

Creating Tomorrow's Healthcare Delivery System

Pay for Performance Summit

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Jewish Healthcare Foundation and
Pittsburgh Regional Health Initiative

San Francisco, California

March 8, 2010



Agenda

- ▶ PRHI: Who we are & our work in Quality Improvement
- ▶ Transforming the delivery of care
- ▶ The challenge of spread
- ▶ Introducing Tomorrow's Healthcare™

PRHI is...

- ▶ A Pittsburgh regional multi-stakeholder coalition working to reduce costs by improving the quality, safety and efficiency of health care
- ▶ Supporting organization of the Jewish Healthcare Foundation

Formed in 1997

- ▶ Before IOM Reports:
 - *To Err is Human: Building a Safer Health System*
 - *Crossing the Quality Chasm: A New Health System for the 21st Century*
 - Michael Porter's *Defining Competition in Markets: Why and How?*
- ▶ By Pittsburgh's leading corporate CEO entity:
The Allegheny Conference on Community Development
- ▶ To create the highest value delivery system in the Pittsburgh region

U.S. Healthcare Quality and Efficiency: *the grim statistics*

- ▶ U.S. healthcare costs \$2+ trillion
 - ≥ 15% of GDP
- ▶ 47 million (16%) lack coverage
- ▶ Patients receive recommended treatment only 55% of the time
- ▶ Lowest in safety, patient-centeredness, efficiency and equity

Where We Stand in the World

Figure ES-1. International Rankings and National Health Expenditures

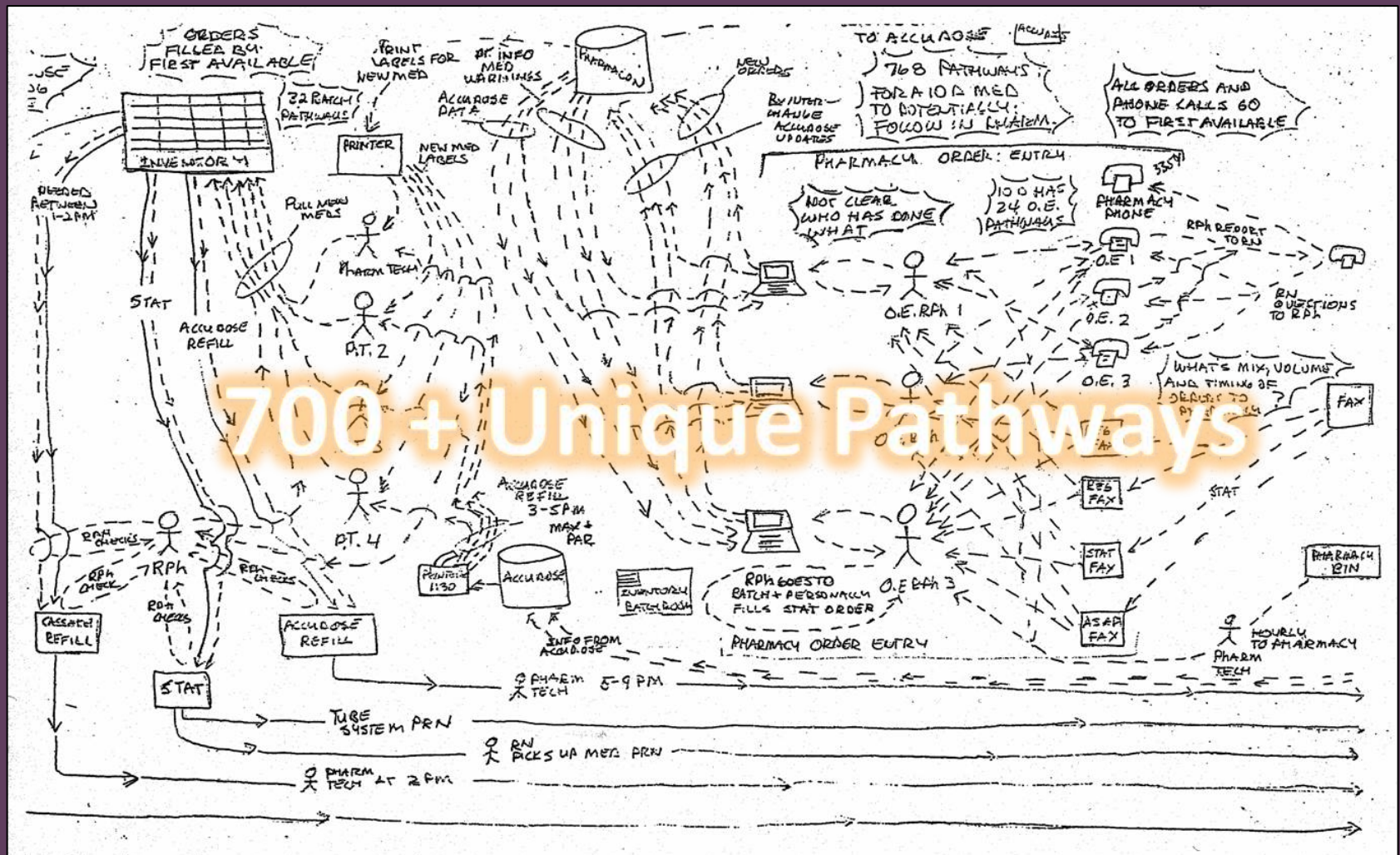
	AUS	CAN	GER	NZ	UK	US
Overall Ranking	4	5	1	2	3	6
Patient Safety	4	5	2	3	1	6
Effectiveness	4	2	3	6	5	1
Patient-Centeredness	3	5	1	2	4	6
Timeliness	4	6	1	2	5	3
Efficiency	4	5	1	2	3	6
Equity	2	4	5	3	1	6
Health Expenditures per Capita*	\$2,903	\$3,003	\$2,996	\$1,886	\$2,231	\$5,635

Note: 1=highest ranking, 6=lowest ranking.

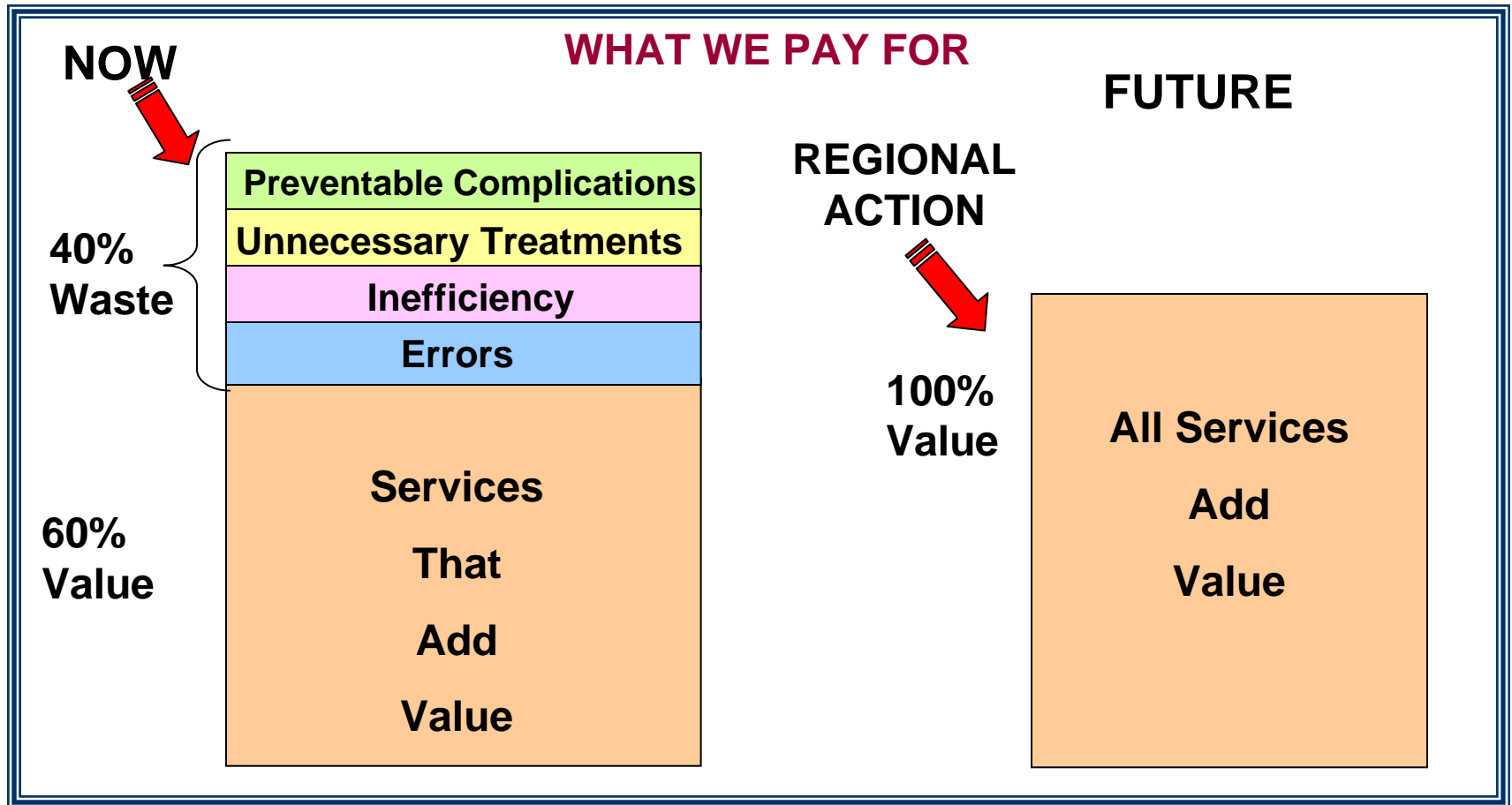
* Health expenditures per capita figures are adjusted for differences in cost of living. Source: B.K. Frogner and G.F. Anderson, *Multinational Comparisons of Health Systems Data, 2005* (New York: The Commonwealth Fund, Apr. 2006).

Health expenditures data are from 2003, except UK data (2002).

Status Quo: Waste & Chaos in Healthcare



Pittsburgh's Prescription for Healthcare Reform



A federally designated Community Leader

Waste in US Healthcare



\$505 – \$850 Billion Per Year

37% Overuse – unnecessary testing

22% Fraud

18% Inefficiency

11% Errors

12% Preventable illnesses and complications

Source: Reuters 2009



Efficiency: two views

Traditional Approach

- ▶ Reduce utilization: fewer tests, visits
- ▶ Cut length of stay
- ▶ Cut costs: generics, cheaper supplies, etc.
- ▶ Reduce overtime
- ▶ Reduce staff

Perfecting Patient Caresm (Lean)

- ▶ Correct medications on time
- ▶ Standardized work
- ▶ Clean, Lean, orderly supply/equipment rooms
- ▶ No redundancies, errors, work-arounds
- ▶ Information available

Our Vision of the Ideal

Frontline clinical teams applying daily problem solving methods and work process improvement techniques to deliver perfect care to patient

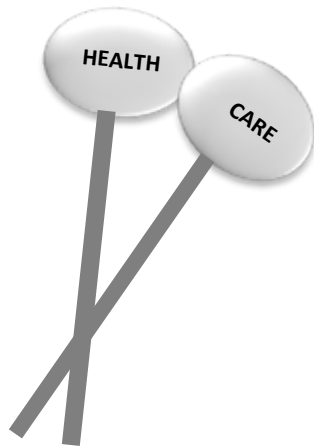
Perfect = Safe • Efficient • Proven Best Practices

What Comprises 100% Value?

Five core principles for perfecting care

1. Care systems organized to meet patient need, safely, efficiently and completely
2. Ambitious targets for eliminating error, waste and obstacles to the best care
3. Teamwork for 100% compliance with proven clinical and safety practices
4. Work redesign experiments for rapid problem solving during daily work
5. Leadership support for continuous improvement

Xylophone for **VALUE**



or we don't make music

A Decade of Change:

moving a revolution forward

Why we needed a new organization

- ▶ Circulate vision of perfect care
- ▶ Create educational system
- ▶ Demonstrate improvement methods
- ▶ Build internal champions (raise an army)
- ▶ Raise expectations
- ▶ Share what we learn
- ▶ Change policy and behavior



Five Phases of Reform

Phase 1

Defining a Vision and Strategy to Deliver Value

- Establishing the trilogy of improvement: efficiency, safety, best practices
- Focusing at the frontline
- Reaching consensus on core principles:
 - Care systems organized around patient need
 - Ambitious improvement targets
 - Teamwork for ongoing problem solving
 - Leadership's obligation to support continuous improvement

Phase 2

Operationalizing our Vision

- Developing an improvement method: Perfecting Patient CareSM (PPC)
- Creating an education system
- Enlisting Champions of Reform

Phase 3

Demonstrating the Value of PPC

- Testing PPC in different settings and across professions
- Exposing weaknesses of current condition
- Challenging Champions to higher performance
- Raising expectations

Five Phases of Reform

Phase 4

Aligning Incentives

- **Creating a climate and infrastructure for change**
- **Changing policy and regulations**
- **Building transparency**
- **Reforming payment systems**
- **Rewarding teamwork**
- **Helping consumers and purchasers shop for care**

Phase 5

Spread and Stabilization

- **Knowledge networks pushing the frontier**
- **Quality management tools supporting quality champions**
- **Good data making transparency credible**

Transformation

- **Stakeholder behavior is aligned to deliver value**
- **Leadership is obligated to govern and manage accordingly**

Perfecting Patient CareSM

PRHI's Unique Brand of Quality Improvement

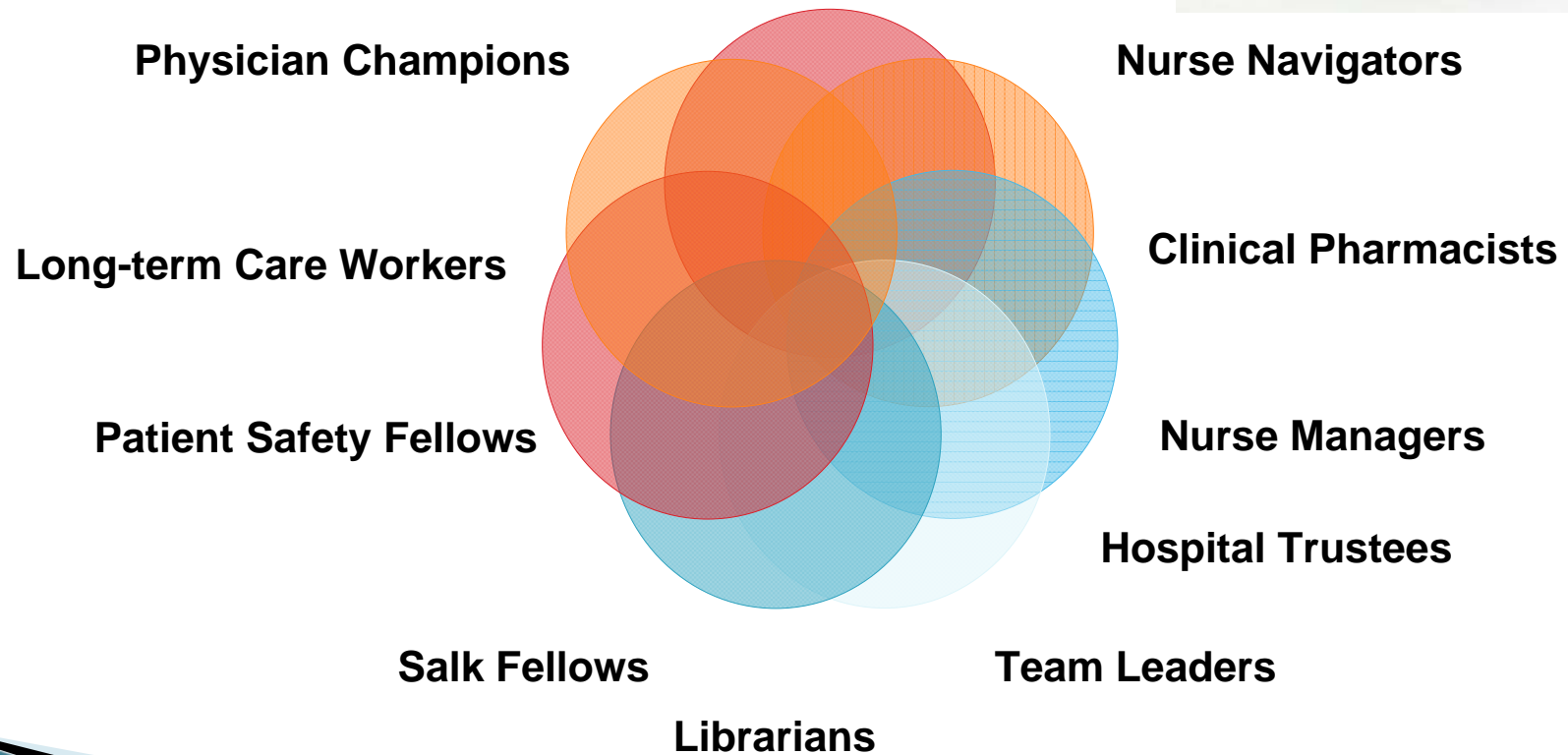
- ▶ Adapted from Lean
- ▶ Patient-focused systems redesign
- ▶ Can be applied in the course of everyday work
- ▶ The ultimate goal is perfection



Whom We Empower: frontline staff...and more



PPC METHODS



PPC as a Common Platform

- ▶ It's not just a set of tools but a philosophy
- ▶ It's easily grasped and used by people on the front line of care
- ▶ It instills practical, new thinking about problem-solving at all levels of the organization
- ▶ It keeps everyone focused on the goal: **ZERO**

PRHI Stories of Success

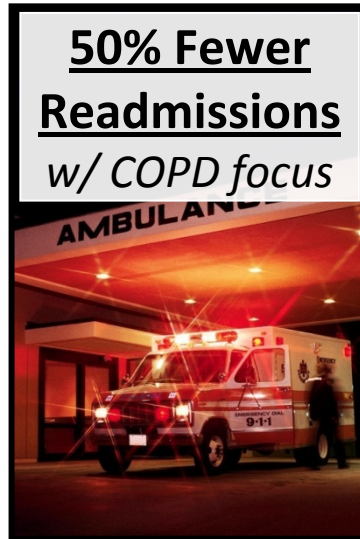
Eliminating Waste, Hazards & Inefficiencies



17% Drop
*In pediatric clinic
wait times*

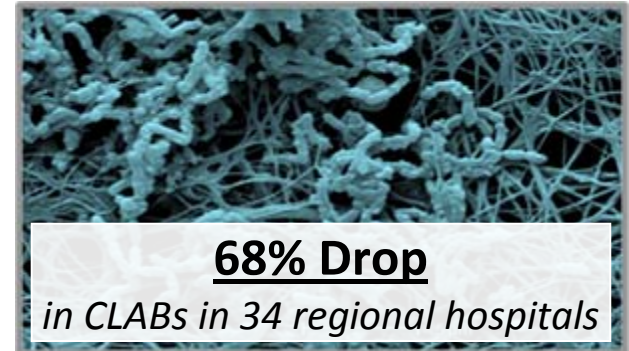
100% Reduction
in nurse turnover

180 to Zero!
*Lost patient hours per
month due to
ambulance diversions*



35 to Zero!
defective charts

>20% Decline
*Nosocomial
C. difficile
infections*

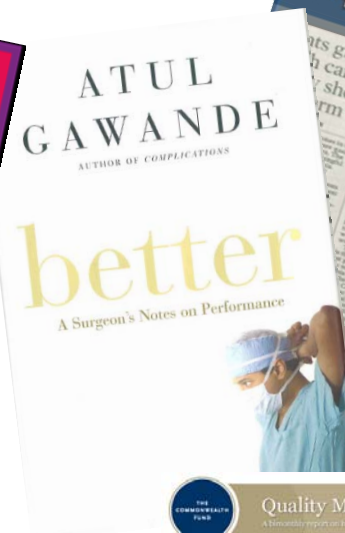
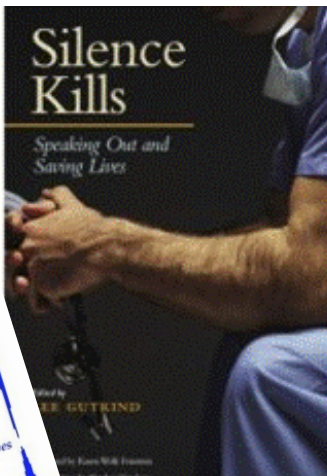
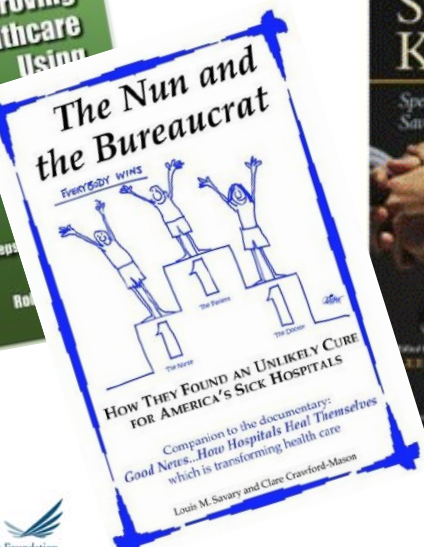


50% Reduction
*in pap smear
sampling defects*

Efficiency Increased 100%
in pathology lab

100% Compliance
*w/ guidelines & aspirin
use in a diabetes clinic*

Accomplishments



Robert Wood Johnson Foundation

Quality Improvement Works: Pittsburgh Hospitals Significantly Reduce Bloodstream and MRSA Infections, Double Reporting of Medication Errors

June 12, 2008

From 2000 to 2004, the *Pittsburgh Regional Healthcare Initiative* (PRHI) partnered with area hospitals on a project designed to improve quality of care and patient safety. Project staff overview the project video about the initiative.

From 2001 to 2003, researchers from the *RAND Corporation* conducted an evaluation comparing regional coalitions working to improve health care quality in Cleveland, Minneapolis-St. Paul, and Rochester, NY.

post-gazette NOW
Opinion / PERSPECTIVES

Seeking perfection
We need the cost-containment council to improve health care in Pennsylvania

By Karen Hult Feinstein
November 17, 2008

The Pennsylvania General Assembly this week is considering action on several pressing issues. No unrelated legislative business is more important than reauthorizing the Pennsylvania health care Cost Containment Council.

PHCC is a small, independent state agency (501(c)(3)) that works to ensure affordable, high quality health care in the nation. They illuminate both the good and the bad in patient care and set forth the facts that policymakers need to solve the most serious safety, unpreventable hospital-acquired infections and other threats to patient safety, unpreventable variability in hospital mortality and complication rates, and much more. But unless PHCC is reauthorized by the General Assembly this month, it will disappear.

Karen Hult Feinstein
is president and CEO of the Pittsburgh Regional Healthcare Initiative.
(www.prh.org)



Case Study No. 3
Pittsburgh Regional Health Initiative:
The Quest to Bring Big Ideas to Life

Prepared for the Agency for Healthcare Research and Quality
Contract No. HRSA0200210021
Prepared by the Center for Health Improvement
Leana Lyden, PhD
November 2008



Quality Matters: Health Care Process Improvement

September 18, 2008 | Volume 31
September/October Newsletter: In this Issue
'n Focus: Reengineering Health Care

Summary: Driven by demands for accountability, many health care organizations are adopting management strategies and systems engineering to improve health care processes. Organizations often focus on internal issues related to customer service, labor, and supply. Yet, globally, they are also using process improvement techniques to improve the safety of clinical care.



PPC University Reach

National Scope

- 
- Community Practices
 - Hospitals
 - Champion Awards
 - Fellowships
 - Practice Coaching
 - Kaizen Events

Islands of Excellence ≠ Transformation

What We've Learned

1. Perfecting Patient CareSM is a versatile tool for addressing quality, safety and efficiency
2. It takes institutional support
3. It takes a clinical champion
4. It must support the worker and the *patient*
5. Biggest hurdles: denial, payment system
6. Action group is slim
7. Resistance is reality
8. No clear command and control
9. The hidden message
10. Middle managers forgotten
11. No quick fix

Limitations of Current Quality Improvement Efforts

- ▶ However, despite great success, current quality improvement efforts are limited
- ▶ Limitations:
 - **Difficult to scale**
 - Personnel, expenses, time
 - Inconsistent delivery of information
 - No platforms for collaboration focused on healthcare quality — Quality doesn't spread
 - Institutions are less safe after a decade
 - No one fixes what isn't measured
 - People are paid for screwing up

What the Revolution Requires - Action and Leadership



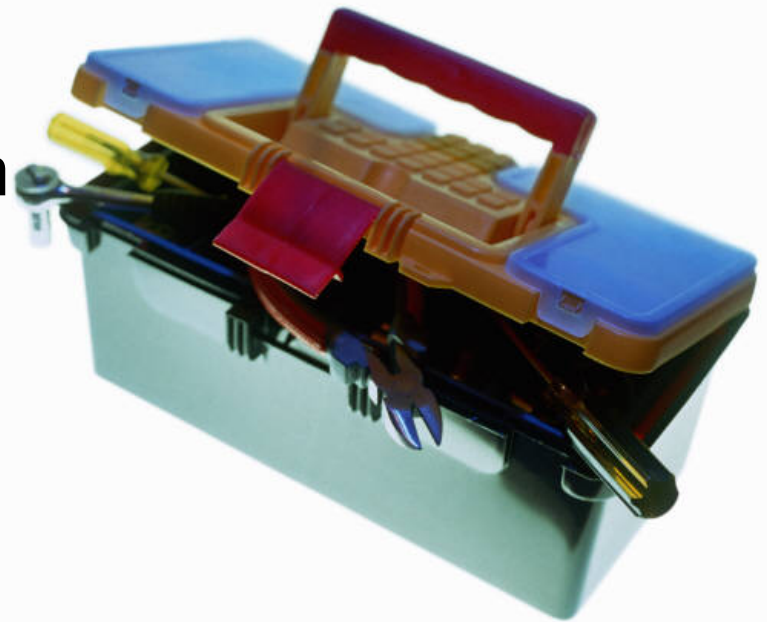
- ▶ Rapid Corrective Action
 - To remove error, waste, and bad practices
- ▶ CEOs and managers who are capable of leading widespread systemic change

What the Revolution Requires – Improvement Tools



Improvement Tools to:

- ▶ Educate
- ▶ Enlist frontline workers as change agents and problem solvers
- ▶ Record progress
- ▶ Communicate breakthroughs



What the Revolution Requires – Frontline Scientists



Frontline Scientists that:

- ▶ Design and test rapid improvements in the course of work
- ▶ Measure change
- ▶ Record progress



What the Revolution Requires – External Action



- ▶ Incentives
 - Reward care and performance rather than action
- ▶ Learning Networks
 - Share success and challenges for collective learning



<http://thesituationist.files.wordpress.com/2008/03/istock-social-network.jpg>

Spread in a “Flat” World

*How can a global knowledge network of clinical reform champions focused on **value creation** overcome health care’s inefficiency, error and substandard practice?*



Introducing Tomorrow's Healthcare™

Simplicity • Functionality • Creativity



How to Spread & Sustain Transformation *Tomorrow's Healthcare*

The screenshot shows the homepage of the Tomorrow's Healthcare website. At the top, there is a navigation bar with links for Register, Support, and Login. Below this is a search bar with the text "Enter search term", a dropdown menu set to "All", and a "Go" button. The main header features the logo "TOMORROW'S HEALTHCARE™" with the tagline "THE FUTURE OF HEALTHCARE, TODAY" and an illustration of a colorful bird. A secondary navigation bar includes links for home, community, education, quality improvement, registry, portfolio, and inbox. The main content area is divided into several sections: a welcome message, a list of key features, a "I WANT TO..." section with six interactive tiles, a "Join Our Community" button, and a "Take a tour" button. A sidebar on the right contains a login form with fields for Username and Password, a "Remember Me" checkbox, and a "Login" button. Below the login form are links for "Forgot password?", "Not registered yet?", and "Click here to register.".

Register | Support | Login

Enter search term All Go

TOMORROW'S HEALTHCARE™

THE FUTURE OF HEALTHCARE, TODAY

home community education quality improvement registry portfolio inbox

WELCOME TO TOMORROW'S HEALTHCARE™!

- A community of quality improvement education, tools, applications and networks that catalyze clinical improvements at the front line.
- Tomorrow's Healthcare™ takes clinical best practices, research and demonstrations from the frontier to the frontline of care.
- Take a tour of the Tomorrow's Healthcare™ site.

I WANT TO...

	Learn about Perfecting Patient CareSM - a powerful, proven QI method for improvement.		Learn how to apply Quality Improvement methods in the field
	Identify opportunities for improvement		Begin a Quality Improvement Project
	Share knowledge with colleagues		Collect data for quality assessment

Tomorrow's Quality Champion - Perfecting Patient CareSM in Action

	University of Colorado Hospital How to Organize Your Specimen Accessioning Area to Decrease Turnaround Time, Prevent Identification Errors, and Increase Efficiency* READ MORE...		What is a Quality Champion
			Become a Quality Champion

Join Our Community

Become a member of the *Tomorrow's Healthcare™ Community* to discover, utilize and share knowledge.

You can also contribute content by joining one of our learning groups, which are based on specialty, learning, projects and social networks.

[Take a tour](#)

How to Spread & Sustain Transformation *Tomorrow's Healthcare*

The screenshot shows the homepage of the Tomorrow's Healthcare website. At the top, there is a navigation bar with links for 'home', 'community', 'education', 'quality improvement', 'registry', 'portfolio', and 'inbox'. A search bar is located in the top right corner with the text 'Enter search term', a dropdown menu set to 'All', and a 'Go' button. Below the navigation bar, there are two main content sections. The left section is titled 'Tomorrow's Quality Champion - Perfecting Patient Care™ in Action' and features a sub-header 'University of Colorado Hospital' and a list of bullet points: 'How to Organize Your Specimen Accessioning Area to Decrease Turnaround Time, Prevent Identification Errors, and Increase Efficiency*', 'What is a Quality Champion', and 'Become a Quality Champion'. A 'READ MORE...' link is provided. The right section is titled 'Tomorrow's Healthcare™ Community to discover, utilize and share knowledge.' and includes the text 'You can also contribute content by joining one of our learning groups, which are based on specialty, learning, projects and social networks.' and a 'Take a tour' button.

- Providing Quality Improvement tools for frontline professional excellence
- Capturing measureable quality improvements for institutional and personal growth
- Spreading, rewarding and sustaining positive change

Tomorrow's Quality Champion - Perfecting Patient Care™ in Action



University of Colorado Hospital
How to Organize Your Specimen Accessioning Area to Decrease Turnaround Time, Prevent Identification Errors, and Increase Efficiency*
READ MORE...

- What is a Quality Champion
- Become a Quality Champion

Tomorrow's Healthcare™ Community to discover, utilize and share knowledge.

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Tomorrow's Healthcare is



- *An essential Quality Management Tool*
- *A new Approach to work*
- *An Evolution in health care*



Tomorrow's Healthcare at a Glance

Process & Quality Improvement

Lean Tools: A3

Assessment Templates

Sample Interventions



Registries

Leadership Guides

Implementation Guides



Learning



Customized
ePortfolio



Professional
Networking

Tomorrow's Healthcare Participants



1. Streamlined

2. Accredited

3. Interactive

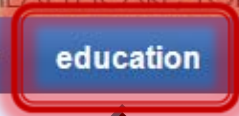
- # 4. Access Anywhere/Anytime :
- ✓ Planning
 - ✓ Strategizing
 - ✓ Data recording
 - ✓ Human resource management



Enter search term All Go

TOMORROW'S HEALTHCARE™

THE FUTURE OF HEALTHCARE TODAY



- home
- community
- education**
- quality improvement
- registry
- portfolio
- inbox

WELCOME TO TOMORROW'S HEALTHCARE™!

- A community of quality improvement education, tools, applications and networks that catalyze clinical improvements at the front line.
- Tomorrow's Healthcare™ takes clinical best practices, research and demonstration of care.
- Take a tour

Access accredited & animated lessons

I WANT TO...



Learn about Perfecting Patient CareSM - a powerful, proven QI method for improvement.



Learn how to apply Quality Improvement methods in the field



Identify opportunities for improvement



Begin a Quality Improvement Project



Share knowledge with colleagues



Collect data for quality assessment

Tomorrow's Quality Champion - Perfecting Patient CareSM in Action



University of Colorado Hospital
How to Organize Your Specimen Accessioning Area to Decrease Turnaround Time, Prevent Identification Errors, and Increase Efficiency[®]
[READ MORE...](#)

- [What is a Quality Champion](#)
- [Become a Quality Champion](#)

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LOGIN

Username

Password

Remember Me

[Login](#)

[Forgot password?](#)
[Not registered yet?](#)
[Click here to register.](#)

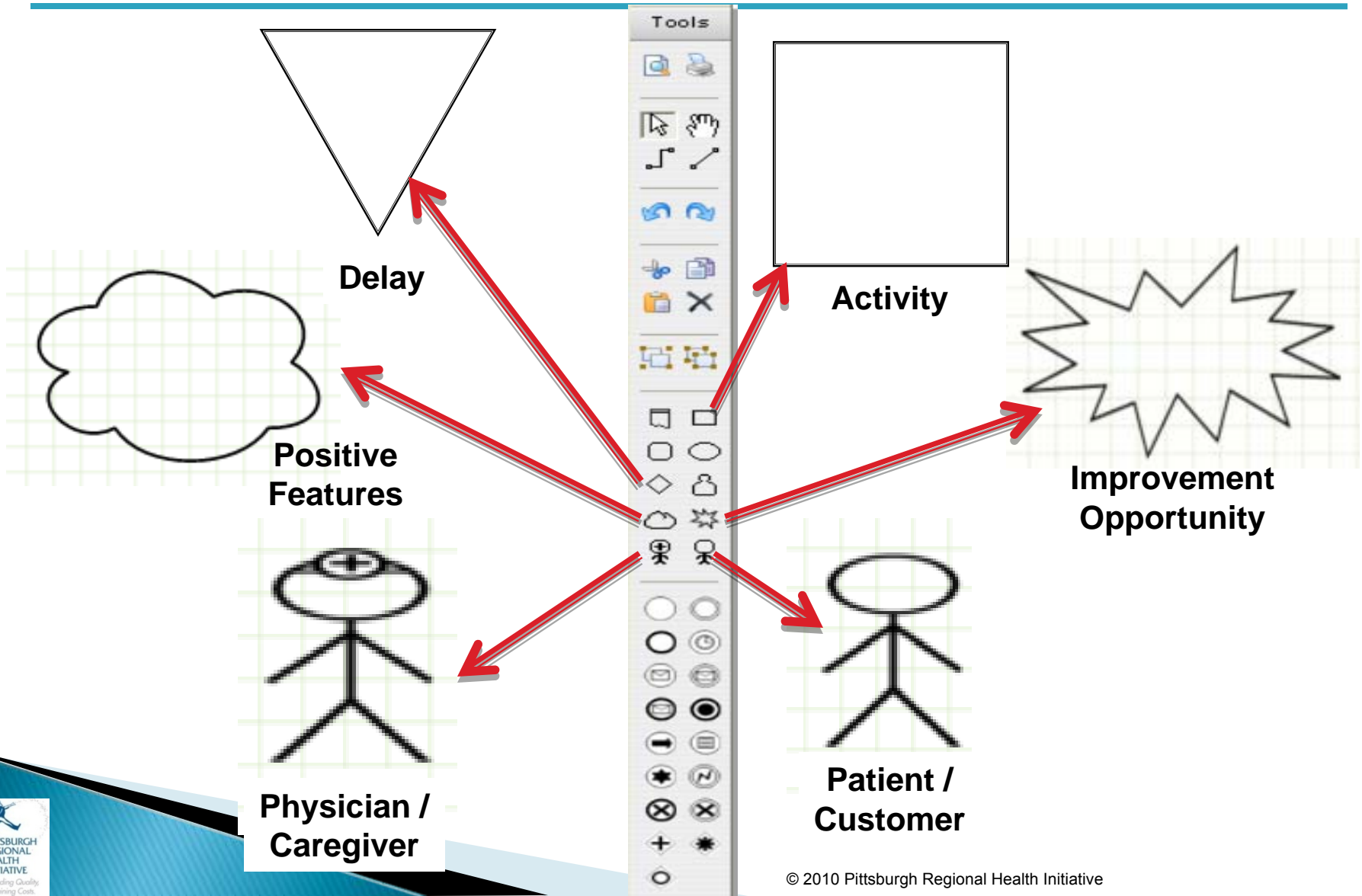
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Interpreting and Building an A3 - Sample Tools



Identify the Business Case

Business Case = Brief description of the problem

Summary

Steps

Business Case

70% of hospital acquired one or more types of anti-aureus) leading the pack. past year, MRSA rates at Bed Days of Care (BDOC) within our organization.

Current Condition

Problem:
Patients are not consistently discharged.

Process:
Process Map 2

Root Cause Analysis

Problem:
The spread of MRSA is

Why:
Each staff member comes sometimes screening is

Why:
There is no process in place for standard screening on admission and discharge

Why:

Summary

Steps

Members

[Return to QIP Home](#)

A3
Problem Description
► Business Case
Identify Measures
Overall Process
Problem to Focus On
Observation
Current Condition
Problem Identification
Root Cause Analysis
Target Condition
Define Countermeasures
Hypothesis
Implementation Plan
Experiment
Follow-Up
Status

Identify the Business Case

To build a strong case, you need to have a firm understanding of what constitutes the problem. A problem is simply a deviation from the standard way of work and the desired outcome. There are four pieces of information you need when defining a problem. This information ensures that your problem is based on objective data instead of a feeling or one particular point of view. The four pieces are:

- The current performance with historical trend detail;
- The desired performance;
- The magnitude of the problem, including the difference between the actual and desired state;
- And the extent and characteristics of the problem, as in are the results consistent or are there large swings?

Your data should not only include clinical and process information, but it should also highlight patient and staff satisfaction and financials when applicable.

Example

Gowns are not always available in every exam room when they are needed in Dr. Black's Primary Care Practice. This problem has been occurring for the past 3 months and affects 10% of all patient visits. Point-of-use gown unavailability causes waiting for the patient and excess motion and transport of supplies for the staff, ultimately resulting in dissatisfaction for both parties.

Business Case

70% of hospital acquired infections are caused by microorganisms that are resistant to one or more types of antibiotics, with MRSA (methicillin-resistant Staphylococcus aureus) leading the pack. One in five patients infected with MRSA will die. Over the past year, MRSA rates at Pennsylvania Hospital A have hovered around 0.94 per 1,000 Bed Days of Care (BDOC). The hospital has set a goal of completely eliminating MRSA within our organization.

<< Back

Next >>

Opportunity

Patient Satisfaction

N/A

N/A

Tomorrow's Healthcare Executive Will...

View all current quality improvement initiatives

Track institutional learning, staff member by staff member

Access frontline reports in common format based on standard methodology

Tomorrow's Frontline Staff Will...

- ▶ **Learn** PPC principles
- ▶ **Apply** PPC for daily problem solving and rapid corrective action
- ▶ **Record** strategies, improve design, intended outcomes
- ▶ **Report in standard format**; universal QI/Lean “language”
- ▶ **Capture** achievements for e-portfolio
- ▶ **Share** successes and best practices

P(I)ay for Performance

- ▶ Improve patient care
- ▶ Solve problems
- ▶ Learn PPC
- ▶ Remove waste and inefficiency that interfere with patient care...
- ▶ **AND HAVE FUN**

