Thank You to our Co-Chairs

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**Gilbert Salinas**  
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**Somava S. Stout, MD**  
Vice President of Patient Centered Medical Home Development, Cambridge Health Alliance

**Steve Tierney, MD**  
Vice President of Patient Centered Medical Home Development, Cambridge Health Alliance

Southcentral Foundation
Use_twitter During the Summit

IHI Blue Shirt Staff will be Tweeting updates throughout the conference, and we hope you will, too!

Step 1: Connect to the “IHI” wireless network

Step 2: Download the Twitter App or visit twitter.com and log in or create an account

Step 3: Follow @TheIHI

Step 4: Type #IHI15Summit into the search box to see what others are writing

Step 5: Post a message in the box “What’s Happening?” and be sure to include #IHI15Summit in your message!

Institute for Healthcare Improvement
And Is the New Or
Office Practice Summit, 2014

Derek Feeley,
Executive Vice President, IHI

Health care’s 7 key challenges

- Politics
- Economics
- Demographics
- Epidemiology
- Social determinants of health
- Changing expectations
- Workforce
Health care system performance: room to improve?

<table>
<thead>
<tr>
<th>Country</th>
<th>Works well, only minor changes</th>
<th>Fundamental changes</th>
<th>Completely rebuild</th>
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<tbody>
<tr>
<td>UK</td>
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<td>US</td>
<td>25</td>
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<td>27</td>
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Commonwealth Fund: Overall Views of Health Care System, 2013
Source: 2013 Commonwealth Fund International Health Policy Survey in Eleven Countries.

Not breaking news: Health care is in transition

<table>
<thead>
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<th>Issues</th>
<th>Impact</th>
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<tr>
<td>Payment changes</td>
<td>Caught between two business models</td>
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<tr>
<td>Aging population, growth of insured</td>
<td>Access problems (especially primary care)</td>
</tr>
<tr>
<td>Variation in safety, reliability, and care</td>
<td>Preventable harm and unjust disparities</td>
</tr>
<tr>
<td>Chronic disease epidemic</td>
<td>Unsustainable, ineffective care models</td>
</tr>
<tr>
<td>Health care as a growing % of GDP</td>
<td>Lack of resources to meet other social needs</td>
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</table>
Let’s join together in “doing” mode

“I have been impressed with the urgency of doing. Knowing is not enough; we must apply. Being willing is not enough; we must do.”

— Leonardo da Vinci (1452-1519) Artist, Inventor, Scientist

Triple Aim as a shared framework for action
One theory about where should we focus

“Triple Aim By Triple Method”

And is the new or

Or

And

The Adjacent Possible

The Escape Velocity Vision
An example

What are these, and how did they help win Olympic medals for Team Great Britain?
Marginal gains

= \frac{1}{100^{th}}

Second Advantage

They are “bum warmers” to warm the buttocks muscles of Olympic cyclists before a race!

Some obvious gains

Team Great Britain started by optimizing the things you might expect:

- Nutrition of riders
- Weekly training program
- Ergonomics of the bike seat
- Weight of the tires
Less obvious, marginal gains

Brailsford searched for 1% improvements everywhere:

- A pillow that offered better sleep
- A more effective type of massage gel
- Handwashing techniques to avoid infection
- And, of course, the “bum warmers”

Alone, are small gains significant?

Do we really believe what is important to people can be reduced to . . . .
How about half the length of a bicycle?

Aggregation of marginal gains

In the beginning, there is basically no difference between making a choice that is 1% better or 1% worse. (In other words, it won't impact you very much today.) But as time goes on, these small improvements or declines compound and you suddenly find a very big gap between people who make slightly better decisions on a daily basis and those who don't.
Sound familiar?

- What are we trying to accomplish?
- How will we know that the change is an improvement?
- What changes can we make that will result in improvement?

Plan | Do | Study | Act

What are our incremental gains?

- Reducing waste, harm, and variation
- Improving access
- Enhancing patient experience
- Scale-up and spread
- Safety across the continuum
- Bringing empathy, dignity, and partnership to health care
- Enhancing integration for seamless care

Critical work. The adjacent possible. Just not enough.
What’s needed beyond incremental gains?

In a BBC interview, Brailsford laid out the other critical ingredients:

- An audacious goal
- An understanding of what you want to achieve
- An understanding of where you are now
- A plan to get from where you are to the goal
- A team with the skills and motivation to succeed

Isn’t it likely to be the same for us?

The power of an audacious goal accelerates change, bringing people together to make the impossible possible.
“We will put a man on the moon and return him safely to earth in a decade.”

—John F. Kennedy

Getting to the Triple Aim will require escape velocity\textsuperscript{26} — not just 10%, but 10x improvement.

Inspiring vision and the right players that can remove the obstacles creating gravitational pull and holding health care back.

Focused strategy to catalyze the top 4-5 accelerators (our rockets!) that will propel us forward to our destination.

Rapid ascent to a better future.
What forces hold us in orbit?

- Political gridlock
- Financial models
- Health care vs. health
- Deficit thinking
- Volume vs. value
- Compounded by the complexity of the challenge

It’s complicated…

“Too bad all the people who know how to run the country are busy driving cabs and cutting hair.”
—George Burns

Updated for 2014:
“Too bad all the people who know how to run the country are busy driving cabs and cutting hair.”
—George Burns

“It’s too bad that everyone who has a solution for everything is at home commenting on the Internet.”
—Twitter user Rasta Pasta (@rastahipsta)
I call it a mess, too!

“Every problem interacts with other problems and is therefore part of a set of interrelated problems, a system of problems… I choose to call such a system a mess.”

—R.L. Ackoff

Working in complex systems

- Destabilize the existing system
- Leaders as “sense makers”
- Allow solutions to emerge
- Beware the “aye been”
- Accept paradox and contradiction
Implementing improvement in messy environments… can it be done?

- Will = destabilize the status quo
- Ideas = sense making
- Execution = allow emergence

How do we achieve Escape Velocity?

- A unifying vision of how to get from today’s system to tomorrow’s
- IHI as convener and sense-maker can help
- A fresh dialog for leaders can provide the launch pad
- And an audacious goal can bring us together to change — making the impossible possible
Have you ever wished?

Do one brave thing today... then run like hell!

Audacious goals for health:

- There’s a shared social contract about health that guides decisions in all sectors of society
- 20% of health care spending has shifted to primary care/community health by 2020
- 100,000,000 people move from forgotten and vulnerable to healthy and thriving
- Create 10,000 communities where all preventable health problems are eliminated
If you could launch an audacious goal for health, what would it be?

Some guidelines
- Think about any of our vulnerable populations – our children our elders, and our very sick...if you could launch an audacious goal for their health, what would it be?
- Think about a bold, aspirational goal, like “making Scotland the best place to grow up in the world.”
- Think about a goal that embodies the Triple Aim: significant improvement in health for a population, improved care for the individual, at a lower cost
- Think about a goal that can only be achieved by engaging the whole community (individuals, schools, churches, health care, etc.)

#IHIEscapeVelocity @TheIHI @DerekFeeleyIHI

What are our rockets?
- Flipping the balance of power to put people at the center
- Flipping the balance of care from volume to value
- Flipping from deficit-based fixes to asset-based co-production
- Flipping the focus from health care to health
- High-impact leadership
Rockets: Flipping power

- From “What’s the matter?” to “What matters to you?”
- From diagnoses to people
- From treating problems to dignity and control

Melanie

People, not diagnoses
Jim

Freedom, Choice, Dignity, and Control

To participate in society and to live an ordinary life

Rockets: Flipping health care

- Patient engagement
- Digital health
- Southcentral Foundation, Healthcare 3.0, and Nuka
Flipping to assets

Deficit Model
- Based on pathogenesis
- Focuses on problems and needs
- Tends to define communities and individuals in terms of what they can’t do, do wrong or don’t have
- Encourages dependency
- Potential to disempower people who are intended beneficiaries

Assets Model
- Based on salutogenesis
- Focuses on existing strengths
- Defines communities and individuals in terms of the resources they have to stay healthy
- Encourages people to take control of their own health
- Promotes self esteem and ability to cope

Rockets: Flipping to health
- Equity, disparities, and injustice
- The power of prevention
- …And a magic formula
Each stop on the Argyll line travelling East represents a drop of 1.7 years in male life expectancy

Life expectancy data refers to 2001-5 and was extracted from the GCPH community health and well-being profiles. Adapted from the SPT travel map by Gerry McCartney.

90-100% chance of developmental delays when children experience 6-7 risk factors
Power of prevention

“It is easier to build strong children than to repair broken men.”

—Frederick Douglass

Making Scotland the best place to grow up
National Aims for a Breakthrough Series Collaborative

1. To ensure that women experience positive pregnancies which result in the birth of more healthy babies, as evidenced by a reduction of 15% in the rates of stillbirths and infant mortality by 2015

2. To ensure that 85% of children have reached all of the expected developmental milestones by the time of the child’s 27- to 30-month child health review, by end of 2016

3. To ensure that 90% of children have reached all of the expected developmental milestones at the start of primary school, by end of 2017

Lochrin Nursery

[Chart showing children receiving a bedtime story]
What his mother says:

“He wants me to do stuff with him like his garage. Now he takes my hand.”

“Now he wants to sit with me. He didn’t do that before, he just ran around…”

“He sits and cuddles in. He’s bonding with me. He is listening to me.”

“What Alfie says:

“I like my bedtime story because it helps me to dream.”
Rockets: High-Impact Leadership

New Mental Models
How leaders think about challenges and solutions

High-Impact Leadership Behaviors
What leaders do to make a difference

IHI High-Impact Leadership Framework
Where leaders need to focus efforts

High-Impact Leadership Behaviors

1. Person-centeredness
Be consistently person-centered in word and deed

2. Front Line Engagement
Be a regular authentic presence at the front line and a visible champion of improvement

3. Relentless Focus
Remain focused on the vision and strategy

4. Transparency
Require transparency about results, progress, aims, and defects

5. Boundarilessness
Encourage and practice systems thinking and collaboration across boundaries

Rockets: High-Impact Leadership

Driven by Person and Community
- Include patients on improvement teams
- Start meetings with patient stories and experience data
- Use leadership rounds to model engagement with patients and families

Develop Capability
- Teach basic improvement at all levels
- Invest in needed infrastructure and resources
- Integrate improvement with daily work at all levels

Shape Culture
- Communicate and model desired behaviors
- Target leadership systems and organizational policies with desired culture
- Take swift and consistent actions against undesired behaviors

Create Vision and Build Will
- Boards adopt and review system-level aims, measures, and results
- Channeled leadership attention to priority efforts
- Transparently discuss measures and results

Deliver Results
- Use proven methods and tools
- Frequent and systematically review efforts and results
- Devote resources and skilled leaders to high-priority initiatives

Engage Across Boundaries
- Model and encourage systems thinking
- Partner with other providers and community organizations in the redesign of care
- Develop cross-selling care review and coordination processes

A Leader’s Perspective
So what is IHI going to do about it?

- **Convene** a guiding coalition around our audacious goal
- **Drive results** by building improvement capability with the coalition (e.g., Improvement for Population Health)
- **Innovate** with health care organizations who want to engage with their communities and neighborhoods (e.g., Early Years, Later Years, Triple Aim 2.0)
- **Partner** with like-minded leaders to achieve “Escape Velocity”

We’re holding our whole community well-being right here.
Just start

What do you mean it's a bit muddy?

#IHIEscapeVelocity @TheIHI @DerekFeeleyIHI