Welcome and Introductions

18th Annual CEO and Leadership Summit

Gary S. Kaplan, MD
Chairman and CEO
Virginia Mason Health System
Innovative cultures are stimulating, engaging

Need to assess our culture so we can improve

Assists the translation of ideas into action

I Innovation was called out as part of our shared vision

Strategic Innovation Plan Key Elements

- Strengthen culture of innovation
- Develop a high volume idea pipeline
- Differentiate Virginia Mason as a breakthrough innovator
- Share our knowledge to transform healthcare
## Our Current Strategic Innovation Plan

### Goal 1: Organizational Culture

<table>
<thead>
<tr>
<th>Goal</th>
<th>Core Strategy</th>
</tr>
</thead>
<tbody>
<tr>
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## Our Current Strategic Innovation Plan

### Goal 2: Idea Pipeline

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Our Current Strategic Innovation Plan

Goal 3: Breakthrough Innovation

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Breakthrough innovation requires us to change how we listen to and understand the voice of our patients.

- Each board meeting begins with patient story
- Usually presented by patient or family
- Both good and bad
We want to be differentiated as a Breakthrough Innovator

- Seven Levels of Change
  - Level 1: Doing the right things
  - Level 2: Doing things right
  - Level 3: Doing things better
  - Level 4: Doing away with things
  - Level 5: Doing things that other people are doing
  - Level 6: Doing things no one else is doing
  - Level 7: Doing things that cannot be done

Source: Rolf Smith

Our Current Strategic Innovation Plan
Goal 4: Teach Others

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For Us, It’s Not “Lean” or Innovation… It’s Both Together

Leadership and Culture

“Leaders have a disproportionately large effect on the cultures of organizations. By their behaviors, leaders create the conditions that either hinder or aid innovation.”

NHS Institute
Definition of Innovation

INNOVATION; noun; in-ˌno-va-ˈtion \i-nə-ˈvā-shən\

the act or process of introducing new ideas, devices, or methods

Webster’s Dictionary
Why do we need innovation?

- Consumerism and personalization
- Volume to value
- Healthcare everywhere
- Aging
- Economics
- Wellness

How do we address these challenges?
More of the same?

William Pelzard
Learning and innovation go hand in hand. The arrogance of success is to think that what you did yesterday will be sufficient for tomorrow.

Surely he’s right?

“WE CANNOT SOLVE A PROBLEM BY USING THE SAME KIND OF THINKING WE USED WHEN WE CREATED THEM.”

- ALBERT EINSTEIN
Or Radical Redesign (from the inside out)

- **Change the Balance of Power**
  - Co-produce health and wellbeing in partnership with patients, families, and communities

- **Standardize What Makes Sense**
  - Standardize what is possible to reduce unnecessary variation and increase the time available for individualized care

- **Customize to the Individual**
  - Contextualize care to an individual’s needs, values, and preferences, guided by an understanding of “what matters” to the person in addition to “what’s the matter”
- **Promote Wellbeing**
  - Focus on outcomes that matter the most to people, appreciating that their health and happiness may not require health care

- **Create Joy in Work**
  - Cultivate and mobilize the pride and joy of the health care workforce

- **Make it Easy**
  - Continually reduce waste and all non-value-added requirements and activities for patients, families, and clinicians

- **Move Knowledge, Not People**
  - Exploit all helpful capacities of modern digital care and continually substitute better alternatives for visits and institutional stays. Meet people where they are, literally.

- **Collaborate/Cooperate**
  - Recognize that the health care system is embedded in a network that extends beyond traditional walls. Eliminate siloes and tear down self-protective institutional or professional boundaries that impede flow and responsiveness.

- **Assume Abundance**
  - Use all the assets that can help to optimize the social, economic, and physical environment, especially those brought by patients, families, and communities

- **Return the Money**
  - Return the money from health care savings to other public and private purposes
Radical Redesign Clues for Innovation

- New ways to see care through the patient's eyes
- Co-production
- New technology
- New care models
- New business models
- New ways to liberate the workforce

So why is innovation so difficult?

1. It needs to be implemented!

Creativity is thinking up new things. Innovation is doing new things.

- Theodore Levitt
So why is innovation so difficult?

2. It involves making difficult decisions

I'm actually proud of the things we haven't done as the things I have done. Innovation is saying no to 1000 things.

Steve Jobs via Geekoffly

So why is innovation so difficult?

3. It involves failure

If you're not failing every now and again, it's a sign you're not doing anything very innovative.

Woody Allen via Geekoffly Quotes

www.geekoffly.com
So why is innovation so difficult?

4. It takes vulnerability to admit that we don’t have all the answers.

Vulnerability is the birthplace of innovation, creativity and change.

— Seneca

So when you think about the challenges...

- 15 minutes discussion at your tables – what are the areas most ripe for innovation?
- Jot down a couple of areas where you really need to introduce new ideas, actions or processes.
Session Objectives

1. Discuss how to improve the allocation of resources for innovation.
2. Describe the challenges faced by leaders of innovation in health care delivery.
3. Elaborate on the power of full time teams for innovation efforts.
4. Set realistic expectations for staff that are contributing to an innovation effort part time.
5. Identify the specific ways that senior leaders can support innovation efforts in order to maximize the probability of success.
The Cheap and Curative Pill
Biosciences-Driven Innovation

The Cost Wall
What Now?

Cost
Outcomes

Cost
Outcomes


A Second Kind of Innovation

Innovation in Health Care Delivery

Cost Constraint

Biosciences Driven Innovation

Outcomes

Cost

1940
1950
1960
1970
1980
1990
2000
2010

Bright and Shiny New Objects
A Simple Innovation Map
Where is the Opportunity?

Physics of Innovation

\[ R_{tot} = R_{ops} + R_{inn} \]
The Critical Resource: TIME

Ongoing Operations

Part Time Contributions from All

Innovation

Ongoing Operations
The Fundamental Limitation

*Project Size*

**Full Time Contribution from a Few**

---

**Fraction of Time**

- Full Time Contribution from a Few People
- Ongoing Operations
- Innovation

© 2015 Chris Trimble
Innovation with Full Timers

- Bigger Projects
- Resources are More Reliably Available
- Ability to Practice Clean Slate Team Design (Without Breaking Anything)

This Approach Does Not Enable Clean Slate Team Design

![Diagram showing distribution of time between ongoing operations and innovation]
A Simple Innovation Map
Where is the Opportunity?

A “Lab” or “Innovation Center”
May Not Be the Answer
Team Redesign ...

...lies at the very core of innovation in health care delivery.

Team Based Medicine

Step One:

Build New Teams From Scratch
A Simple Innovation Map
Where is the Opportunity?

Small
Comfort Zone

Large
Bright, Shiny, and New

Innovation in Health Care Delivery
Four Categories, Four Simple Ideas

1. Standardization
2. Coordination
3. Prevention
4. Improved Medical Decisions
Small Full Time Teams
For Single Initiatives
To Redesign Care From Scratch
AND Deliver Better Care
For A Selected Patient Population

The Happiest Physicians
Primary Children’s Hospital (Salt Lake City)

1. The Population
   
   *Children with Complex Medical Conditions.*

2. The Intervention
   
   *Heavyweight Primary Care. More care planning, care coordination, and close contact with families.*

3. Results
   
   *Outcomes up. Costs down >10%. Patients more satisfied.*

What Innovation Leaders Do

1. Choose a Patient Population
2. Understand the Needs of the Population
3. Design and Build Teams From Scratch
4. Invent Operating Routines From Scratch
5. Measure Costs and Outcomes
Greater Autonomy

Plus

Greater Accountability

The Prescription
Grass Roots Innovation

Tens of Thousands
Of Innovation Initiatives
Senior Leaders:

1. Accelerate the Transition to Value-Based Payments.

2. Make More Bets on Full Time Teams
   ... that Design and Deliver Better Care
   ... for a Specific Patient Population
How Physicians Can Fix Health Care: One Innovation at a Time

Chris Trimble
Foreword by Donald M. Berwick, MD

How Stella Saved the Farm
A TALE ABOUT MAKING INNOVATION HAPPEN

Vijay Govindarajan and Chris Trimble

The Physician Innovator

Step Forward

The Opportunity

Right now, not far from where you sit, there is an opportunity for a dramatic double win — an innovation in care delivery that improves outcomes and simultaneously slashes costs.

Sound too good to be true? It’s not. Thanks to the physician innovators built into fee-for-service medicine, these opportunities have been overlooked for decades.

Now, thanks to the ongoing transition to value-based

What Do Physician Innovators Do?

If it takes innovations from all health professionals to fix the system. There will be little progress on the largest opportunities, however, without one essential ingredient, physician leadership. A groundswell of tens of thousands of physician innovators is exactly what the system needs.

What do physician innovators do? They choose a specific and local patient population that they care about deeply. They work to fully understand how today’s care falls short of these patients’ needs.

Then, they redesign care from scratch. They build multidisciplinary teams. They deploy providers in nontraditional ways. They sometimes even create new jobs. Finally, they prove that their innovation works.

The website is about physician innovation and the physician innovators. It is devoted to connecting physicians and organizations who can help physicians make their organizations value-driven.
Leading Innovation in Health Care Delivery

Presented by:
Chris Trimble
Adjunct Professor
Dartmouth College

How Physicians Can Fix Health Care: One Innovation at a Time

Chris Trimble
Foreword by Donald M. Berwick, MD

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Population Management Executive Development Program
September 29-October 1, 2014
Q&A Discussion
18th Annual CEO And Leadership Summit

Chris Trimble
Adjunct Professor
Dartmouth College
Derek Feeley
Executive Vice President

Refreshment Break
18th Annual CEO and Leadership Summit

11:00-11:15am
Innovation in Action: Perspectives from Healthcare Leaders

18th Annual CEO and Leadership Summit

Jeff Thompson, MD
Chief Executive Officer
Gundersen Health System

Helen Macfie, Pharm.D., FABC
Chief Transformation Officer
MemorialCare Health System

Inflection Point: Innovation
MemorialCare Case Study

Helen Macfie, Pharm.D., FABC
Chief Transformation Officer
Certified Lean Leader
MemorialCare Health System
Just the Facts

Total Assets
- Annual Revenues: $2.2 billion
- Bond Rating: AA- stable

Hospital
- Patient Discharges: 69,000
- Patient Days: 288,000
- ER Visits: 199,000
- Births: 10,500
- Surgeries – IP/OP: 32,900

Ambulatory
- Capitated Lives/ACOs: 228,300
- Seaside Health Plan: 33,500
- Medical Group Visits: 600,000
- Ambulatory Surgeries: 35,000

Workforce
- Employees: 11,200
- Affiliated Physicians: 2,300 (80% in solo or small group)
- Employed Physicians: 230
- Residents: 165 (Year 1-7)
Encouraging Creativity
Innovation is a GOOD thing!

“Never, ever, think outside the box.”

Hypothesis: It’s a Way of Being
Innovation is not a place or individual

OUR KEYS TO INNOVATION

1. **Strategic** Focus & Evolution
2. **Physicians as partners**
3. Linking to “BOLD quality”
4. Leveraging **lean**, everywhere
5. **Smart** use of tools & technology
6. Developing innovative **leaders**
7. Big Dot: **alternative models**, testing
8. Thinking **differently** about wellness
9. Addressing “**overdiagnosis/treatment**”
10. Evolving **culture** of innovation
1. Strategic Focus & Evolution
Two decades of testing & learning

1999
- Physician Society: 1,600 primary care members committed to Evidence Based Medicine

2002
- Build Goals for Quality and Safety: 78,214 patients’ lives touched through mortality and harm reduction, preventive care

2004
- Epic Electronic Medical Records: 98% physician order entry and over 450 evidence-based order sets embedded in EMR

2006
- Lean Management System: 1,000 steps eliminated; $35,000 expense reduced

Seaside Health Plan: Plan to Plan model for Medical and Dental BENEFITS, 25,000 members

2012
- MemorialCare Medical Foundation: 30% Primary Care Physicians from South Bay to San Clemente, 2,000 contracted specialists, 700 beds

2013
- Bond Rating AAA / Stable: Financial strength provides opportunities for teamwork and reinvestment in excellence

2014
- Ambulatory Surgery Center & Ambulatory Imaging efficiency created: Studies and imaging studies performed in free standing centers at 60% lower cost

- Anthem Blue Cross, ACDC 24,000 Lives

2015
- Stage: Joint venture between 7 leading health systems and Anthem Blue Cross

2016
- Over 300 Best Practice guidelines

2017
- Best Practice Teams, multidisciplinary

Responsibilities
- Professional association. Board level.
- Committed to development and utilization of evidence-based/best practice medicine
  - Lead development of best practice
  - Implement best practice guidelines at the bedside / visit-side
  - Leadership of physician informatics and outcomes

20 Years of Innovation
- Over 300 Best Practice guidelines
- Best Practice Teams, multidisciplinary

| Ambulatory | Neonatal |
| Antibiotic Stewardship | Palliative Care |
| Cardiac | Pediatrics |
| Colorectal | Pulmonary/Critical Care |
| Diabetes | Stroke |
| Emergency Med | Women’s Health |
| Imaging | Wound Care |

2. Physicians as Partners
The power of the Physician Society

The Physician Society

| MHS Board | COMP Board | SBNC Board | MSMU Board |
| Physician Society | COMP | SBNC | MSMU |

Growth in Membership

99% of admissions
3. Linking to BOLD Quality
Reducing harm, touching lives

MEMORIALCARE BOLD GOALS
Reduce needless mortality
- Reduce sepsis mortality by 50%
- Reduce code blue emergencies outside of the ICU by 50%

Achieve “perfect care” of 95%
- Care Measure sets – all diagnoses/bundles
- Medication Reconciliation

Reduce needless harm
- Zero hospital acquired infections (HAI)
  - 100% hand hygiene compliance
  - Zero pressure ulcers
  - Zero patient falls with injury
- Reduce Harm Across the Board by 70%

Promote Population Health > top 10th
- Reduce NTV C-section rate to 15%
- Medical Foundation Bold Goals to top 10th for select NCQA/HEDIS measures
  - Screening: Breast and colorectal
  - Diabetes care HbA1c < 8
  - Generic prescribing rate
  - Childhood immunizations (combo 7)

4. Leveraging Lean Everywhere
Mindset, Methods & Management System

LEAN WORKS!
- Focus on customer
- Productivity, Lean, Utilization & Care Model Redesign
- Culture shift:
  - People, process and relationships
- Breakthrough + CQI
  - Scientific method
  - Experimentation
  - By Monday
  - Visibility, huddles
- Taps into everyone’s passion! Joy @ work.

Past the Tipping Point:
Lean Mindset
- Improvement Kata
- Coaching Kata

Lean Methods
- SS, Rapid Process Improvement (RPI) & Design (RPD)
- Lean Management System (LMS)

Lean Management System
- Visibility Boards
- Frequent Huddles

"At the beginning of this process, I didn’t want to change anything. But now I want to change everything! It makes my workload manageable."
Allan David, Lean team member
5. Smart Use of Tools & Technology

Enabling transformation

BIG IT, KEY ENabler

- Strategic Deep Dive: patient facing EHR & HIE
- Big Data – freeing it!
  - Colorectal story

Innovation venture capital fund

Continuous care model

- Longitudinal plans of care

6. Developing Innovative Leaders

Projects that matter

LEARNING TO INNOVATE

- Lean Leaders
  - Training, individual project
  - Certification track

- Future-Track classes
  - Problem solving class (A3)

- Learning Academies
  - Year-long immersion
  - Exposure to system-wide and external leaders
  - Physician advocacy day
  - Team projects

Leaders who know how to innovate are likely to empower teams to innovate (Forbes, 04/2014)

ACADEMY TEAM PROJECTS (2014-15)

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<tr>
<th>Physicians</th>
<th>Management</th>
<th>Front Line Nurses</th>
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<td>Telemedicine</td>
<td>Optimization of Philanthropy</td>
<td>Patient Experience</td>
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• 24,915 DPC's in current Surgical Electronic Database.....to support:
☞ 1,484 unique surgical procedures
☞ 1,360 Surgeons

POPULATION HEALTH TEST BED

- Deep Dive roadmap
  - PHSC – quarterly Close team

- Innovating with commercial ACOs, health plan (duals), BPCI
  - Rapid expansion
    - Health Plan ACOs
    - Vivity
    - CMMI NextGen (underway)
  - Breaking it down – flow mapping
  - Community partnerships

- Innovation Center, Value Stream
  - Accountable Care Delivery Model

8. Thinking Differently – Wellness Employees, Employers

TAKING IT TO MARKET

- Employee ACO
  - Good Life / In Balance
    - Wellness opportunities
    - Walking meetings
    - Chronic disease coaches
    - Pharmacy benefits
  - Plan design
    - Wellness incentives
    - Good Life – Vivity plan
    - OON utilization

- Direct to Employer
  - Strategic Deep Dive
  - Created aspiration
  - RFP
9. Addressing Overdiagnosis
Understanding risk reduction vs harm

WE DO TOO MUCH

- Physician Society Campaign 2013→2016
- Advocacy
- Education
- Choosing Wisely
- ARR vs RRR, NNTB

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<td>(4% - 1%) / 4%</td>
<td>RRR = 75%</td>
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<tr>
<td>ARR: The absolute reduction in likelihood of the adverse outcome</td>
<td>(4% - 1%)</td>
<td>ARR = 3%</td>
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<td>NNTB: How many patients you have to treat to achieve the desired outcome or benefit?</td>
<td>1 / ARR = 1 / 0.03 =</td>
<td>NNTB = 33.3</td>
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Mortality in Control Group = 4%
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NNTB: How many patients you have to treat to achieve the desired outcome or benefit?

Example:
Mortality in Control Group = 4%
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10. Evolving Culture of Innovation  
Strategic deployment 103 ➔

CULTURE, ALWAYS…

- This really is an inflection point
  - Readiness, Triple Aim, everyone “selling”
- Making this “Leader Standard Work”
  - Create time to innovate
  - Taking time to huddle
- Physician Academy Team recs:
  1. Continue on...added to Strategic Plan
  2. Forming innovation Value Added Team
  3. System-wide idea submission system
     • Intranet
     • Lean Office triaging, ↑ funding
  4. Linking to Investment Fund leadership
     • Foster pre-planning for spread
  5. Exploring more creative spaces
  6. Celebrate successes

What We’ve Learned

1. Innovation is needed everywhere …
   - ...it’s not just clinical, nor is it just tools and technology
2. It takes fostering a continuous culture and environment of trust
3. Our best innovations come as a result of empowered, cohesive, creative teams
4. Suspend the notion of BTTWADI and dream of future state …
   - ... and then figure out how to get from here to there (AIM-PDSA)
5. Making it visible – foster active learning, sharing what works
6. Make it easy – and make it OK to break the rules
7. Create strategic and financial support
The best way to have a good idea is to have a lot of ideas. — Linus Pauling

December 8, 2015
Orlando, FL

Lunch
18th Annual CEO and Leadership Summit
12:15-1:15pm
Innovation Exchange

1. Reflect on the area for innovation.
   - What is the need?
   - Can you think of an innovative solution?
Innovation Exchange

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   - What is the need?
   - Can you think of an innovative solution?

2. Decide if you are a buyer or a seller.
   - Buyer: You need a solution
   - Seller: You have a solution
Innovation Exchange

1. Reflect on the area for innovation.
   - What is the need?
   - Can you think of an innovative solution?
2. Decide if you are a buyer or a seller.
   - Buyer: You **need** a solution
   - Seller: You **have** a solution
3. Buy or sell an innovative solution using the tickets provided.

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Innovation Exchange

Round 1: Pink tickets

Topic: How can we truly co-produce care with patients?
Innovation Exchange

Round 2: Yellow tickets

Topic: How can we use innovation to exnovate?

Report Out and Reflection

18th Annual CEO and Leadership Summit

Derek Feeley
Executive Vice President

December 8, 2015
Orlando, FL
Closing
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