



BETTER HEALTH CARE WITH LESS HEALTH SPENDING

The Stanford Clinical Excellence Research Center (CERC) is discovering new care delivery methods to solve our nation's persisting crisis in the affordability of excellent care.

CERC RESEARCHERS EQUIP CONGRESS TO BAN SURPRISE MEDICAL BILLS

CERC-affiliated faculty used their research to help convince key congressional committees to ban inflated surprise medical bills. Enacted in December 2020 by a rare bipartisan majority, the No Surprises Act marked a happy ending after 18 months of political horse-trading and fierce counter pressure by lobbyists for hospitals, hospital-based physicians, emergency medical transport companies, and health-care investors profiting from predatory medical bills.



CERC's research began four years earlier when CERC faculty Kevin Schulman and Arnold Milstein and CERC Visiting Professor Barak Richman from Duke Law School examined the legality of surprise medical bills. Not content with publishing their research findings on relevant implied contracts law in a scholarly journal, the faculty triumvirate reached out to nationally influential media outlets and connected with congressional committees weighing legislation to ban predatory medical billing.

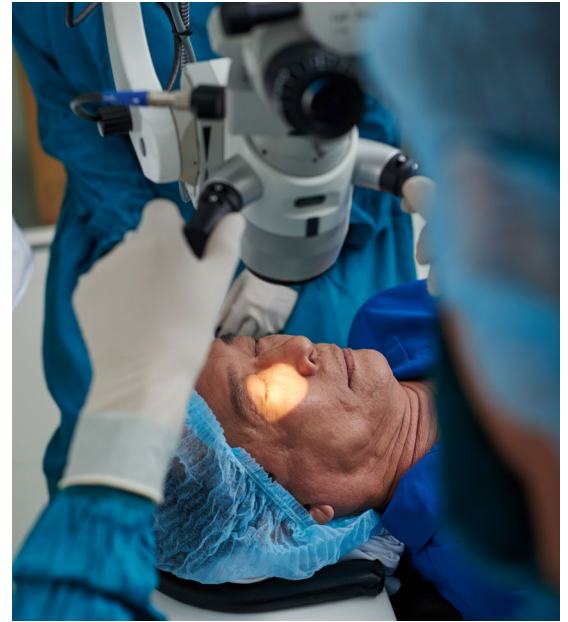
A moment of political opportunity crested during the fourth quarter of 2020. Professors Schulman and Richman collaborated directly via conversations with U.S. Senator and physician Bill Cassidy (R-Louisiana). Professor Milstein communicated to Congress via the Pacific Business Group on Health which had been invited to testify at a pivotal Senate hearing.

The new federal law takes effect in January 2022 after decades of predation of Americans who unknowingly received emergency treatment from a health-care organization not in their health insurer's network. Under intense pressure from medical debt collection companies, a sizable fraction of victims lost their lifetime savings. Consistent with CERC's original research, the new law requires that patients and their health insurance pools pay no more for out-of-network emergency care than the median in-network price or a similar amount agreed upon by the insurer and health-care provider.

CERC UNCOVERS U.S. ADAPTABLE DRIVERS OF LOW-COST, HIGH-QUALITY ASIAN CATARACT SURGERY

Cataract removal is one of the most frequently performed surgeries in the United States. Age-related visual loss attributable to cataracts is expected to challenge more than 50 million Americans by 2050. Funded by a generous gift from philanthropists Art and Joanne Hall, CERC researchers along with colleagues from the Department of Ophthalmology and the business schools at Stanford and Harvard, investigated whether low-cost, high-quality cataract surgery methods used by clinical innovators in India and Nepal were potentially transferable to the U.S., including to academic health centers such as Stanford.

CERC examined care at two U.S. sites—a hospital-affiliated ophthalmology care center and an independent ambulatory surgery center in Oregon—and two sites in India and Nepal. The research revealed multiple cost-lowering care methods could be safely transferred to American cataract surgery teams, including concentrating surgical volume at fewer facilities, faster patient throughput, use of surgical assistants and technicians rather than nurses, and re-use of supplies that American providers discard after a single use. While adoption would reduce U.S. cataract surgery costs by as much as 50 percent, cultural expectations such as unhurried surgical flow may pose a challenge. CERC faculty now seek philanthropic support to demonstrate that this challenge can be overcome without degrading clinical outcomes and the human experience of care for patients, families, and clinicians.



CAN ARTIFICIAL INTELLIGENCE HELP YOU BE A BETTER PARENT? YOUNG PARENTS HOPE SO

A survey by CERC researchers revealed that a majority of young American parents would embrace artificial intelligence monitoring in their homes to help them stop using smartphones when their young children are seeking their undivided attention. Conceding that the allure of smartphones and other digital devices can be too hard to resist, two out of three U.S. parents of young children would be willing to use a computer-enabled “coach” to provide real-time nudges when attention to their screens was interfering with child-responsive parenting. The results of CERC’s survey were published in the March issue of *The Journal of Medical Internet Research*.

High-quality interactions between parents and their young children boost cognitive, physical, and emotional development that shapes long-term “downstream” health and health-care spending. Yet CERC found that three-quarters of American parents acknowledge that distraction by their smartphone degrades their parent-child interactions at least once a day. Younger parents perceived a worse problem than older parents. Hispanic parents showed the most awareness of such “technoference” with good parenting. The research team pursuing computer vision-based coaching of parents includes CERC-affiliated computer scientist and Assistant Professor Serena Yeung, PhD, Stanford Chief of the Division of General Pediatrics Lee Sanders, MD, and CERC Statistician Jill Glassman, MSW, PhD.

