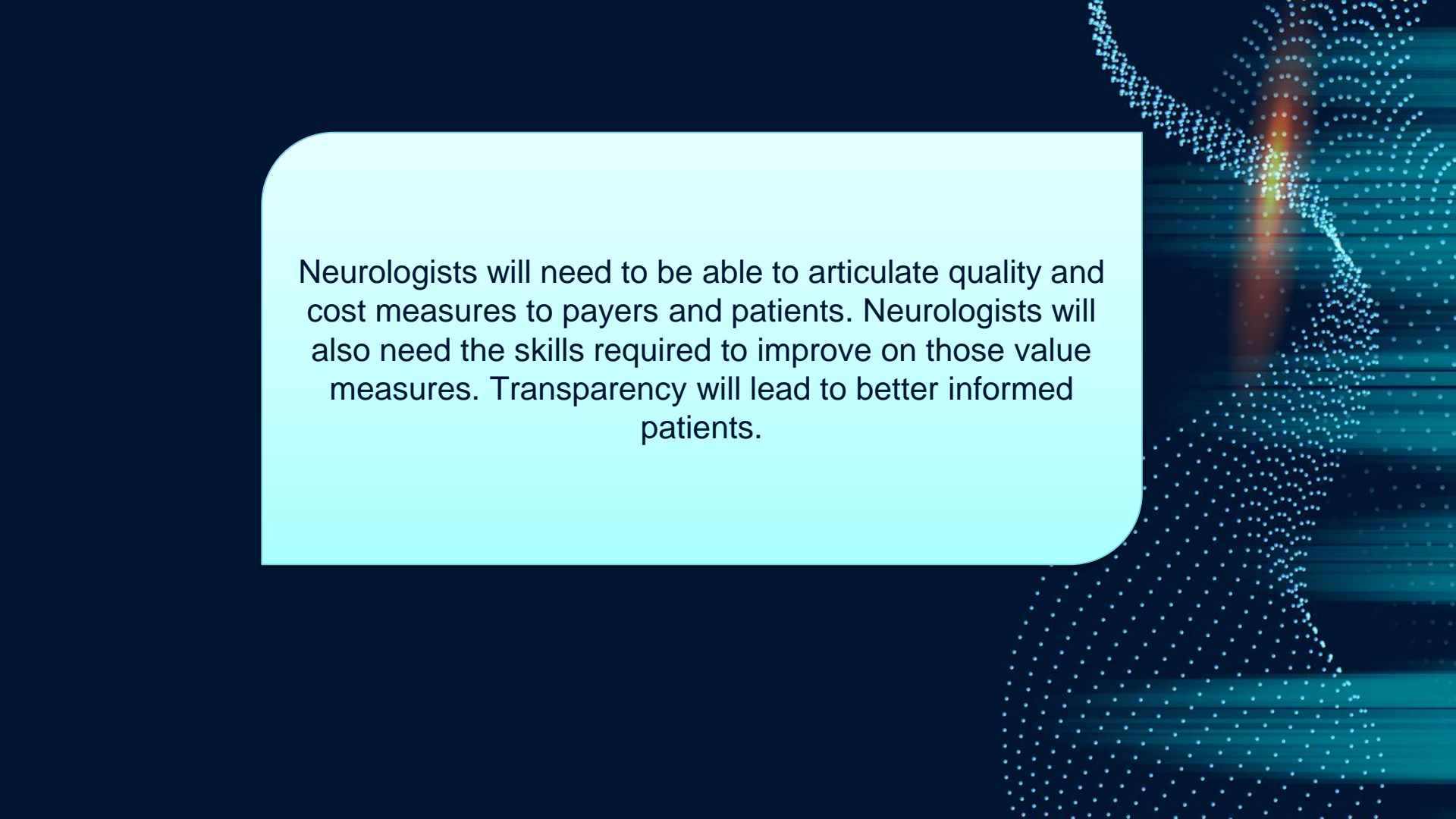
The **collaboration** with these team members will be **greater in the future**

- The evolution of the US health care system : there will be many implications of **these changes on the practice of Neurology.**
- Neurologists in 2035 will care for **older and more diverse patient populations.**
- More care **through technology or via interdisciplinary teams**
- The growth in reliance on team based care and technology will require **training.**

Improved technological support to facilitate communication within these teams and reduce clerical burden.

- Need to better understand **disparities** in neurologic care.
- Neurologists will need to accommodate those expectations: **accessing information, advice, and care through telemedicine or software algorithms**

Training programs will need to emphasize the importance of adapting to health system change.



Neurologists will need to be able to articulate quality and cost measures to payers and patients. Neurologists will also need the skills required to improve on those value measures. Transparency will lead to better informed patients.

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- Health Care Policy

3

Implications for Neurology

4

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Planning for the Future



- The further into the future we look, the greater the **degree of uncertainty**.
- The intent of long-term forecasting is not to expect perfect accuracy, but rather to inform our **strategic and operational planning** in the interim
- A useful planning approach (Examples)
- Neurologists hoping to remain in small or solo settings will have to be nimble and willing to experiment with **novel delivery and payment models**.



- Planning for health care change is premised on a foundation of **self-determination**. Rather than passively await the inevitable.
- We have the ability and responsibility to shape a **better health care system** for our profession and the patients we serve.



