PARADIGM SHIFT: HEALTHCARE TO HEALTH
Multiple Tsunamis

- Aging population
- Increasing prevalence of chronic disease
- Escalating health costs
- Dissatisfied patients
- Over-use of services
- Gaps in the quality of care
- Public scrutiny and regulation
- Social responsibility for judicious management of resources

This is a GLOBAL epidemic!
Figure 1

Death in Brazil

Glassman A et al. Health Aff 2010;29:2142-2148

Health Spending Projections By Chronic Condition In Brazil, 2008–2050

Glassman A et al. Health Aff 2010;29:2142-2148
IHI Triple Aim

- Keep people healthy, with good outcomes of care when they are sick.
- People feel well-taken-care-of by providers.
- A system with costs that are sustainable enough to be there for our grandchildren

Diabetes management

Commonwealth Fund evaluation. NCQA sites = Union Square and Revere
It’s not enough to redesign the delivery system

- Cost of diabetes and prediabetes: $300 billion to $514 billion by 2020
- 50% of Americans will have diabetes/prediabetes
Cost of healthcare vs the cost of health

Notes: Social services expenditures include public and private spending on old-age pensions and support services for older adults, disability benefits, family support, employment programs (e.g., public employment services and employment training), unemployment benefits, housing support (e.g., rent subsidies) and other social policy areas excluding health expenditures.

Are WE the top 10%???
An unprecedented alignment among the major leaders in health and healthcare

- **Governmental**
  - Health and Human Services: Healthy People 2020
  - CMS/CMMI
  - States: Vermont, Illinois, Michigan, Colorado
- **Thought leader/research organizations**
  - Institute of Medicine
  - AHRQ
- **Philanthropic organizations**
  - Commonwealth Fund
  - Robert Wood Johnson Foundation
- **Payers**
  - CareOregon, BCBS, Network Health
- **Delivery systems**
  - Kaiser, Geisinger, Virginia Mason, Southcentral, CHA, Iora…
“We will put a man on the moon and return him safely to earth in a decade.”

- John F. Kennedy

What did it take to get to the moon?

1. Getting to orbit around earth - Adjacent possible
2. Escape velocity
3. Moon landing
4. Back to earth safely
Getting to Orbit Around Earth:
The Adjacent Possible

Adjacent Possible: Address social determinants of health at every visit
Adjacent Possible: Make It Easy (and a Priority) to Talk About Behavior Change At Every Visit

• Motivational interviewing
• Health literacy
• Communication skills

Adjacent Possible:
RWJ Flip the Clinic: make it easy for patients to bring the 90% in
Adjacent Possible:
Right Question Institute

“Creating Microdemocracy in the Waiting Rooms”

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Adjacent Possible:

“Help Health Belong to the Patient”

“I would suggest: that health, or wellness belongs to the patient. Not just patient-centered, which can mean some very weak things, but patient-owned. That means that a person, standing in his community, in his home, is the nexus of care – not the doctor, trying to balance the checklist of things to do with their interaction with the patient sitting in the exam room.”

- Patient -> person
- Person -> person in context
- Healthcare -> health -> wellness

(physical and emotional health, balance in life, home, work, Self) -- Ziva Mann, Patient Lead, Cambridge Health Alliance
Adjacent possible: Empower patients to drive their health plan

• “What matters to you?”
• Help people set and monitor their own health goals: How’s Your Health.org?
• Waiting room preparation:
  – Goals for the visit
  – Goals for your health
• Empower patients to support their peers
• Price tag of a lack of effective connection and shared decision-making: $290 billion in medications prescribed

ESCAPE VELOCITY
Escape velocity: Partner with patients in the redesign of the “health” system

• “Health is not the absence of disease but the addition of confidence, skills, knowledge and connection. But most importantly, it is simply a means to an end—which is a joyful, meaningful life.”

— Cristin Lind

Escape velocity: What is an audacious goal we could set around health?

“A radical shift to partnership. While it would be considered unethical to physically harm a patient or withhold treatment, it’s still acceptable to say that we don’t have time or money to partner with patients in the design of care systems or in their own health. What would it take to have partnering authentically and at every level—in the community, in the office visit, at the organizational and policy level—be the standard of care?”
Escape Velocity: Fundamentally redesign primary care - Iora Health

- Restructured primary care completely in a clinic of 1200 “super high cost” patients
- Completely capitated system - 2 MDs, 2NPs, 8 health coaches
- 1 PCP working with three health coaches while in session
- Patient comes in and is seen by the health coach for 1 hour; PCP rotates from one health coach to another every 20mins
- Team huddles every morning for 45mins
- Everyone empowered to meet the needs of patients


Iora Health Outcomes

- 40% reduction in ED visits
- 2 out of 503 patients with poor BP control
- 63% of patients with heart disease or lung disease quit smoking
- Reduced cost

www.newyorker.com/reporting/2011/01/24/110124fa_fact_gawande
Escape velocity:
Partner with communities in the creation of health

- Two examples from a partnership between the city of Cambridge and Cambridge Health Alliance
  - Obesity
  - Smoking cessation

Making health a community way of life

Data from Hacker, K and Jacob, C. Presentation at 2013 IHI International Summit for Improving Care in the Office Practice and Community
Obesity Prevention Outcomes

Data from Hacker, K and Jacob, C. Presentation at 2013 IHI International Summit for Improving Care In the Office Practice and Community

Escape Velocity: Southcentral
Foundation: Family Wellness Warriors
GETTING TO THE MOON

Rupununi Region

15,645 people over 33,000 square miles

Limited dirt roads. Limited communication. 36 community health workers.
On the Moon: Outcomes of the Rupununi Transformation

- 95% reduction in malaria incidence in a year
- Elimination of acquired developmental delay in children 0-5
- People with disabilities have meaningful, productive work that can help generate an income
- The entire healthcare and public health infrastructure is occupied by people from the Rupununi

COMING HOME SAFELY
Toward a common framework

• Change thinking at every level through a social movement strategy
• Empower consumers in the redesign and in their own health
• Eliminate disparities – 100,000,000 people go from alone and vulnerable to connected and thriving
• Grow a cadre of leaders across health and healthcare who have the vision and can work together to implement it.
• Create concrete demonstrations of success to help others see how to do this work and scale them up $10 \rightarrow 100 \rightarrow 1000$

Toward a common framework

• Transform the paradigm of how we approach people and communities to build strength, mindfulness, nobility, leadership, and resilience
• Create a new social contract across all sectors around health
• Transform the training paradigm and pipeline to change thinking and integrate people across disciplines that contribute to health and healthcare
• Change funding and policy to support the transformation (20% by 2020)
"The greater danger for most of us lies not in setting our aim too high and falling short; but in setting our aim too low, and achieving our mark."

- Michelangelo

What is an audacious goal we can pursue together about health?
What 1-5 degree change can we each make in the next month?
“If there is any period one would desire to be born in, is it not the age of revolution; when the old and the new stand side by side, and admit of being compared; when the energies of all men are searched by fear and by hope; when the historic glories of the old can be compensated by the rich possibilities of the new era? This time, like all times, is a very good one, if we but know what to do with it.”

Ralph Waldo Emerson