Connecting Health and Health Care
Philosophy

We strive to improve health and health care by:

— Motivating and building will for change with hope and optimism

— Innovating and identifying new models of care

— Ensuring the broadest possible adoption of leading practices through a philosophy of “All Teach All Learn.”
IHI Believes In:

- Transparency
- Improvement science
- Effective leadership
- Creating a safe and just environment for patients, families, and staff
- Highly functioning teams
- Patient centered care
  - Designing care with the patient involved, not with just the patient in mind.
What Outcome Are We Aiming For?

To improve health and the value of health care.
Three Aims

- Advancing Population Health
- Improving Experience of Care
- Controlling Per Capita Cost
Rising Expenditures

OECD 2009: Total Expenditure on Health, % Gross Domestic Product

- Australia
- Austria
- Belgium
- Canada
- Czech Republic
- Denmark
- Finland
- France
- Germany
- Greece
- Hungary
- Iceland
- Ireland
- Italy
- Japan
- Korea
- Luxembourg
- Mexico
- Netherlands
- New Zealand
- Norway
- Poland
- Portugal
- Slovak Republic
- Spain
- Sweden
- Spain
- Switzerland
- Turkey
- United Kingdom
- United States
Obesity Rates


<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Canada</strong></td>
<td>24.1%</td>
<td>17.6%</td>
<td>14.4%</td>
</tr>
<tr>
<td><strong>United States</strong></td>
<td>15.1%</td>
<td>12.1%</td>
<td>18.2%</td>
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- Obesity class I (BMI 30.0–34.9)
- Obesity class II (BMI 35.0–39.9)
- Obesity class III (BMI 40.0 or higher)

1Significantly different from estimate for Canada (p < 0.05).
2Use with caution (coefficient of variation 16.6%–33.3%).

NOTES: BMI is body mass index. Estimates were age-standardized by the direct method to the 2000 United States Census population using age groups 20–39, 40–59, and 60–79. Pregnant women are excluded. Obesity class estimates do not sum to exact totals due to rounding.

Mortality Amenable to Health Care, Deaths per 100,000

Source: Commonwealth Fund State Scorecard on Health System Performance, 2009


Revised 2007 Data: Rutgers Center for State Health Policy analysis of CDC mortality data (NCHS, MCD n.d.) following methods used by Nolte and McKee (2003).
Where are you in the Model Life Cycle?

Optimizing the Current Model
- Technical Leadership:
  - Problem solving through expertise

Transforming the Organization
- Adaptive Leadership
  - New beliefs & behaviors
  - New relationships
  - New customers

Clinical Model
- Episodic Care
- Coordinated Care
- Patient Directed Care

Business Model
- Fee for Service
- Bundled Payment/Capitation
- Disruptive Innovation?

Infrastructure
- Segmented
- Integrated
- Cloud

Adapted from *The Second Curve*, Ian Morrison 1996
An Example

- American Fork Hospital OB with Utah Regional Medical Center developed the first nasal continuous positive airway pressure (NCPAP) protocol for “almost” term newborns who develop respiratory distress syndrome.

- This bundle meant that about 65 fewer American Fork Hospital infants were intubated for mechanical ventilator support each year at the Utah Valley NICU.

- Payments by insurers fell by over $800,000, while Intermountain lost about $330,000 in actual operating margins.

- Deployed protocol system wide, turning a $330,000 margin into losses totaling between $5 - $10 million.
Accountable Care Organizations

Miller, Harold. *How to Create Accountable Care Organizations*, 2009
• Better Care for Individuals
• Better Health for Populations
• Lower Per Capita Costs
Health and Mortality

The Leading Determinants Of Health

- Social
- Behavior
- Environment
- Genetic
- Health Care

Source: McGinnis, JM et al Health Affairs Apr 2002
Power Law of Homelessness

Creaming Versus Silting

source: Culhane & Metraux 2008
HIGH COST MEDICAID PATIENTS
An Analysis of New York City Medicaid
High Cost Patients - March 2004
Will Changes in Models Force Changes in Structure and Systems?

Structure
- Policy (Payment Reform)
- Organizational Structures (ACOs)

Process
- Relationships/Patters of Interaction

Outcomes
- Individual Behaviors
- Organizational Performance

Improvement Science

Hoffer-Gittlell, Heller School
Brandeis University
Disruptive Innovation
Centralization followed by decentralization in computing

Jason Hwang, Innosight
The decentralization that follows centralization is only beginning in health care.
A new ecosystem of disruptive business models must arise.

- Telehealth / e-visits
- Hospital at home
- Automated kiosks
- Worksite clinics
- Telecommunications
- Wellness programs
- Precision diagnostics
- Information management and decision-making tools
- Medical homes and care teams
- Home visits
- Retail clinics
- Home monitoring
- Mobile care services
- Wireless health devices

Jason Hwang, Innosight
Simplifying technologies enable disruption by making work less dependent upon trial-and-error experimentation.

Intuitive, trial-and-error problem-solving

Probabilistic Pattern Recognition

Rules-Based

Intuitive Medicine

Empirical Medicine

Precision Medicine
  • Infectious Ds
  • Oncology
  • Immunology

Evidence-based medicine

Imaging & molecular diagnostics

Jason Hwang, Innosight
The Patient’s Health Record
Cloud Infrastructure

- Financial Services
- Fitness Center
- Home Telemetry
- Grocery Store
- Home Health Care
- Long Term Care
- Hospitals
- Pharmacy
- Primary Care
- Specialist

Diagram illustrates the interconnectedness of various health and wellness services, showing how they all operate within a cloud infrastructure to manage and support patient health records.
The doctor-patient relationship is deteriorating. Today’s information technology solutions are exacerbating the problem by perpetuating paternalistic decision-making and episodic care. CollaboRhythm is a technology platform that enables a new paradigm of healthcare delivery; one where patients are empowered to become active participants and where doctors and other health professionals are transformed into real-time coaches. We believe that this radical shift in thinking is necessary to dramatically reduce healthcare costs, increase quality, and improve health outcomes.
The True Disruptors

Gilbert

When Gilbert Salinas was accidentally shot 19 years ago, he was taken to Los Angeles County + USC Medical Center. There, at one of the largest trauma centers in California, doctors treated his injury and kept him alive.

But faced with spending the rest of his life in a wheelchair, Gilbert needed more than life-saving medical care; he also needed life-changing rehabilitation care. And that's exactly what he found at Rancho Los Amigos National Rehabilitation Center in Downey. Doctors, nurses and therapists there gave him the confidence and the tools he needed to live a productive life, and Gilbert did the rest. Incredibly, Gilbert is now a member of Rancho's staff, as Director of Patient-Centered Care.

Trauma care. Rehabilitation care. Loving care. We're California's public hospitals, and we're here when you need us.
How do you lead in this kind of environment?
## References

<table>
<thead>
<tr>
<th>Title</th>
<th>Author(s)</th>
<th>Year</th>
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<tbody>
<tr>
<td>The Tasks of Leadership</td>
<td>John W. Gardner</td>
<td>1986</td>
</tr>
<tr>
<td>The Work of Leadership</td>
<td>R. Heifitz and D. Laurie</td>
<td>1997</td>
</tr>
<tr>
<td>When Leadership Spells Danger</td>
<td>R. Heifitz and Marty Linksy</td>
<td>2004</td>
</tr>
<tr>
<td>The Wise Leader</td>
<td>I. Nonaka and H. Takeuchi</td>
<td>2011</td>
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<tr>
<td>Governing the Commons</td>
<td>E. Ostrom</td>
<td>1990</td>
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<tr>
<td>Influencer: The Power to Change Anything</td>
<td>Patterson, Grenny, et al</td>
<td>2008</td>
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“No company will survive over the long run if it does not offer value to customers, create a future that rivals can’t, and maintain the common good.”

Nonaka and Takeuchi, *The Wise Leader*
Role of the Leader

“Servants of what is.”

And,

“shapers of what might be.”

Nonaka and Takeuchi, *The Wise Leader*
Where are you in the Model Life Cycle?

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<td>(Governing the Commons)</td>
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Adapted from *The Second Curve*, Ian Morrison 1996
Leading Is Not Tidy

- Decisions are made and then reversed
- Misunderstandings are frequent
- Inconsistency is inevitable
- Inside every solution are the needs of new problems
- Most of the time most things are out of hand

Nonaka and Takeuchi, *The Wise Leader*
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Adapted from *The Second Curve*, Ian Morrison 1996

- Viability
- Inflection Point
- Adaptive Leadership
- Technical Leadership

Models