Moving from Volume to Value in Healthcare

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Nothing to Disclose

- I have no relevant financial or nonfinancial relationship(s) within the services described, reviewed, evaluated or compared in this presentation.
Root Cause Analysis: Learning From Our Mistakes

Nobody likes it, but mistakes do happen. If a mistake harms a Munson Medical Center patient or employee, or even has the potential to cause significant harm, a Root Cause Analysis (RCA) is conducted to pinpoint what went wrong and to plan for prevention of future injuries.

RCAs have been performed at Munson for more than five years as part of a renewed focus on patient safety. Among the 35 RCAs conducted so far this year, incidents included a near electrocution of an employee, combative patients, medication errors, and plant facility issues.

One lesson learned over the years is that it’s crucial for everyone involved in an incident to participate in the RCA.

“I can’t stress enough the importance of doing RCAs,” said Ed Ness, Munson President and CEO, and head of the Munson’s Patient Safety Council. “Every time one is done, we learn something valuable. I expect everyone involved to respond and participate in an RCA if they are asked to, so we can continue to improve our care.”

RCAs take about 90 minutes and are conducted in a “safe” environment where no one attempts to blame each other for mistakes, “whether well-intentioned or not,” Ness says.

And felt the process improvement measure instituted to prevent similar mistakes would improve patient care overall.”

Physician participation in the RCA process is vital, according to a recent issue of RiskRx, a national risk management newsletter. “In addition to lending clinical expertise, physician participation adds credibility and facilitates medical staff implementation of improvement strategies. The Joint Commission has gone so far as to say that, ‘An RCA will usually not be accepted by the Joint Commission if the analysis did not include a physician in the process.’”

Not ‘Root Canal Analysis’

“Out on the floor I’ve heard it called ‘Root Canal without Anesthesia’ because people sometimes think it will be a painful process,” McGuire said. “But those who have this perception initially usually leave feeling good about the experience, especially when there has been a significant emotional impact. In situations like that, we’ll try to include an opportunity to debrief before the RCA starts – this helps restore the overall well-being of everyone involved. People often come out of it feeling much better about their experience.”

Want to be an RCA Facilitator?

Facilitators are needed to help conduct Root Cause Analyses. Qualifications include having a passion for patient safety, a clinical background, and feeling comfortable working with diverse groups of people, McGuire said.

“We need people who walk the talk,” McGuire said. “A person who espouses the goals of patient safety, but doesn’t take part in an RCA when asked, is not the person we are looking for.”
Stew Leonard
Our Leadership Challenges

- Aging, and the increasing burden of chronic disease
- New roles and multigenerational workforces
- Rapid expansion of technology
- Research output at unprecedented levels and speed
- Increasing patient expectations for engagement
- Challenges to dramatically improve safety and flow
- Designing a learning system to decrease variation
The IHI Triple Aim

- Population Health
- Experience of Care
- Per Capita Cost
IHI High-Impact Leadership Framework

Create Vision and Build Will

Driven by Persons and Community

Develop Capability

Deliver Results

Shape Culture

Engage Across Boundaries

## Waste Categories (Per Year)

<table>
<thead>
<tr>
<th>Category</th>
<th>Cost to US Healthcare (2011 $B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overtreatment</td>
<td>$158 to $226</td>
</tr>
<tr>
<td>Failures to Coordinate Care</td>
<td>$25 to $45</td>
</tr>
<tr>
<td>Failures in Care Delivery</td>
<td>$102 to $154</td>
</tr>
<tr>
<td>Excess Administrative Costs</td>
<td>$107 to $389</td>
</tr>
<tr>
<td>Excessive Health Care Prices</td>
<td>$84 to $178</td>
</tr>
<tr>
<td>Fraud and Abuse</td>
<td>$82 to $272</td>
</tr>
<tr>
<td><strong>2011 Total Waste</strong></td>
<td><strong>$558 to $1263</strong></td>
</tr>
<tr>
<td>% of Total Spending</td>
<td><strong>21% to 47% (MED = 34%)</strong></td>
</tr>
</tbody>
</table>
Radical Redesign Principles

- **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.”
Radical Redesign Principles

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.
Radical Redesign Principles

- **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.
Building Will- Seeing Across the System

- Gilbert
- Project ECHO
- CAPABLE
Hub-and-spoke knowledge-sharing networks, led by expert teams who use multi-point videoconferencing to conduct virtual clinics with community providers. Primary care doctors, nurses, and other clinicians learn to provide excellent specialty care to patients in their own communities.

IHI is working with 20 Federally Qualified Health Centers across the US to use Project ECHO technology (video-teaching, coaching and mentoring) to improve flow in these clinics and to build improvement skills.
## Treatment Outcomes

<table>
<thead>
<tr>
<th>Outcome</th>
<th>ECHO</th>
<th>UNMH</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>N=261</td>
<td>N=146</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minority</td>
<td>68%</td>
<td>49%</td>
<td>P&lt;0.01</td>
</tr>
<tr>
<td>SVR* (Cure)</td>
<td>50%</td>
<td>46%</td>
<td>NS</td>
</tr>
<tr>
<td>Genotype 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SVR* (Cure)</td>
<td>70%</td>
<td>71%</td>
<td>NS</td>
</tr>
<tr>
<td>Genotype 2/3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*SVR=sustained viral response

## Successful Expansion into Multiple Diseases

<table>
<thead>
<tr>
<th>Time</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
</tr>
</thead>
<tbody>
<tr>
<td>8-10 a.m.</td>
<td><strong>Hepatitis C</strong>&lt;br&gt;• Arora&lt;br&gt;• Thornton</td>
<td><strong>Diabetes &amp; Endocrinology</strong>&lt;br&gt;• Bouchonville</td>
<td></td>
<td><strong>Geriatrics/Dementia</strong>&lt;br&gt;• Herman</td>
<td><strong>Palliative Care</strong>&lt;br&gt;• Neale</td>
</tr>
<tr>
<td>10-12 a.m.</td>
<td><strong>Rheumatology</strong>&lt;br&gt;• Bankhurst</td>
<td><strong>Chronic Pain</strong>&lt;br&gt;• Katzman</td>
<td><strong>Integrated Addictions &amp; Psychiatry</strong>&lt;br&gt;• Komaromy</td>
<td></td>
<td><strong>Complex Care</strong>&lt;br&gt;• Neale&lt;br&gt;• Komaromy</td>
</tr>
<tr>
<td>2-4 p.m.</td>
<td><strong>HIV</strong>&lt;br&gt;• Iandiorio&lt;br&gt;• Thornton</td>
<td></td>
<td><strong>Prison Peer Educator Training</strong>&lt;br&gt;• Thornton</td>
<td><strong>Women’s Health &amp; Genomics</strong>&lt;br&gt;• Curet</td>
<td></td>
</tr>
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</table>
CAPABLE

“Community Aging in Place, Advancing Better Living for Elders”
- Emphasizes helping older adults maintain independence through environmental adaptations and interventions
- Team of nurse, occupational therapist, and handyman

Common fixes:
- Installing or fixing railings or grab bars
- Improving lighting
- Installing non-skid treads in tubs and showers
- Repairing trip hazards, like holes or tears in carpet, or broken times

79% of initial participants reported fewer activity of daily living limitations

CAPABLE

- Average price of intervention over four months: $4,000
- Average monthly price of a skilled nursing facility: $6,400

Ideas

- IQ, EQ, CQ
- Innovation, exnovation, deprescribing, undiffusion
- Harvesting
The Importance of Curiosity

- IQ – Intelligence Quotient
  processing complex data sets and having the mental capacity to problem solve at speed

- EQ – Emotional Quotient
  the ability to perceive, control and explain emotions; risk-taking, creating resilience and empathy

- CQ – Curiosity Quotient
  inquisitive, open to new experiences, finding novelty exciting

Innovation
- Where are care models and processes broken?
- Where do we need new thinking?
  - Innovation labs, design processes
  - Harvesting

Spread
- Where do we see variation in performance?
- How can we reliably spread to ensure that we can provide the best care to every patient, where they are?
  - Transparent data
  - Curiosity
  - Spread Model

Exnovation
- How do we stop what doesn’t work anymore?
- How will we eliminate wasteful practices and processes?
  - It takes courage!
Exnovation and Undiffusion

- Established procedures can be hard to abandon, even when evidence for change is strong
  - Preference for what is familiar
  - Cost of training and new equipment can be a barrier

- Speed and shape of undiffusion
  - Not a perfect reverse S curve
  - Conflicting data can affect rate of undiffusion
  - Late adopters of old standard are often the first to Exnovate

Harvesting

- Northwell Health Center for Emergency Medical Services
Northwell Health Center

- Provides ambulance service in the 1700 square miles of New York City, Nassau and Suffolk Counties. Employs more than 500 Emergency Medical Technicians and Paramedics who operate over 40 response units each day transporting over 55,000 patients annually.
“For the first time, last year, we had over 110 million interactions between our physicians and our members” - Bernard Tyson, CEO, Kaiser Permanente

52% of interactions were done via:
- Smartphone
- Videoconferencing
- Kiosks,
- Other technology tools

Thank you!

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