Care Redesign: A Team Approach to Improving Value

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The presenters have nothing to disclose

Care Redesign: A Team Approach to Improving Value

Objectives
- Describe how to establish and engage multidisciplinary care redesign teams
- Identify strategies to prioritize improvement opportunities, overcome barriers, and implement tests of change
Agenda

• The Role of Care Redesign in our Healthcare Environment

• Leading a Team through the Journey
  – Team Formation
  – Roles and Expectations
  – Redesign Process
  – Change Management
  – Deliverables

Original Campus

Current Campus

Chartered in 1811; third oldest general hospital in the United States.
Our Collective Challenge

- Per capita health care costs have grown steadily for 40 years
- Unmet need is perpetual
- Expanding health insurance coverage magnifies cost pressures
- The US employer-based health insurance system is a handicap in a global economy

Source: 2009 presentation by Stuart Altman, PhD titled Growing Healthcare Spending: Can or Should It Be Controlled to Prevent a Health System “Meltdown”?
The Path We’re Traveling

Pressure to reduce cost trend

New contracts with risk for trend

Changes to Partners structure – org chart and network

Investment in population management infrastructure

Internal Performance Framework

Partners in Care (PCMH & care coordination for high risk patients)

Enhanced Access To Specialty Services

Implement new local Incentives/compensation

Sustained cost trends near GDP

Bending the cost curve – recent headlines
Bringing Value to Patient Care: The Value Agenda

**Value = Health outcomes / Costs of delivering the outcomes**

**AIM:**
- Move toward a patient-centered system organized around what patients need.
- Shift focus to the patient outcomes achieved.
- Develop a system in which services for particular medical conditions are concentrated in health-delivery organizations and in the right locations to deliver high-value care.

**STRATEGY:**
- Organize into Integrated Practice Units
- Measure outcomes and costs for every patient
- Move to bundled payments for Care Cycles
- Integrate care delivery across separate facilities
- Expand excellent services across geography
- Build an enabling IT platform

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**MGH/MGPO Care Redesign**

Care Redesign is a key pillar of our strategy to adapt to payment reform by improving the quality, coordination, and cost of the care

**Approach**
- Improve quality
- Reduce unit cost
- Redesign care (fewer units)

**Process**
- Participate in Care Redesign Teams
- Design & test improvements
- Transition improvements to operations
- Pursue additional opportunities in clinical redesign and patient affordability
One Approach: MGH/MGPO Care Redesign

MGH/MGPO Care Redesign Leadership Council
Co-Chairs: Michael R. Jaff, DO and David Torchiana, MD

Wave 1
- Coronary Disease: AMI
- Diabetic
- Colon Cancer
- Stroke
- Primary Care

Wave 2
- Arthroscopy
- Lung Cancer
- Obstetric Delivery
- Transplant
- Rheumatology

Wave 3
- Back Pain
- COPD
- Inpatient Psych
- Premature Neonate
- Reparative Surgery

Wave 4
- Breast Cancer
- Heart Failure
- Renal Failure
- Pneumonia

Wave 5
- Gastrointestinal Hemorrhage
- Septic/Critical Care
- Venous Thromboembolism
- n.d.: AMI, NP, PNA, COPD, THROM

MGH/MGPO Care Redesign Values

• Simplify/Structure: eliminate unnecessary processes and develop evidence-based guidelines and metrics to guide improvements

• Strategize/Save: leverage shared knowledge to capitalize on opportunities for efficiency and cost savings

• Standardize/Streamline: reduce unnecessary variation to promote reliable, high-quality care

• Serve/Satisfy: provide service that adds value to our patients

• Share/Sustain: foster teamwork, collaboration and communication to promote continuous improvement
**MGH/MGPO Care Redesign Approach**

- Requires a **planned and structured** approach
- Needs strong, **non-hierarchical leadership** to:
  - Drive the work of the team
  - Change the culture
  - Ensure that improvements are successfully implemented and sustained
- Enlists the **right group of people** for the team
  - Involves a multi-disciplinary, collaborative effort
  - Ensures that everyone is actively engaged with full buy-in
  - Sets expectations for roles and accountability
  - Actively seeks to represent the voice of the patient

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**Critical Success Factors**

- Emphasis is on the **process** not on staff performance
- **Empowers staff** who know the processes best to design and test the changes
- Explicitly strives to assure **acceptance** of change
- Designs in **accountability** to implement and sustain the changes

*Source: GE Performance Solutions*
Building Robust Teams

Roles & Responsibilities

Team Leaders & Sponsors

- Actively and visibly lead the project
- Establish & communicate the vision and deliverables for the project
- Define the metrics
- Ensure that there is a plan to sustain and spread the improvements
- Leadership teams comprised of a Physician, Nurse, and Administrative leader
Roles & Responsibilities

Team Members
• Composed of clinical and operational staff as well as patients and families – i.e. those closest to the process
• Brainstorm causes of the problem and solutions
• Participate in testing, implementation and spread
• Share the work of the team with colleagues
• Solicit feedback and share it with the team leader

Roles & Responsibilities

Process Improvement Consultants
• Collaborate with project leaders to develop a broad work plan
• Coach and guide on the approach to the project
• Assist with planning, developing & tracking the project plan
• Facilitate/support development of project deliverables
• Help ensure that milestones and deadlines are met

Applied Informatics & Measurement and Reporting Team
• Develop project dashboards and provide other analytic support
Case Study:
Arthroplasty Care Redesign Team

Team Leaders:
- Orthopedic Surgeon Chief
- Orthopedics Nursing Director
- Orthopedics Anesthesia Chief
- Ortho. Administrator
- SVP (Executive Sponsor)

Project Support:
- Process Improvement Consultants
- Data and Analytics

Team Members:
- Patient
- Physical Therapy
- OR Operations
- OR Tech
- Orth. Administrative Mgr
- Anesthesiologist
- Analytics
- Nurse Practitioner
- Staff Nurse
- Case Manager
- Social Work
- Pharmacy
- Rehab Facility Clinicians
The Improvement Process

Structured Approach

**BASICS**

- **PDCA (Plan-Do-Check-Act)** - the foundational approach to process improvement is incorporated in the model
- Cyclical and iterative approach
- Incorporates reliable tools & Change Management concepts

*Source: Leveraging Lean in Healthcare. Charles Protzman, George Miquell MD & Joyce Kepcher. Taylor Francis & Group, 2011*
**Case Study: Arthroplasty Care Redesign**

**Project Timeline**

- **Spring Year 1:** Data Analysis
- **Summer Year 1:** Wave 1 - EXCELerated Recovery Program
- **Fall Year 1:** Wave 2 - EXCELerated Recovery Program
- **Winter Year 1:** Post-Acute Care
- **Spring Year 2:** Milestones
  - Select the project
  - Create charter (include problem, aim, scope, boundaries, measures)
- **Summer Year 2:** 1st Report Out
- **Fall Year 2:** 2nd Report Out
- **Spring Year 3:** 3rd Report Out

**Blueprint: Set Up Project for Success**

- Define the problem
- Develop scope & create an improvement target
- Enroll team members
Case Study: Arthroplasty Care Redesign Project

**Charge & Aim**
The Arthroplasty Care Redesign Team is charged with evaluating the current state of Arthroplasty care with the aim of achieving the following:
- Reducing cost
- Improving efficiency
- Optimizing the clinical and patient pathways

**Scope**
Total hip replacement (THR) and total knee replacement (TKR) procedures across all payers

**Goal**
Reduce cost by 10% by Fall Year 2

**Assess: Prioritize 1-3 Areas for Improvement**

- Understand the process
  - Understand process: interview, focus group
  - Map the process
  - Find root cause(s)
  - Collect baseline data

- Map the process

- Brainstorm & identify the things to improve
Case Study: Arthroplasty Care Redesign
Value Stream & Process Mapping
**Suggest:** Prioritize Ideas and Develop Test Plans

- Brainstorm & Prioritize solutions

- Create Test plans

- Form teams and identify team leads (process owners)

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**Case Study: Arthroplasty Care Redesign**

**Pilot: Key Elements**

<table>
<thead>
<tr>
<th>Tool</th>
<th>Description</th>
<th>What to look for...</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Patient education pamphlet</td>
<td>• Describes next steps following decision for surgery, average LOS expectations and after-hospital recovery options</td>
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</tbody>
</table>
| 2. EXCELeated Recovery patient candidate report | • Identifies patients meeting Case Management criteria to be discharged to home following surgery  
  • Report will be sent at the start of each week via email |                     |
| 3. “EXCELeated Recovery” field in OR Dynamic, Mosaic and PRISM | • Flag to identify patients as meeting EXCELeated Recovery Program criteria |                     |
Case Study: Arthroplasty Care Redesign

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<tr>
<td>4. EXCELerated Recovery Order Set</td>
<td>• Sets EXCELerated Recovery plan of care in action allowing for early patient mobilization</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Major practice changes include:</td>
<td></td>
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<td>- Day 0 patient mobilization</td>
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<td>- Foley removal in PACU</td>
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<td>- Early physical therapy, occupational therapy and case management consults</td>
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<td></td>
<td>- No patient controlled analgesia</td>
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<td></td>
<td>- No continuous passive motion</td>
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<tr>
<td>5. Bedside Patient Checklist</td>
<td>• Provides patients with their plan of care and outlines daily goals</td>
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Case Study: Arthroplasty Care Redesign

EXCELerated Recovery Program:
Pathway Overview

Traditional Pathway (3 day ALOS)

EXCELerated Recovery (2 day ALOS)

1. Surgeon’s Office
2. PATA
3. Case Mgmt
4. Pre-Op → OR → PACU → Inpatient Floor
5. Pre-Op → OR → PACU → Inpatient Floor

RAPT tool integrated into registry/kiosk
Patient pamphlet
Risk Assessment Prediction Tool (RAFT) score review and OR schedule
Weekly email
Order set and medical management changes
Bedside patient card
Implement Pilots and Monitor Results

Implement & Check:
Conduct Pilot and Measure Results

- Communicate pilot plans
- Pilot test plans

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<tr>
<td><strong>PLAN:</strong> Pilot plans</td>
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<tr>
<td><strong>DO:</strong> Implement tests of change</td>
</tr>
<tr>
<td><strong>CHECK:</strong> Do rapid tests of change</td>
</tr>
<tr>
<td><strong>ACT:</strong> Adapt as you go</td>
</tr>
<tr>
<td><strong>Share successes</strong></td>
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</tbody>
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PLAN
Create a written test plan
DO
Carry out plan
Measure
Monitor closely
CHECK
Analyze data/results
Compare results to predictions
Summarize what was learned
ACT
Adopt
Adapt
Abandon

- Measure, monitor & communicate outcomes

Wave 1 - EXCELeRated Recovery Program: ALOS and Volume

Wave 1 - EXCELeRated Recovery Program: Patient Feedback

- Positive narrative comments from patients:
  - “I was surprised at how much I could do immediately after knee replacement with physical therapy... I was pleased I was able to move along as a fast track patient and become mobile quickly”
  - “Everything from surgery to nursing care to PT work was wonderful”
  - “Dr. X and his care team have been amazing at all levels – a fine doctor surrounded by a quality team of health professionals”
  - “My care team gave me very good instructions”
Massachusetts General Hospital

AIM: The ACR team will reduce cost, optimize the clinical pathway and improve patient care and satisfaction. The team is focused on total hip and knee replacement procedures from the initial office visit to discharge from the hospital.

Program Design: Designed and implemented the EXCELerated Recovery Joint Replacement Program.
- Implemented new patient education materials setting recovery and LOS expectations prior to surgery.
- Developed post-op orders for EXCELerated Recovery patients in PDS.
- Utilized new anesthesia management protocols.
- Designed automated weekly program candidate report using Case Management, PATCOM and OR systems.
- Implemented early patient mobilization program.
- Utilized patient pathway materials.

TEAM LEADERS:
- Andrew Freiberg, MD
- Lauren Lebrun
- Robert Peloquin, MD

EXECUTIVE SPONSOR:
- Greg Pauly

Program Design:
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CONCLUSIONS:
- Setting patient expectations leads shorter length of stay.
- Coordination and communication with patient and entire team have improved.
- 16% overall reduction in ALOS (850+ days saved/year); 26% reduction in ALOS in EXCELerated Recovery patient population.
- 16% increase in volume (200+ cases added/year)
- 19 days/year PACU recovery time saved
- 6 IRB submissions complete/in-progress
- National conferences and academic publications

NEXT STEPS:
- Continue to closely monitor LOS
- Continue to educate staff on new processes
- Explore Post Acute Care Management
- Explore options for expanding the patient population going directly to outpatient physical therapy

Case Study: Arthroplasty EXCELerated Recovery Program

RESULTS:

- 6% increase in overall hospital rating HCAHPs score
- 17% reduction in ALOS (600+ days saved/year)
- 18% increase in volume (200+ cases added/year)
- 19 days/year PACU bed time saved
- 6 IRB submissions complete/in-progress
- National conferences and academic publications
Case Study: Arthroplasty Care Redesign Team

Key Takeaways

- Engaged multidisciplinary team
- Trial and error and rapid cycle changes encouraged
- Small offline workgroups critical
- Constant communication to staff essential
- Care redesign is an opportunity to improve the patient experience

Sustainability
Sustain: Maintain the Improvements

- Operationalize improved process(es)
- Identify accountable owner(s)
- Identify a venue to regularly report project results
- Actively monitor and act on outcomes
  - Celebrate successes
  - Make changes when needed
  - Always communicate

Making Change Last: Why is This Important?

- Often disproportionate time is spent on the launch of an initiative rather than its spread and maintenance
- Every change initiative competes for time, resources and attention
- New behaviors are likely to revert back without a plan to ensure that the new process is sustained
A Word on Change Management - Consider

100% of all improvement projects evaluated as **successful** have a good technical solution or approach.

Over 98% of all improvement projects evaluated as **unsuccessful** also have a good technical solution or approach.

*A Good Technical Solution Is Not Good Enough*

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A Word on Change Management

\[ Q \times A^3 = E \]

**Quality (Q)** of the solution \( \times \)

**Alignment (A)** with strategic priorities \( \times \)

**Acceptance (A)** of the idea \( \times \)

**Accountability (A)** and recognition for implementation \& ongoing monitoring

\[ = \text{Effectiveness of Project (E)} \]
Critical Success Factors: Alignment

It is essential to communicate:

• the purpose of the project & why it is important
• the problems to be solved - not the solutions to be implemented
• what is happening, what is coming and
• what does this project mean to the individuals involved

COMMUNICATE –
COMMUNICATE –
COMMUNICATE!
Critical Success Factors: Acceptance

- “We have a lot of information to share, we just don’t share it”
- “We’ve been hearing about these problems for years; we’ve needed a common way of problem solving”
- “When we’re all together, we can build on each other’s ideas”
- “Previously we’ve attacked this by working in our silos; now we’ve put our heads together to solve the problems”
- “We’re all part of the solution”
- “Regardless of role and level, everyone’s voice counts”

Critical Success Factor: Accountability

GEC/Chiefs

PO Executive Committee

Quality and Safety Steering Committee

MGH/MGPO Care Redesign Leadership Council
Co-Chairs: Michael R. Jaff, DO and David Torchinia, MD

Ongoing Updates to Executive Sponsor(s), Service Chief, SVP

1. Teams’ Deliverables:
   1. Project charter
   2. Process map
   3. Prioritized opportunities
   4. Presentation of results and publication if possible
   5. Articles for MGH/MGPO publications (Hotline, Fruit Street Physician, From the Desktop)
Outcomes: Ensuring Success

Accountability & Recognition – Quarterly Dashboard
Great care, Every time. Designing a fair and non-threatening work culture.
What is Culture?

One Definition:

“Culture in a work organization is the sum of peoples’ deeply ingrained habits related to what they do and how they do it. It’s the way we do things here.”

Does culture matter?

Source: Mann, David, 
Creating a Lean Culture, 2005

Culture Matters

You bet!

MASSACHUSETTS GENERAL HOSPITAL
Lean Philosophy: The Inverted Pyramid

**Empowerment is key to success**

Finally

“It is not the strongest of the species that survives, nor the most intelligent that survives. It is the one that is the most adaptable to change.”

- Charles Darwin
  1809 - 1882
Advice from MGH/MGPO Care Redesign Team Leaders

Advice From Past Care Redesign Team Leaders

[Link to video]