

Can you do anything about spiraling costs?
Can you change the fee-for-service system?
Can you measure outcomes?

Docs say NO!

1977



Can you do anything about spiraling costs?
Can you change the fee-for-service system?
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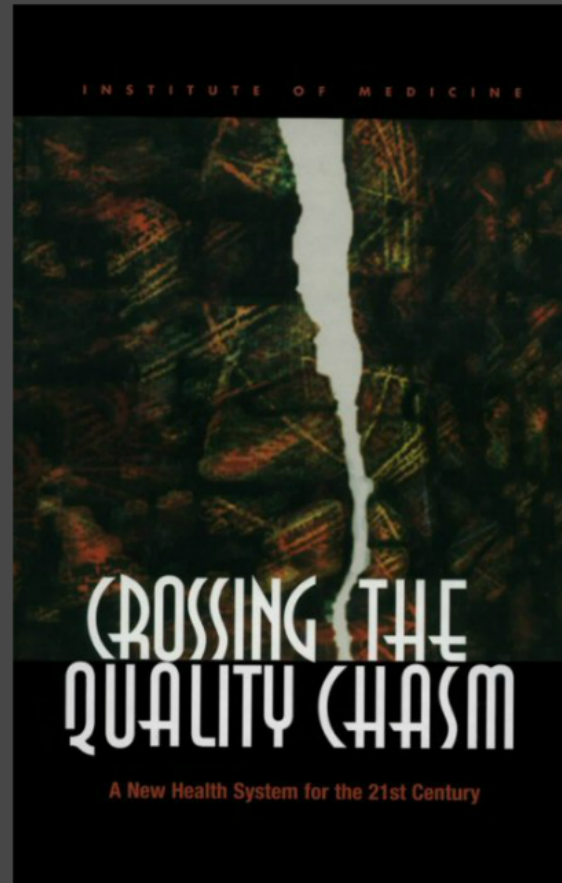
Insurers and government say...
...sure, we'll do it!

2014

1977







2024

The Vision for a ~~Reformed~~ Transformed System

“The American health care delivery system is in need of fundamental change. The current care systems cannot do the job. Trying harder will not work. Transforming systems of care will.”

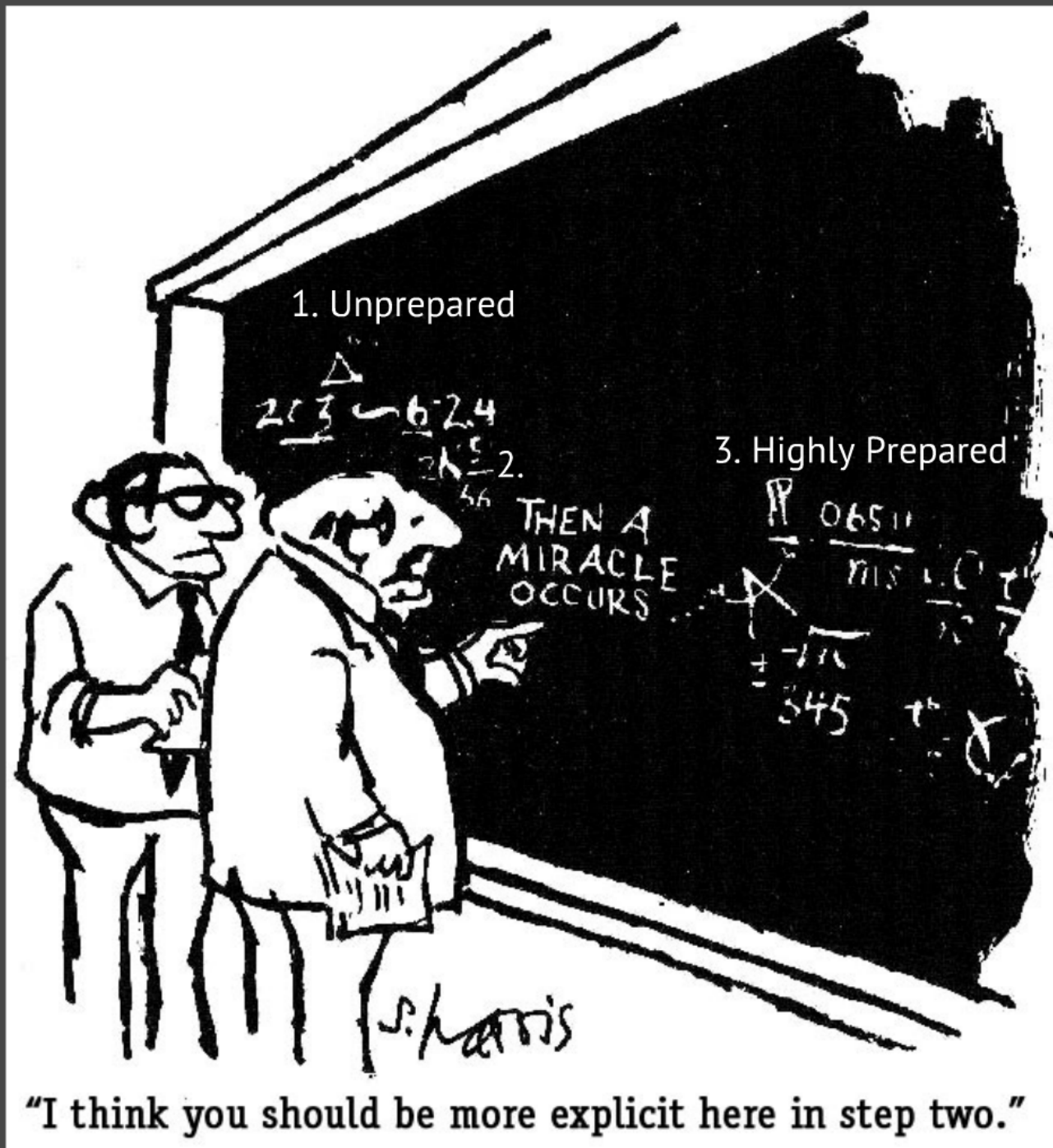
Impossible is just a big word thrown around by small men and women who find it easier to live the world they have been given, rather than to explore the power they have to change it.

Impossible is not a fact.

It is an opinion.

Impossible is temporary.

IMPOSSIBLE IS NOTHING

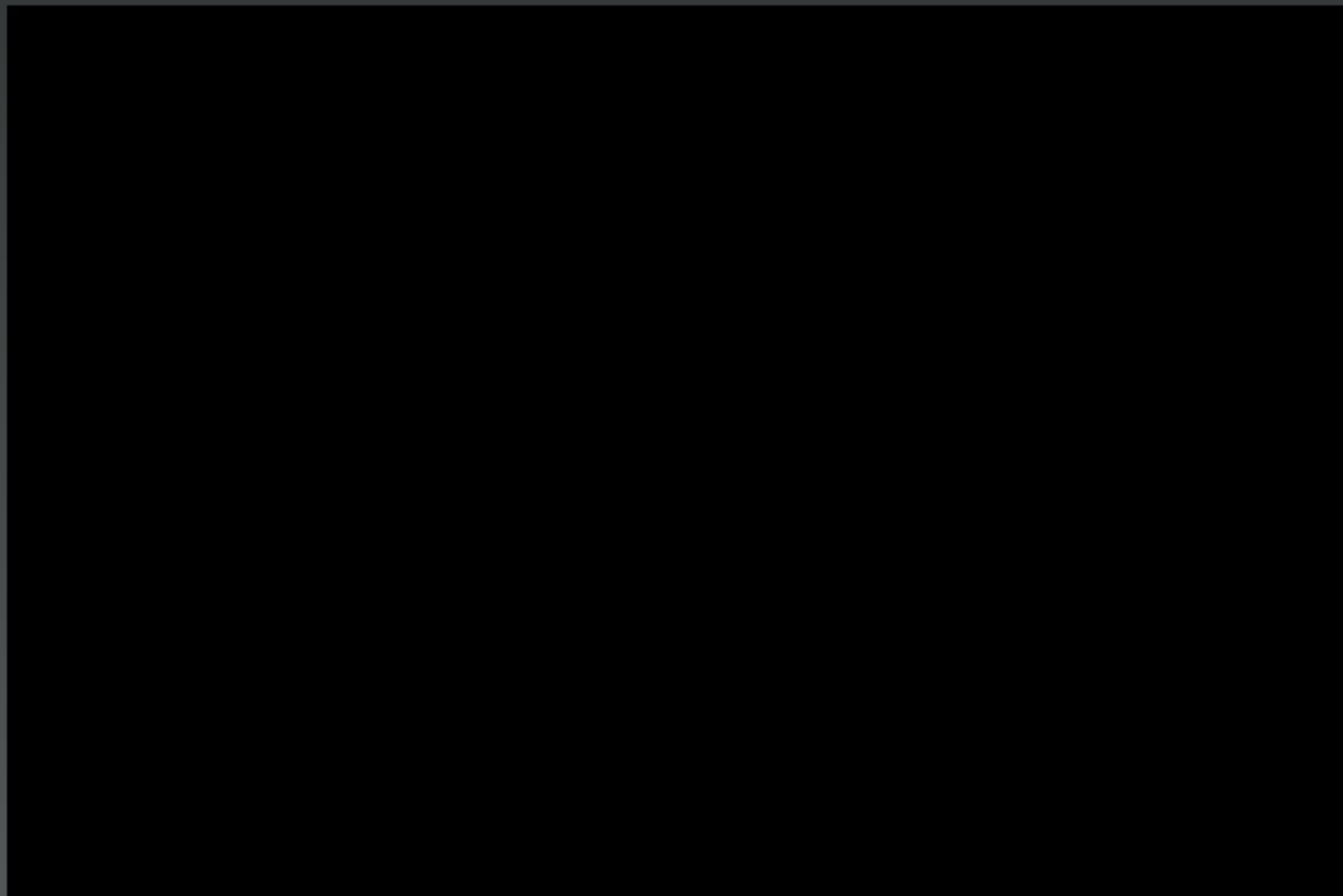




iTunes Store
iPad
iCloud
iTV (Apple TV)

iPhysicians
iPatients
iJefferson

Doctors are not Like Other People



Start from the Beginning

Doctors in 2013 are chosen based on 3 criteria:

- 1) Science GPA
- 2) MCATS
- 3) and...organic chemistry performance



Start from the Beginning

- ...yet we are amazed that physicians are not more empathetic, communicative and creative



The First Surgical Residency



“So, does anyone else feel that their needs aren’t being met?”

The New Yorker, 8-18-97

Physician Baggage



Competitive Bias

- abused-abuser
- winner takes all-distributive

Autonomy Bias

- lack of trust
- personal issue

Hierarchy Bias

- pecking order

Creativity Bias

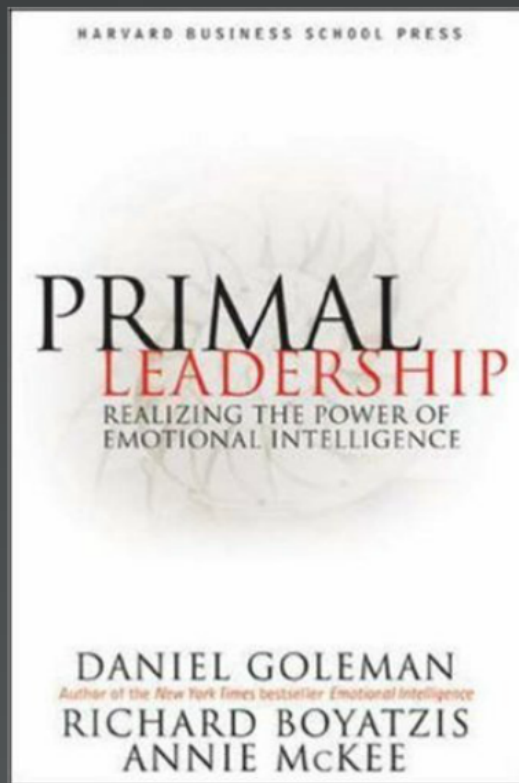
- risk averse
- unwillingness to think differently

Innovation in the Selection and Education of a New Generation of Physicians



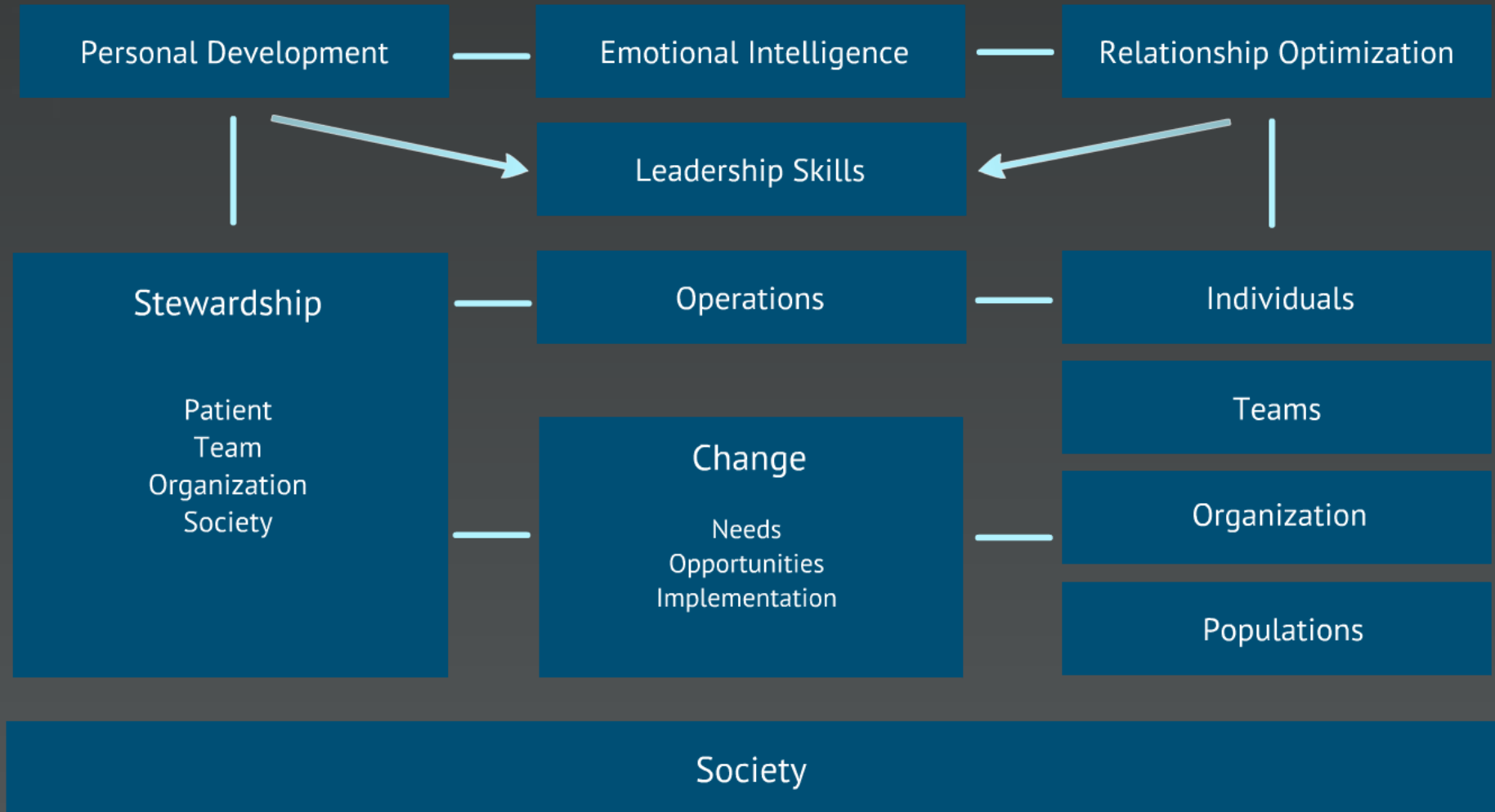
Transformed Admissions

Emotional Intelligence – Four Domains



1. Self-Awareness
 - Emotional Self-Awareness
2. Self-Management
 - Adaptation
3. Social Awareness
 - Empathy
4. Relationship Management
 - Teamwork/Collaboration
 - Change Catalyst

Leadership Competencies



Patient-Centered Care Competencies

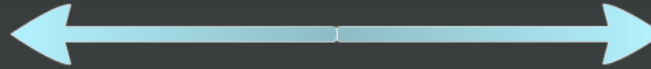
Whole Patient Perspective

Patient Autonomy

Social & Economic Milieu

Health Literacy

Cultural Background



Whole Provider

Personal Bias Recognition

Collaboration
Patient - Family

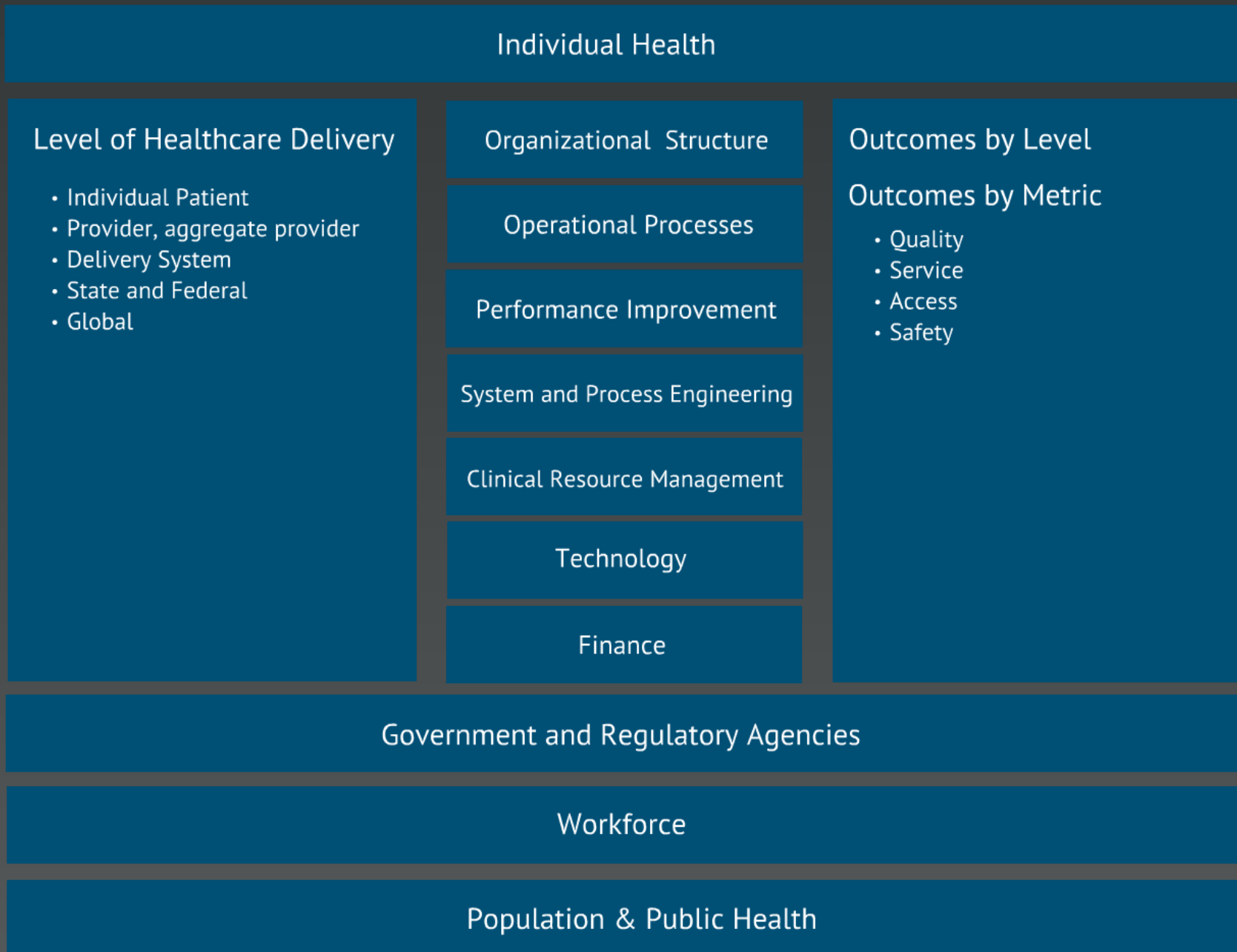
Cultural Clinical Skills



Collaboration - Teams

Whole Healthcare – Access, Outcomes Disparities, Care Continuum

Health System Competencies

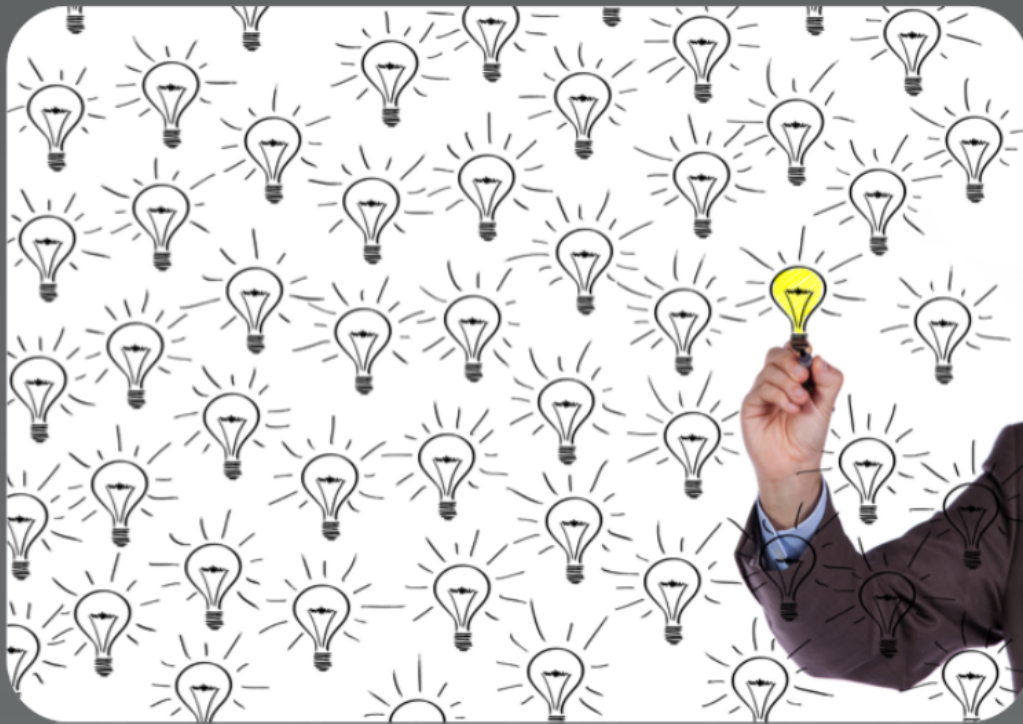


78% of MBAs Viewed Creativity as an Important Part of Their Success

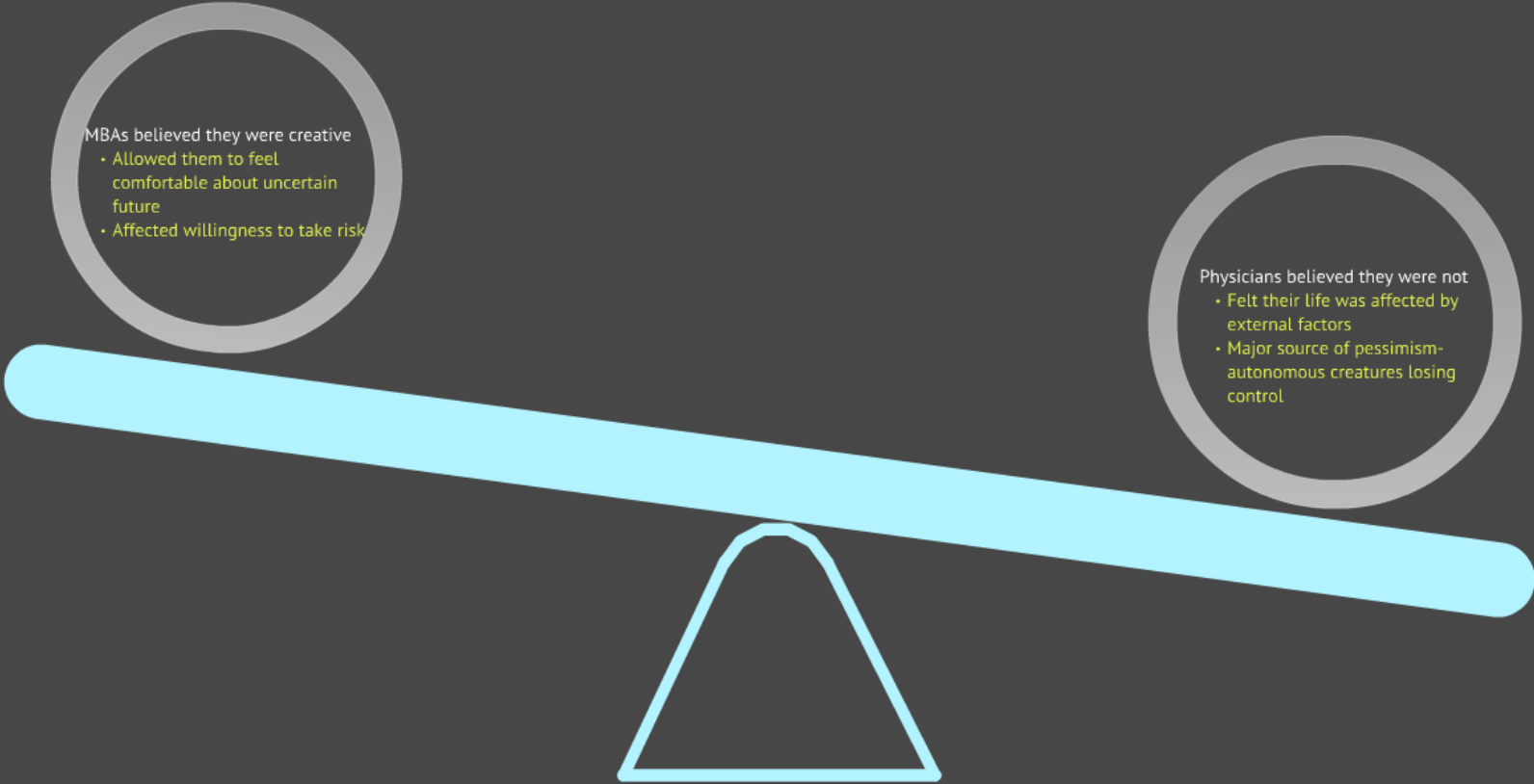
- 53% had significant creative outlet
 - Painting
 - Cooking
- 93% were able to elicit examples where creativity had solved a problem
- 85% routinely read books outside their field



Only 12% of Physicians Viewed Creativity As a Determinant of Success



- Significantly less hobbies outside of medicine
- Hobbies were often precision/noncreative
 - Flying
 - Puzzles
- Only 16% could think of any example where creativity helped them in their profession



MBA's believed they were creative

- Allowed them to feel comfortable about uncertain future
- Affected willingness to take risk

Physicians believed they were not

- Felt their life was affected by external factors
- Major source of pessimism- autonomous creatures losing control

#1 Differentiator of Creativity

MBAAs believed they were creative

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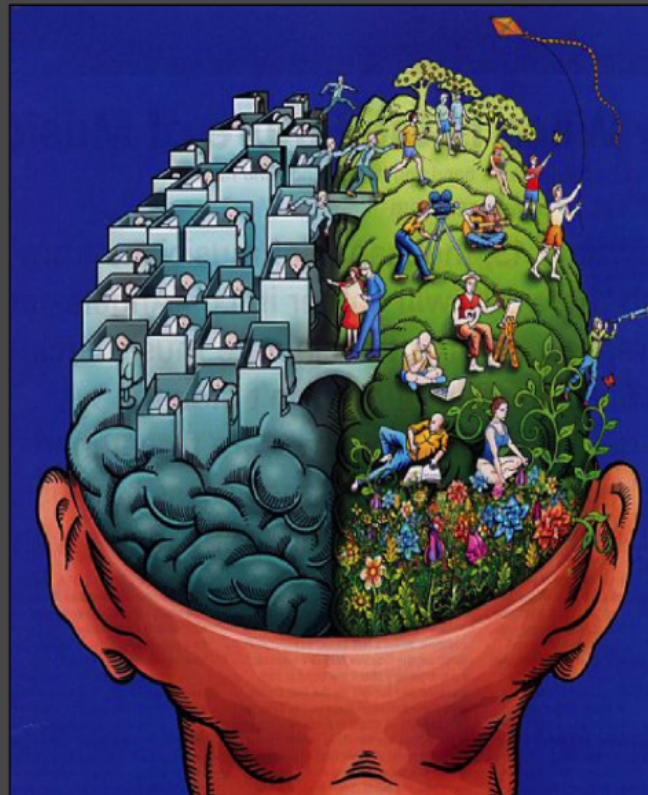
Physicians believed they were not

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"Follow your heart and intuition. They somehow already know what you truly want to become. Everything else is secondary."

- Steve Jobs

Linear
Intolerant of ambiguity
Able to see the trees
Literal
Rational, logical
Lab-oriented
Splitter



Intuitive
Tolerant of ambiguity
Able to see the forest
Imaginative
Non-rational, creative
Bedside-oriented
Lumper

The Art of Attending



- Workshops designed to sharpen observation skills of health students by looking at art
- Partnership: Thomas Jefferson University, USF Contemporary Art Museum (CAM) & Institute for an Optimistic Future in Healthcare
- Open to grad and professional students across colleges
- Designed for clinical practitioners – examining and diagnosing patients, working in healthcare teams
- Designed for public health researchers – observing health communities

Why study visual literacy as a health practitioner?



Skills developed:

- Critical observation: Looking attentively, reflecting and looking again
- Identifying and considering complexity and ambiguity (cf. Tina Barney photograph)
- Reasoning with visual evidence
- Listening and responding to the observations of others
- Communicating and collaborating interpersonally and across disciplines

Does it Work?



- Harvard study: Students (medical & dental) who took a semester-long course made 40% more observations on post-test with medical and art images. Observations were also more sophisticated, utilizing art vocabulary (e.g., contour, shadow, volume).



- University of Texas, San Antonio study: Interdisciplinary students (med, nursing, physical therapy) who took a four-hour workshop also experienced an increase in the number of observations made on post-test.



“The problem with you,
Watson, is that you see but
you do not observe”

- *A Scandal in Bohemia*

A New Educational Paradigm:

Translating Medical Advances and Knowledge into
Improved Patient Care Through Procedure Rehearsal
Studios

See one, Do one, Teach one... No more

an actual drawing,
handed to a flight
attendant on a
Qantas flight by
an 8 yr old girl



dear Captain

My name is Nicola im 8
years. old. this is my first
flight but im not scared. I
like to watch the clouds go
by. My mum says the crew is
nice. I think your plane is
good. thanks for a nice flight
dont ~~be~~ up the landing



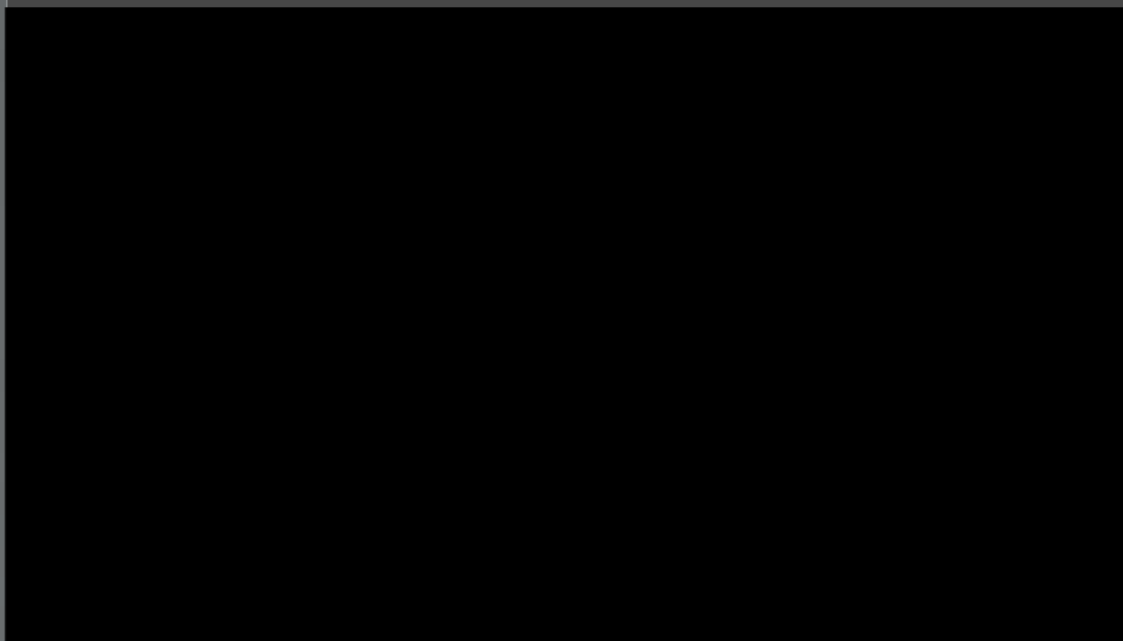
LUV Nicola

Xx x x

Three Facts That Should Scare You



- Hospitals are helpless when it comes to senior physicians with frequent complications
- Health systems have no way of determining if someone who has not trained in a new technology is competent
- The “see one...do one...teach one” philosophy of medical education does not work if you’re the “one” on the other end of the table





Morning

Technology for
safety and quality

Great feature includes USF





Is your surgeon qualified?
Can he prove it?



at the University of South Florida, Downtown Tampa

health.usf.edu

CAMLS : Transformation From Simulation Centers to Assessment Labs

- Procedure Based Credentialing
- Teamwork Training and Assessment
- Surgical Competence vs Confidence
- Procedure Rehearsal Studios
- New Technology Competence Based Training
 - Forget CMEs, Think CCEs (online) and CTTEs (CAMLS)
- International Partnerships
- The Franchise Model
- The Holy Grail: Defining Competence
 - ??? Has your hospital had its competence checked





Jefferson to 200

Blueprint for Strategic Action Jeff 2.0

- Create Portfolio Councils, review, extend and decommission
- With the goal of more rapid growth in quality and innovation
- Accelerate market penetration
- Optimize or transform the business
- Expand capacity
- Invest across business

Framework

• FOCUS: Set an ambitious goal to pay higher prices to access care at AMU

- AMU will focus on providing a reasonable cost alternative to care in the long run
- AMU's operations will be unique
- The AMU will provide a differentiated, value-based experience to our care
- Look for other business opportunities to provide the

Overcoming The Margin Meltdown

- Build the health system's quality reputation for care and quality
 - Reduce operational expense
 - Improve quality measures
- Reduce cost of a larger operational network
 - Reduce cost across all the departments but look for high-overhead departments with high quality care and procedures
- Push the envelope on new kinds of contracts to increase efficiency
 - Consolidate, not duplicate, laboratory, radiology and imaging and blood services
- Review or adjust current bids to reflect a move on IT investments
 - Share data through a new AMU data strategy
- Align the health system with clinical and business strategies

Multi-layered Healthcare

Everyone has a plan until they get punched in the nose

Enabling Connections

The Population Health & Personalized Medicine

Information Technology: The New Frontier

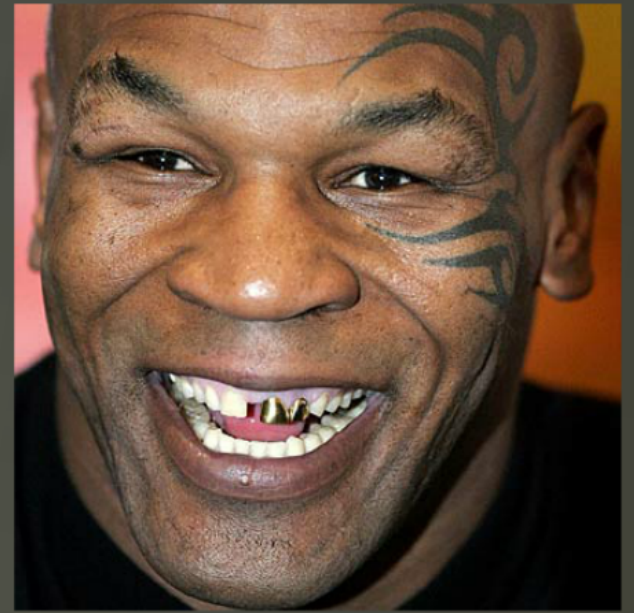
You never change things by fighting the existing reality.
To change something, build a new model that makes the existing model obsolete.



Buckminster Fuller

Transforming Leadership

Everyone has a plan
until they get punched
in the mouth!



You never change things
To change something



How Do We Get Breakthrough Thinking

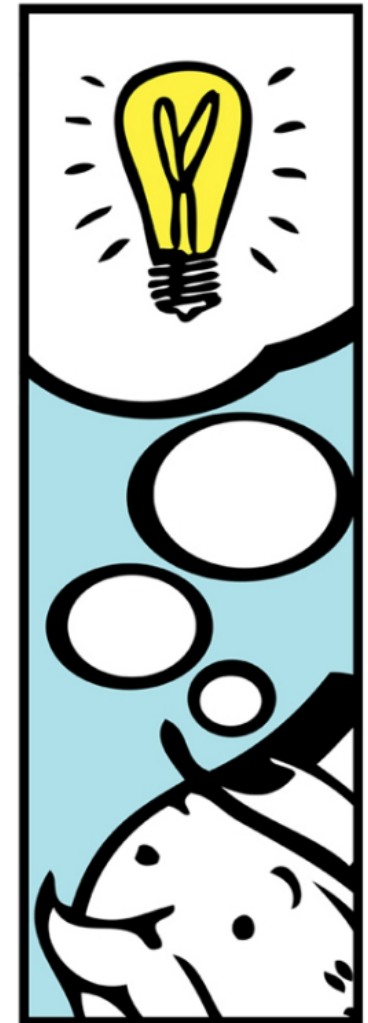
Three Rounds of Play

	Round 1	Round 2	Round 3
Number of Ideas			
Number of Breakthroughs			
Number of Ideas per Person			
Number of Breakthroughs per Person			
Number of Ideas per Round			
Number of Breakthroughs per Round			
Number of Ideas per Breakthrough			
Number of Breakthroughs per Idea			

How Do We Get Breakthrough Thinking?

Three Boards of Play

	Board 1	Board 2	Board 3
Name of Board	"Same Game"	"New Rules"	"New Game"
How You Play	By the Rules	Set the Rules	Create What Could Be
The Goal	To Optimize Performance	To Create Advantage	To Create Fundamental Change
How to Gain Advantage	Increase Skill or Competence	Increase Power (any base)	Seize New or Different Opportunity
Nature of Planning	Operational	Strategic	Visionary



Source: Adapted by M. Jennings Consulting from McWhinney, Norokosky, Smith and Webber.

Multi-layered Healthcare



Academic-Education
Translational Research
Seamless Clinical Enterprise
Entrepreneurial-Innovation

Emerging Health Professions
B2B
CRISPs
Jeff Startup Health

Innovation Driven Ecosystem



From EMRs to EHRs



Teaching



Virtual Reality-based Learning
Open Classrooms
Massively Open Online Courses (MOOCs)
Location Agnostic, Device Agnostic
Learning experience (3D printing, simulations, wearables)
Enterprise Scale, Medical Grade

Guiding Principles

Think big, start small, scale fast.
Disruptive innovation is... at scale, accessible, applicable
No additive, incremental, disruptive
Information based, disruptive, driven, process oriented
Transitive and make change



Health Care Reform Has Managed To Confuse Everybody



Forget Reform...
Think
Transformation

- Redesign and reimagine care processes—structure and experience
- Make effective use of information technologies
- Manage clinical knowledge and skills, that there is direct support for care processes
- Develop effective teams between health care providers
- Coordinate care across patient care lines, services and settings over time
- Incorporate performance and outcome measurement for true accountability, building technical and leadership competence
- Physician ability to adapt to change (Changing the DNA)

McAfee's Panel on Healthcare, Dec. 2010

Care Management



Teaching



Virtual Enrollment and Learning
Open Classrooms

Massively Open Online Courses (MOOCs)

Location Agnostic, Device Agnostic

Learning experience (3D printing, simulations, wearables)

Enterprise Scale, Medical Grade



Forget
T
Transf



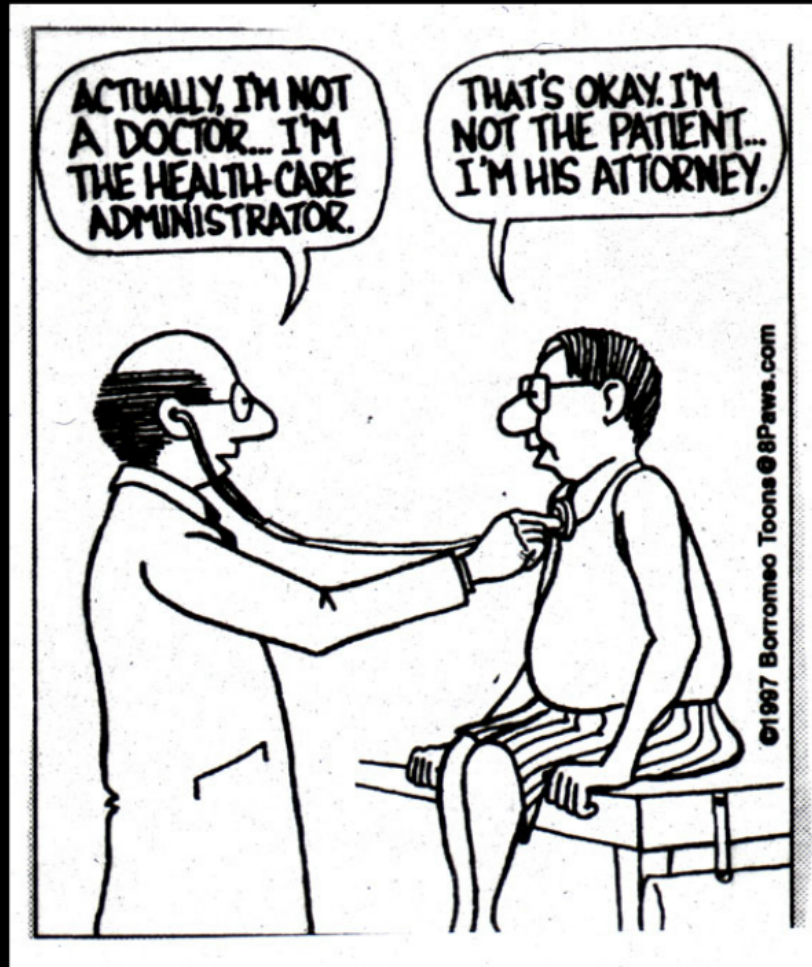
Research

Bench to Bed to Home

Basic - Discover - Proof of Concept
Translational - Pilot - Operational
Outcomes - Realize - Commercialize

Wet Labs to Computational Discoveries

Health Care Reform Has Managed To Confuse Everybody





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NASDAQ Panel on Healthcare, Dec 2011

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NASDAQ Panel on Healthcare, Dec 2011

Care Management

Patient Management

Traditional

- Patient safety
- Cost savings
- Customer service
- Operational efficiencies
- Clinical efficiencies
- Physician satisfaction
- Electronic Medical Record
- Regulatory compliance

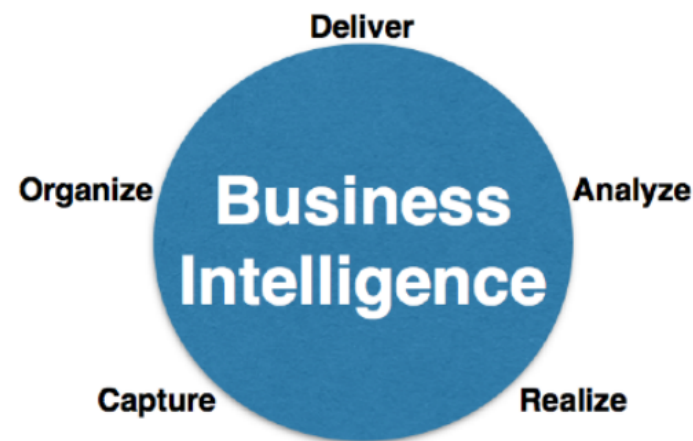
Business Enablement

Population Management

Innovative

- Outcomes and quality
- Cost and resource management
- Customer engagement
- New care models
- Resource utilization
- Physician alignment
- Clinically Integrated Network
- Policy changes

Strategic Differentiation



From EMRs to EHRs



"I have no idea how you died, we don't have access to your medical records."

Guiding Principles

Think big, start small, scale fast...

Disruptive innovation - affordable, accessible, applicable



Mobile first, web oriented, cloudable

Information based, exception driven, process oriented

Prioritize and make choices

If your access to health care involves your leaving work and driving somewhere and parking and waiting for a long time, that's not going to promote healthiness.

Larry Page

CEO, Google Inc.

January 2012 interview with Fortune Magazine



The Revolution: Taking healthcare mobile

PHYSICIAN



PATIENT



Create a True Culture of Patient Centered Care

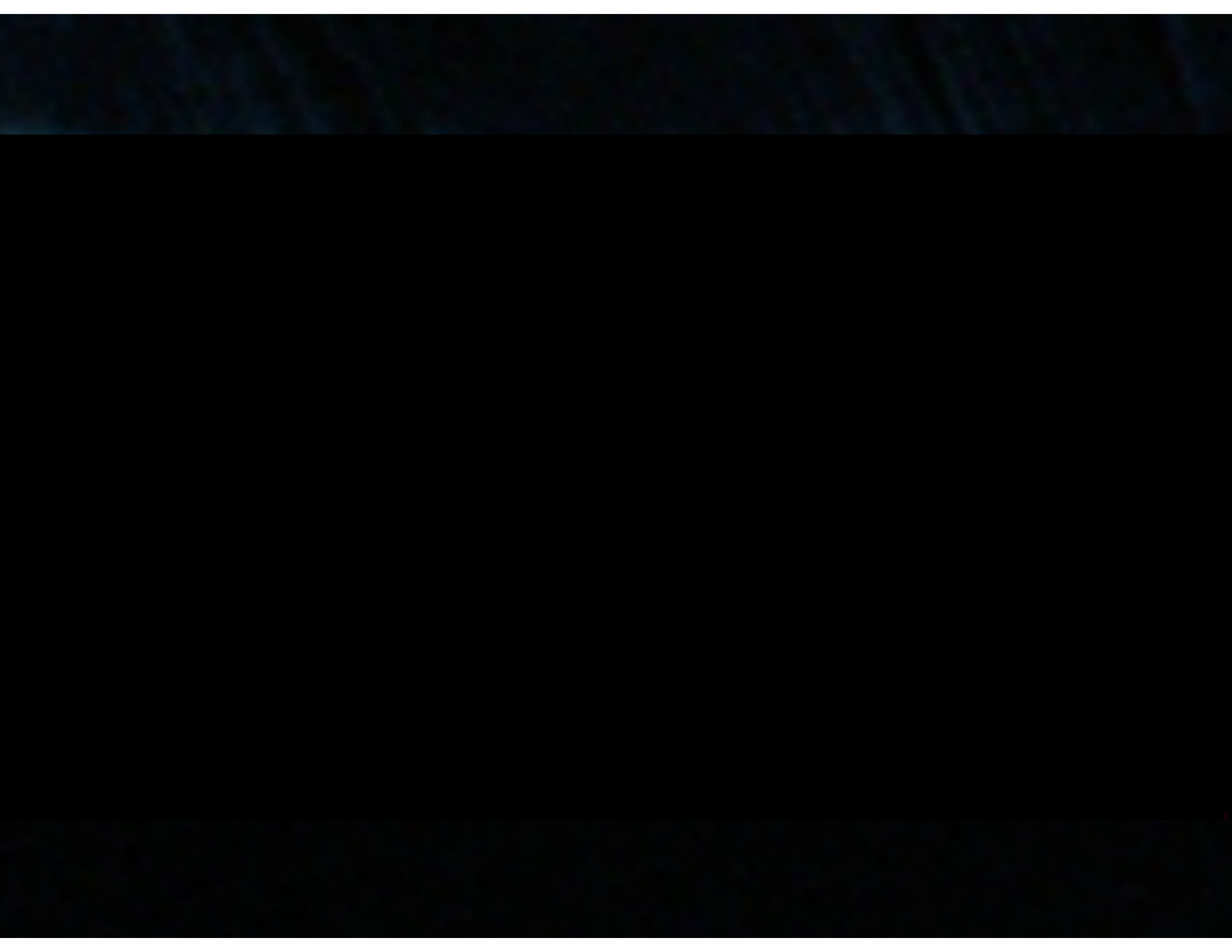
- Not just a marketing campaign or nursing function
- What defines a "not-for-profit" health system when every patient has insurance coverage
- Back to the principles of "Through the Patient's Eyes"
- Patient advocates as trustees
- In many non-profit health systems we have lost our "asset to the community focus" and that needs to be an early culture change

driving somewhere
that's not going

Larry Page
CEO, Google Inc.
January 2012 interview



Learn
From Our
Mistakes



CHESS

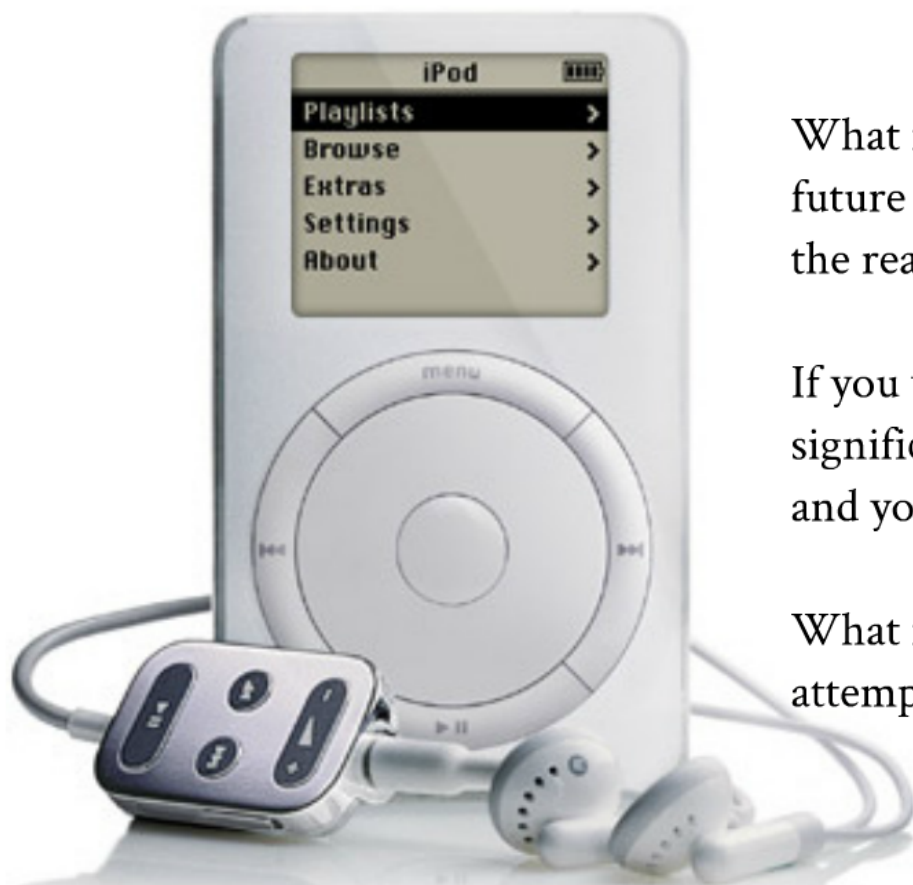
(Center for Healthcare Entrepreneurship and Scientific Solutions)



Predictive analytics and mathematical modeling to reduce uncertainty in medicine

- Readmissions
- Pay for performance
- Bundled payments
- Consumer choice-high deductibles
- “Admission trajectory”
- ACOs





What is the biggest concern that you have for Jefferson's future or the biggest conundrum you face in your role given the reality of 2013 healthcare?

If you woke up ten years from now, what is the most significant change that you expect to see in our organization and your role?

What is one game changing idea or creative idea that I can attempt or implement this year?

Five Parameters Leading to "Best Of" Status that have Changed the Most in the Last 10 Years



Universities

- Personal and professional outcomes at 1 year, 3 years and 5 years
- Collaborative quotient
- Entrepreneurial quotient
- Coolness factor
- Disruptive quotient



Health Systems

- The "BUB" Quotient
- The "Before I Go To Sleep, Does the Doc Know What He's Doing" Quotient
- The "Follow the Yellow Brick Road" Factor
- The "Say What You Mean and Mean What You Say" Quality Parameter
- The "Through the Patient's Eyes" factor

Oh, crap!
Was that
TODAY?



REGAN