As I write these words, the Supreme Court is debating the constitutionality of President Obama’s healthcare reform law of the Patient Protection and Affordable Care Act. By the time you read this, the Court may have rendered any one of three possible decisions: uphold the law, strike the mandate that individuals purchase health insurance, or throw out the whole thing.

Although it is impossible to predict the Court’s decision, what can be stated with certainty is that our nation’s healthcare system has started down an irrevocable path of necessary change. The cost and complexity of the system are growing at an alarming pace, while expectations for service and quality have never been higher. The current system is unsustainable, especially in the face of an aging U.S. population, technological advances, workforce shortages, and the relentless pressure of costs.

Lancaster General Health cannot wait for Congress or the Supreme Court. As has always been true in the American system of health care, a large hospital system like LGH must take responsibility for its own future by determining a strategic direction that can ensure its success no matter the shape of healthcare reform. To do so, we are seeking the input of our medical staff, community, employees, and managers so that we can strive together to safeguard our ability to care for the community in the decades ahead. Despite many uncertainties, we must plan as wisely as we can for the impact of these extrinsic forces.

In shaping how best to provide care to our own community, we cannot be confined within the limits of a one-size-fits-all mandate from above. For example, we know that government will continue to be a major driver of change through regulation and payment policies. We know that mobile technology will drive more information and power literally into the hands of our patients. We know that the need to address chronic conditions such as obesity (and its constellation of diseases) will require a greater emphasis on health management and primary care, instead of episodic care provided by specialists. We know that new payment systems will move away from fee-for-service, and toward bundled payments or “risk” arrangements in which LG Health will be responsible for the health of populations, rather than just individuals.

This may seem like an imposing list of challenges for which to prepare, and perhaps it is, but LG Health is already making progress in several of these areas. One example is that more than 25,000 individuals in our community participate in “MyLGHealth,” our online and mobile service that allows patients to access their records and test results, schedule appointments, and communicate with their physicians. Our ability to provide this capability is correlated with our major commitment to introduce Electronic Medical Records, an initiative to which we have already committed more than $100 million! Our Lancaster General College of Nursing & Health Sciences is helping us address workforce issues that will enhance our abilities in overall community health management (we currently have more than 1,250 students enrolled). Much work remains in these and other areas, and our medical staff will be both central and critical to our efforts to respond to the changes now taking place.

These are challenging but also exhilarating times. The ancient, dysfunctional payment model is passing from existence, and for the first time in generations we can re-invest in the delivery system. These changes are well underway, and will continue even if the Supreme Court strikes down the Patient Protection and Affordable Care Act. Whatever the future, our responsibility is to do all we can to ensure that LG Health continues to deliver unrivaled quality outcomes and extraordinary experiences for our patients, physicians, and community.