



Leaping the Knowing-Doing Gap: Using Leadership, Data, and Transparency to Forge Rapid Quality and Safety Improvements

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Our Big Problem

It's NOT that we don't know what is high quality and complete care,
or what is the safe practice.

Our problem is DOING what we know is best.

Our problem is leaping the Knowing – Doing Gap.



Why don't we make the leap?

Why don't we practice like we know we should?

Multiple factors, but four major ones in a longer list:

1. We assume we already are practicing the way we should
2. We know we're not, but we don't know why
3. We are afraid to
4. We have a plan to improve, but it disappoints

1. We Assume We Already Are Practicing the Way We Should, Because...

- We fail to measure our performance, and hence fail to debunk our assumption
- We fail to measure the right things, at the right level of detail
- We fail to share our performance data with those who need to know

Ask the right questions, set the right goals

Which correlates best with favorable perception of speed of access to services?

1. Number of patients seen in a defined time interval
2. Actual length of interval to first available appointment

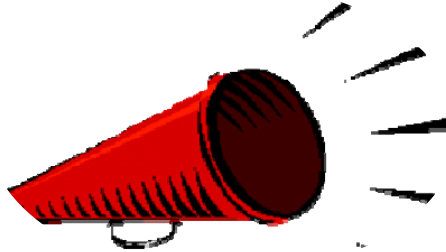


Reporting Examples

Measure the right thing.

Weekly Specialty Access Report				Throughput and Backlog Calculations									ITS Calculations				
Reporting Period: 07/07/2013 - 08/03/2013																	
Spec	SA	Facility Desc	Week Desc	New Demand A	Open @ Beg B	Closed "Not Seen" C	Closed "Seen" D	Open @ End E	Weekly Throughput F	Backlog G	Backlog in Weeks H	Initiated to Booked (Days) I	Initiated to Seen (Days) J	Total Seen K	seen in 10 days L	% Seen Within 10 Days M	
ALLERGY																	
ALL																	
ALL																	
7/7/2013 - 7/13/2013				143	129	20	104	148	124	25	0.2	0.3	5.2	86	73	84.9%	
7/14/2013 - 7/20/2013				118	148	17	113	136	130	24	0.2	0.3	5.5	92	85	92.4%	
7/21/2013 - 7/27/2013				141	136	31	108	138	139	19	0.1	0.2	4.8	81	73	90.1%	
7/28/2013 - 8/3/2013				131	138	50	102	117	152	4	0.0	0.3	5.0	68	64	94.1%	
ALL 4 Week Total				533	138	118	427	117	545	4	0.0	0.3	5.1	327	295	90.2%	
BALT																	
SOUTH BALT COUNTY MED CTR																	
7/7/2013 - 7/13/2013				16	13	2	12	15	14	1	0.0	0.6	5.3	9	7	77.8%	
7/14/2013 - 7/20/2013				24	15	2	15	22	17	5	0.2	0.1	6.1	13	11	84.6%	
7/21/2013 - 7/27/2013				26	22	7	21	20	28	0	0.0	0.2	4.3	16	16	100.0%	
7/28/2013 - 8/3/2013				14	20	8	15	11	23	0	0.0	0.3	6.5	11	9	81.8%	
4 Week Total				80	20	19	63	11	82	0	0.0	0.2	5.4	49	43	87.8%	
DCSM																	
CAPITOL HILL MEDICAL CTR																	
7/7/2013 - 7/13/2013				18	16	2	15	17	17	0	0.0	0.1	5.0	11	10	90.9%	
7/14/2013 - 7/20/2013				9	17	1	17	8	18	0	0.0	0.3	5.9	15	14	93.3%	
7/21/2013 - 7/27/2013				11	8	1	4	14	5	9	0.6	0.0	7.0	1	1	100.0%	
7/28/2013 - 8/3/2013				18	14	8	11	13	19	0	0.0	0.1	4.8	9	9	100.0%	
4 Week Total				56	14	12	47	13	59	0	0.0	0.2	5.4	36	34	94.4%	

Share the Data



Tailored to their
needs



Push it out
and deposit it



Challenge all to
“Match the best”

Local/regional
Group/individual



In their hands
In the library



Transparency

Feedback is a Gift

FACT: Most low performers don't know that they are, because no one ever told them.

If you don't provide individual-level and unblinded data, everyone assumes it's the "other guy" who's bringing down the average



The Principle of “Illusory Superiority”

Unskilled and Unaware of It: How Difficulties in Recognizing One’s Own Incompetence Lead to Inflated Self-Assessments

*Dunning, D., and Kruger, J. Journal of Personality and Social Psychology, 77(6):1121 -34, 1999

*Winners of a 2000 Ig Nobel Prize for this work



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Mind & Brain :: Mind Matters :: May 21, 2013 :: 58 Comments :: Email :: Print

You Are Less Beautiful Than You Think

Dove's viral video gets it wrong

By Ozgun Atasoy

Most people believe that they are above average, a statistical impossibility. The [above average effects](#), as they are called, are common. For example, 93 percent of [drivers](#) rate themselves as better than the median driver. Of [college professors](#), 94 percent say that they do above-average work. People are unrealistically optimistic about their own health risks compared with those of other people. For example, people think that they are less susceptible to the [flu](#) than others. [Stock pickers](#) think the stocks they buy are more likely to end up winners than those of the average investor. If you think that self-enhancement biases exist in other people and they do not apply to you, you are not alone. Most people state that they are more likely than others to provide [accurate self-assessments](#).

Why do we have positively enhanced self-views? The [adaptive nature of self-enhancement](#) might be the answer. Conveying the information that one has desirable characteristics is beneficial in a social environment. People may try to deceive others about their characteristics, but deception has two main disadvantages. First, it is

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2. We Know We're Not, But We Don't Know Why, Because...

- We fail to measure the right things about our performance
- We fail to measure at the right level of detail
- We assume everyone is doing the agreed-to thing
- We fail to penetrate the “my patients are different” shield

Physicians with > 2 yrs tenure

Department: Medicine

Measurement Period: 2008

Print Options

Condensed Report

Expanded Report

Never underestimate the power of competition

Transparency, in the form of unblinded data, spurs change.

SHOW ALL

SHOW ALL

SHOW ALL

SHOW ALL

SHOW ALL

SHOW ALL

SHOW ALL

SHOW ALL

SHOW ALL

HIDE Overall

IDENTIFICATION DATA					PANEL INFORMATION					MPS	ACCESS	On-Line	CV	DIABETES	CANCER	QUALITY	OVERALL
MC	FAC	NAME	RESID	HIRE DATE (mm/dd/yy)	Prim. Care FTE	Target Panel Size	Risk Adj. Panel	% Empanl	# Unadjusted Panel Members	MPS Index	Access/ Person. Index	On-line Mgmt. Index	CV Index	Diabetes Index	Cancer Screen. & Prev. Index	Qual. Coding Index	Overall Performance Index
A	B	C	D	E	F	G	H	I	J	AA	AF	AK	AP	BI	BP	BS	BT
					2008 TARGETS												
SCL	CMB				0.52	1,144	1,376	120%	1,301	1.31	1.04	1.31	0.99	1.13	1.15	1.01	
SCL	CMB				0.90	1,980	2,294	116%	1,807	1.00	1.14	1.26	0.99	1.02	1.24	1.03	
SCL	CMB				0.60	1,320	1,702	129%	1,625	1.00	1.04	1.28	0.94	1.11	1.18	1.04	
SCL	CMB				0.80	1,760	2,036	116%	2,514	1.00	1.07	1.10	1.00	1.06	1.05	1.04	
SCL	CMB				0.95	2,090	2,426	116%	2,281	1.00	1.15	1.15	1.04	1.02	1.12	1.03	
SCL	CMB				0.60	1,320	1,674	127%	1,475	1.00	1.05	1.20	1.05	1.10	1.09	1.02	
SCL	CMB				0.80	1,760	2,178	124%	1,712	1.06	1.14	1.22	1.06	1.03	1.19	1.03	
SCL	CMB				0.81	1,782	1,970	111%	2,563	0.75	1.09	1.13	0.92	1.08	1.04	1.04	
SCL	CMB				0.69	1,518	1,858	122%	2,059	1.00	1.10	1.24	0.96	1.04	1.08	1.04	
SCL	CMB				0.80	1,760	1,662	94%	2,201	1.00	0.86	1.09	0.78	0.94	1.02	0.99	
SCL	CMB				0.83	1,826	2,160	118%	2,336	1.00	1.07	1.25	1.07	1.03	1.13	1.03	
SCL	CMB				0.71	1,562	1,894	121%	1,922	1.00	0.94	1.25	0.91	0.95	1.12	0.95	
SCL	CMB				0.90	1,980	2,346	118%	2,252	1.00	1.11	1.19	1.05	1.10	1.14	1.04	
SCL	CMB				0.76	1,677	1,967	118%	2,004	1.01	1.06	1.20	0.98	1.05	1.12	1.02	
SCL	MIL				0.69	1,518	1,555	102%	1,827	0.75	1.03	1.04	1.05	0.99	1.04	1.03	
SCL	MIL				0.69	1,518	1,591	105%	1,455	1.06	0.96	1.02	1.08	1.09	1.11	1.02	
SCL	MIL				0.59	1,298	1,336	103%	1,506	1.00	1.09	1.06	1.06	0.98	1.01	1.02	
SCL	MIL				0.90	1,980	2,073	105%	2,606	1.00	1.16	1.05	1.05	1.18	1.10	1.04	
SCL	MIL				0.75	1,650	1,587	96%	1,878	1.00	0.98	1.18	1.07	0.90	1.05	1.04	
SCL	MIL				0.90	1,980	2,105	106%	2,047	1.00	0.99	0.86	0.93	0.98	1.13	1.02	
SCL	MIL				0.78	1,716	1,780	104%	2,025	1.00	0.79	1.10	1.05	1.03	1.15	1.04	
SCL	MIL				0.90	1,980	1,902	96%	1,311	1.38	1.03	1.11	0.96	1.00	1.13	1.03	
SCL	MIL				0.42	924	1,290	140%	1,080	1.13	1.06	1.06	1.08	1.06	1.11	1.04	

IMAGING REFERRALS (FOR EDUCATIONAL PURPOSES ONLY)										
UGI Referrals /1000 Visits	UGI Referrals Index	L-Spine MRI Referrals /1000 Visits	L-Spine MRI Referrals Index	Knee MRI Referrals /1000 Visits	Knee MRI Referrals Index	Outpatient Carotid Referrals/ 1000 Visits	Outpatient Carotid Referrals Index	Abdominal ULS Referrals/ 1000 Visits	Abdominal ULS Referrals Index	Imaging Referral Index
BV	BW	BX	BY	BZ	CA	CB	CC	CD	CE	CF
4.04		8.51		1.42		4.37		17.96		
1.09	0.27	4.91	0.58	0.00	0.00	2.18	0.50	3.27	0.18	0.31
0.29	0.07	6.74	0.79	0.00	0.00	3.23	0.74	11.73	0.65	0.45
0.85	0.21	10.67	1.25	0.85	0.60	5.12	1.17	14.51	0.81	0.81
0.69	0.17	3.11	0.37	0.69	0.49	2.08	0.47	11.41	0.64	0.43
0.00	0.00	5.75	0.68	1.05	0.73	4.18	0.96	6.80	0.38	0.55
0.00	0.00	10.00	1.18	0.00	0.00	3.64	0.83	10.46	0.58	0.52
0.31	0.08	10.81	1.27	1.54	1.08	3.09	0.71	13.90	0.77	0.78
0.32	0.08	4.73	0.56	0.32	0.22	0.32	0.07	10.09	0.56	0.30
0.00	0.00	2.98	0.35	0.37	0.26	1.49	0.34	12.30	0.69	0.33
0.47	0.12	5.59	0.66	0.93	0.65	1.86	0.43	16.29	0.91	0.55
0.00	0.00	1.28	0.15	0.00	0.00	0.96	0.22	7.98	0.44	0.16
0.00	0.00	12.96	1.52	0.00	0.00	6.72	1.54	8.64	0.48	0.71
0.31	0.08	4.03	0.47	0.00	0.00	3.72	0.85	13.65	0.76	0.43
0.30	0.08	6.19	0.73	0.47	0.33	2.90	0.66	10.89	0.61	0.48
0.00	0.00	4.01	0.47	0.00	0.00	0.89	0.20	8.46	0.47	0.23
1.49	0.37	6.95	0.82	0.00	0.00	8.94	2.04	18.87	1.05	0.86
0.52	0.13	4.15	0.49	0.00	0.00	1.04	0.24	26.47	1.47	0.47
0.00	0.00	8.12	0.95	0.00	0.00	1.74	0.40	20.31	1.13	0.50
0.00	0.00	1.76	0.21	0.59	0.41	1.17	0.27	13.46	0.75	0.33
2.12	0.52	4.55	0.53	0.00	0.00	1.21	0.28	25.45	1.42	0.55
0.51	0.13	5.63	0.66	0.00	0.00	2.05	0.47	17.40	0.97	0.45
0.83	0.21	6.65	0.78	0.00	0.00	6.23	1.43	19.53	1.09	0.70
3.05	0.75	7.31	0.86	0.00	0.00	0.00	0.00	19.49	1.09	0.54

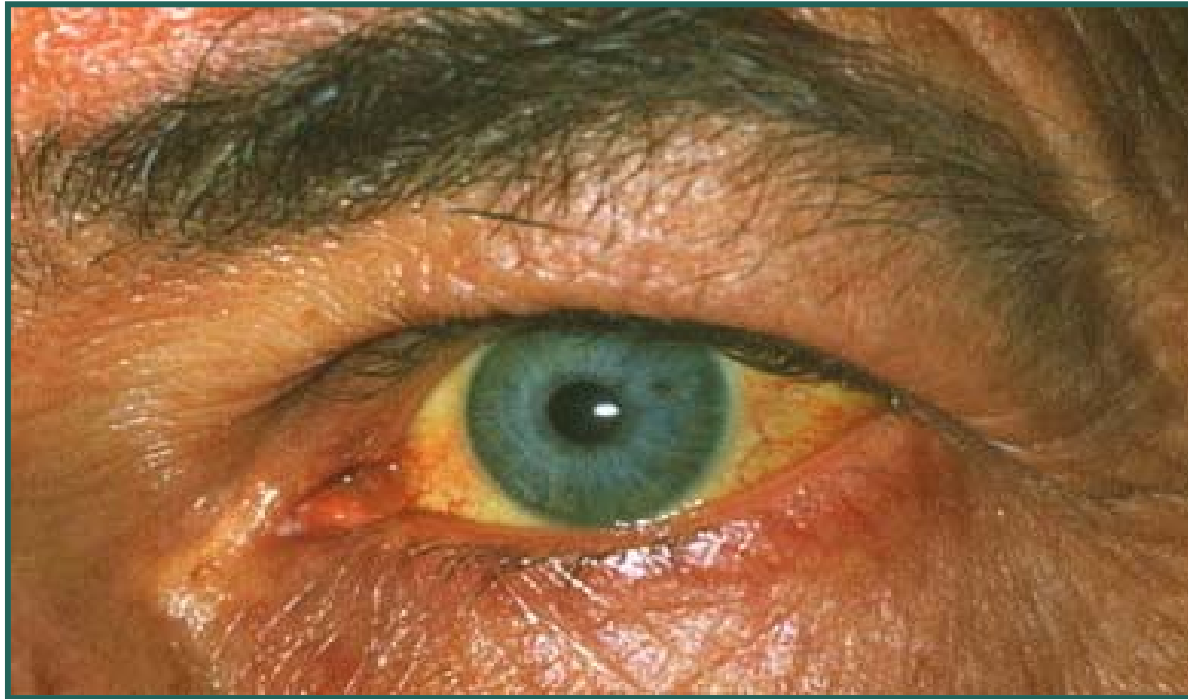
Most important question to ask of your data
is not what, or how, or how many, but why:

Why didn't you turn out like
we expected you to, based
on what we've done?

*Most common answer:
Because you are not doing
what you think you are.*



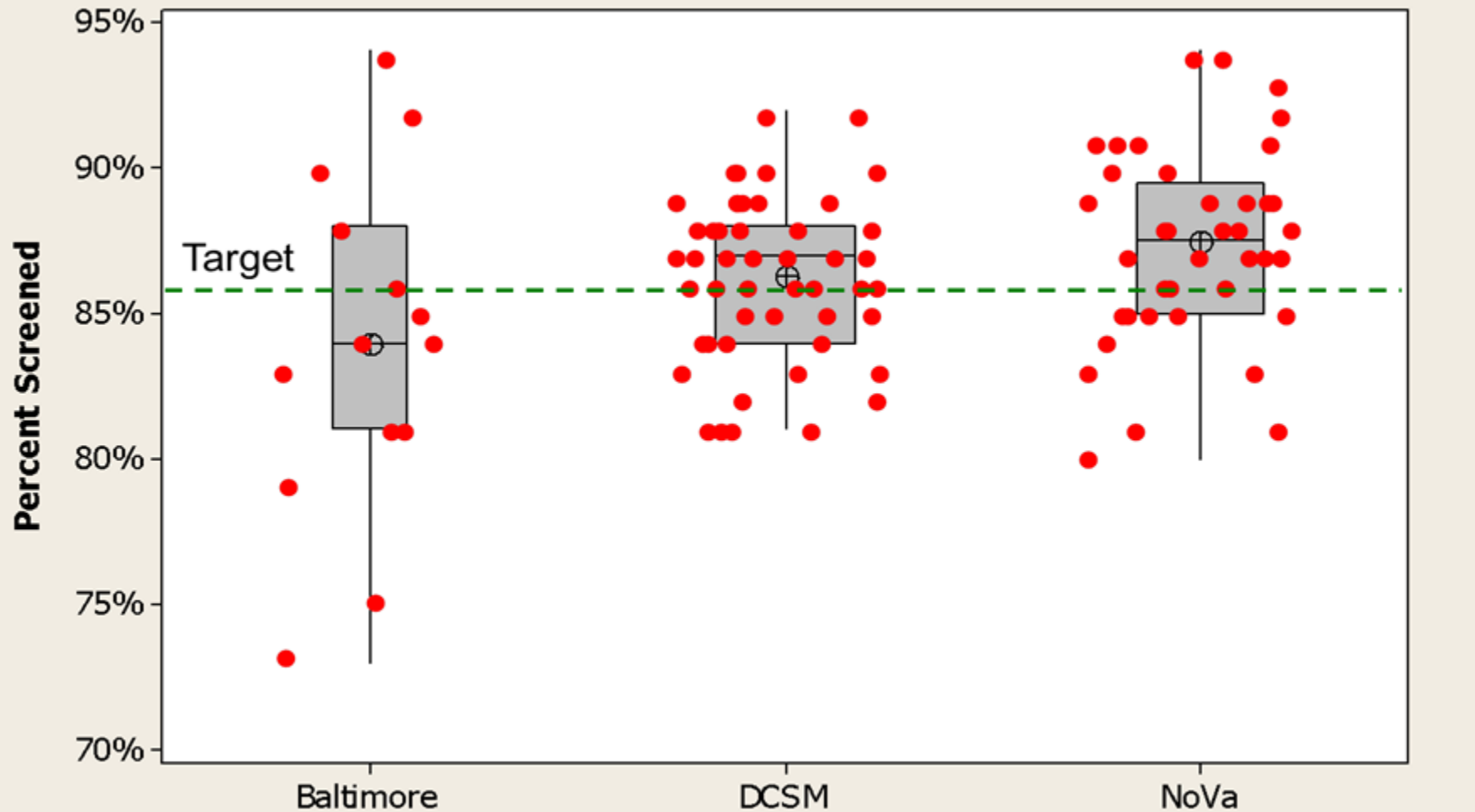
Listen to explanations about poor performance,
but be a cautious 'buyer' of those explanations.
Always ask the next question



"The Jaundiced Eye"

Variation Analysis

Variation in Mammo Screening (All Providers)



⊕ = mean

Getting the Data Right

- It won't always be right the first time
- Encourage people to find the mistakes
- Be transparent about correcting it



3. We Are Afraid To, Because...

- Leadership is hard
- People can get angry, or be mean, if they don't like the feedback
- Everyone wants to be liked
- So, under the circumstances, we forget the "Big Picture" of why we are here

Ah, Leadership!

You must have a clear vision of, and tenacious grasp on, the “greatest good” and the “why are we here”, and you must share it with the folks you lead.

The job of leaders, and the “trick” of leadership, is to take people where they thought they could not go.

People in health care are inherently more altruistic than average.*
They almost always respond positively to the altruistic appeal, especially if there is also a well-thought-out WIIFM (and there is always something in it for them).

*Stanley, TJ, and Danko, WD, *The Millionaire Next Door*, 1996

4. We have a plan to improve, but it disappoints, because...

- We're missing a relentless leadership focus and motivating "mojo"
- Our improvement "cycle times" are too long
- We set our sights too low



Rapid performance improvement requires rapid action and clear, crisp, lofty goals

- To achieve rapid improvement, cycle times need to be foreshortened, so data on current performance must be supplied at shorter intervals.
- Some goals will require daily data to get at the appropriate cycle time.
- You can't fix history, only the future.



A Theory of Lofty Goal Setting

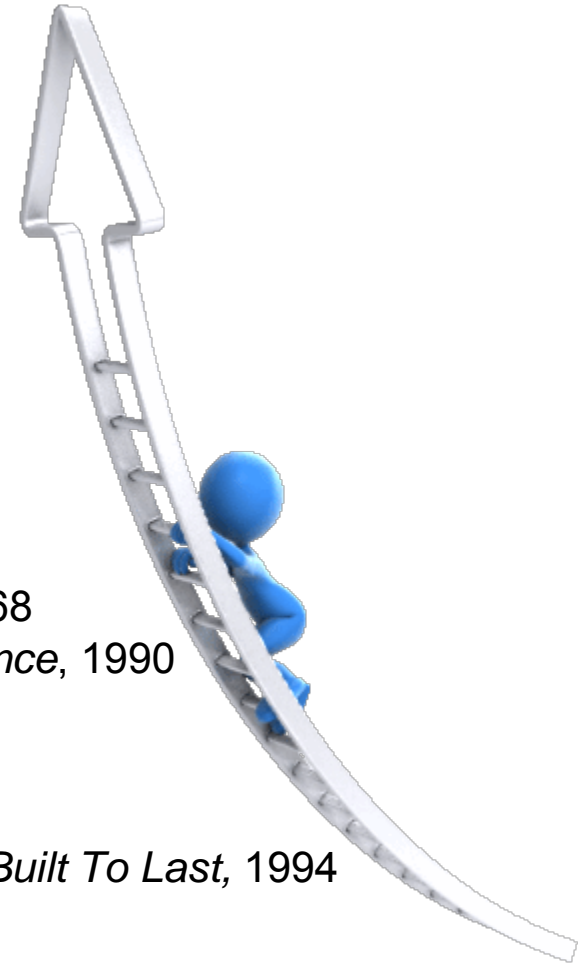
Rapid performance improvement requires *lofty*, not the proverbial “*achievable*,” goal setting. That does not mean that lofty goals are not achievable. But unambitious goals will bring unambitious progress.

Locke, “Towards a Theory of Task Motivation and Incentives,” 1968

Locke and Latham, *A Theory of Goal Setting and Task Performance*, 1990
“clarity, challenge, commitment, feedback, complexity”

Collins and Porras, “big, hairy , audacious goals”, or BHAG’s, in *Built To Last*, 1994

Amabile and Kramer, “progress, not praise,” HBR, January 2010



A Round-Up of Thoughts on Data

- If you want to move something, measure it; you won't move it unless you do

- You need both macro & granular results

- Put the data right in the hands of influencers

- Publicly report at geographic, department, team, & individual levels

- Transparency...high and low performers should meet, and have a chat

- Practice data humility

- Actually use your data

- Pick your key metrics; set clear, specific, challenging goals

- Be relentless in communication about patient care as driver for what we do, why we do it

- Establish repository for reports so people have a reference library of performance

- Challenge everyone to match the performance of the best, even if only their "local" best

- Publicly recognize and celebrate success

Leadership For Performance Improvement: Key Take-Aways

What we find critical

- Crisp, clear vision & “imperatives”.
- Engagement of the entire care team led by physicians. Collaboration is critical.
- Culture of excellence is expected... **not optional.**
- “Challenge” is valued.
- Culture of accountability; the data “counts”

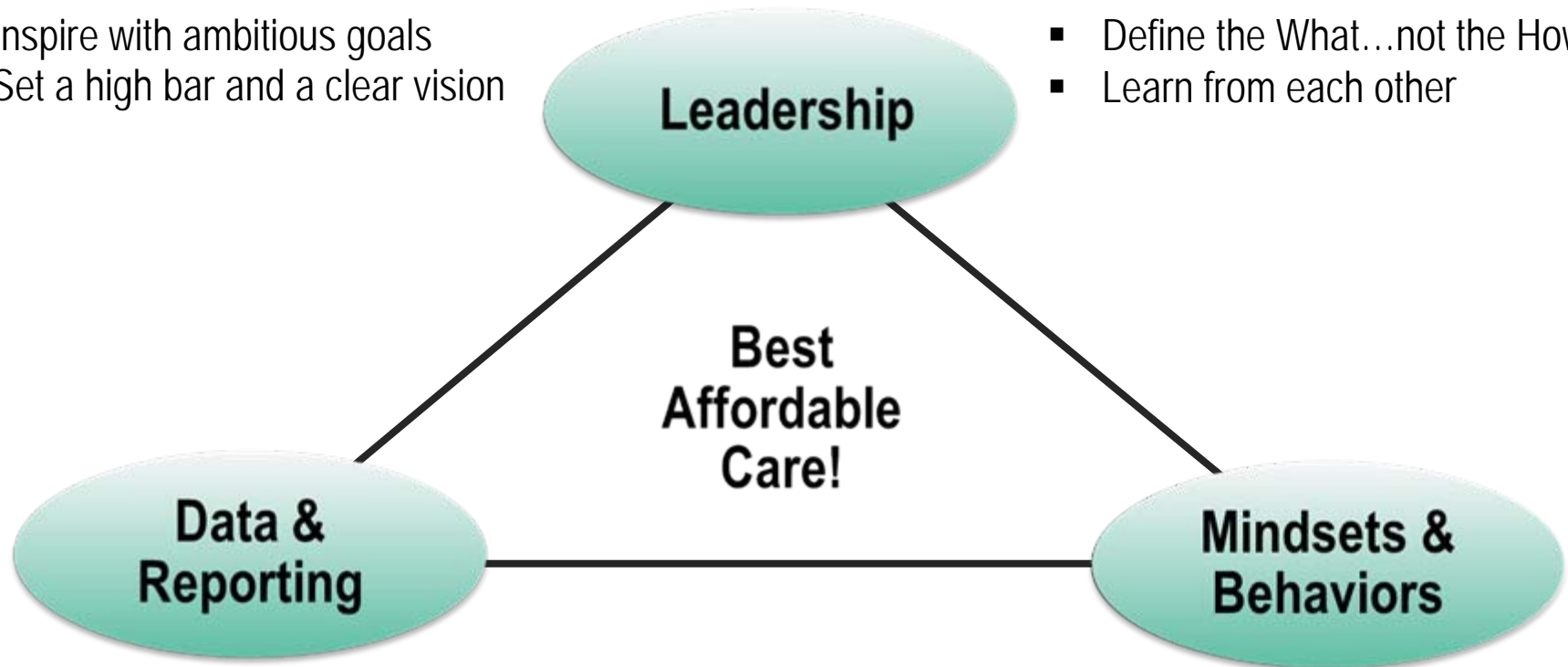
What is not essential

- Perfect data that everyone agrees is incontrovertible.
- A detailed roadmap with every step plotted out.
- Complete consensus of everyone on the team.
- Absolute consistency driven by an assumption that what works one place will certainly work elsewhere.

Inter-Related Elements of the Success Formula

- Inspire with ambitious goals
- Set a high bar and a clear vision

- Define the What...not the How
- Learn from each other



- Macro & granular results
- Data in the hands of influencers
- Transparency – High vs. Low Performers
- Et cetera

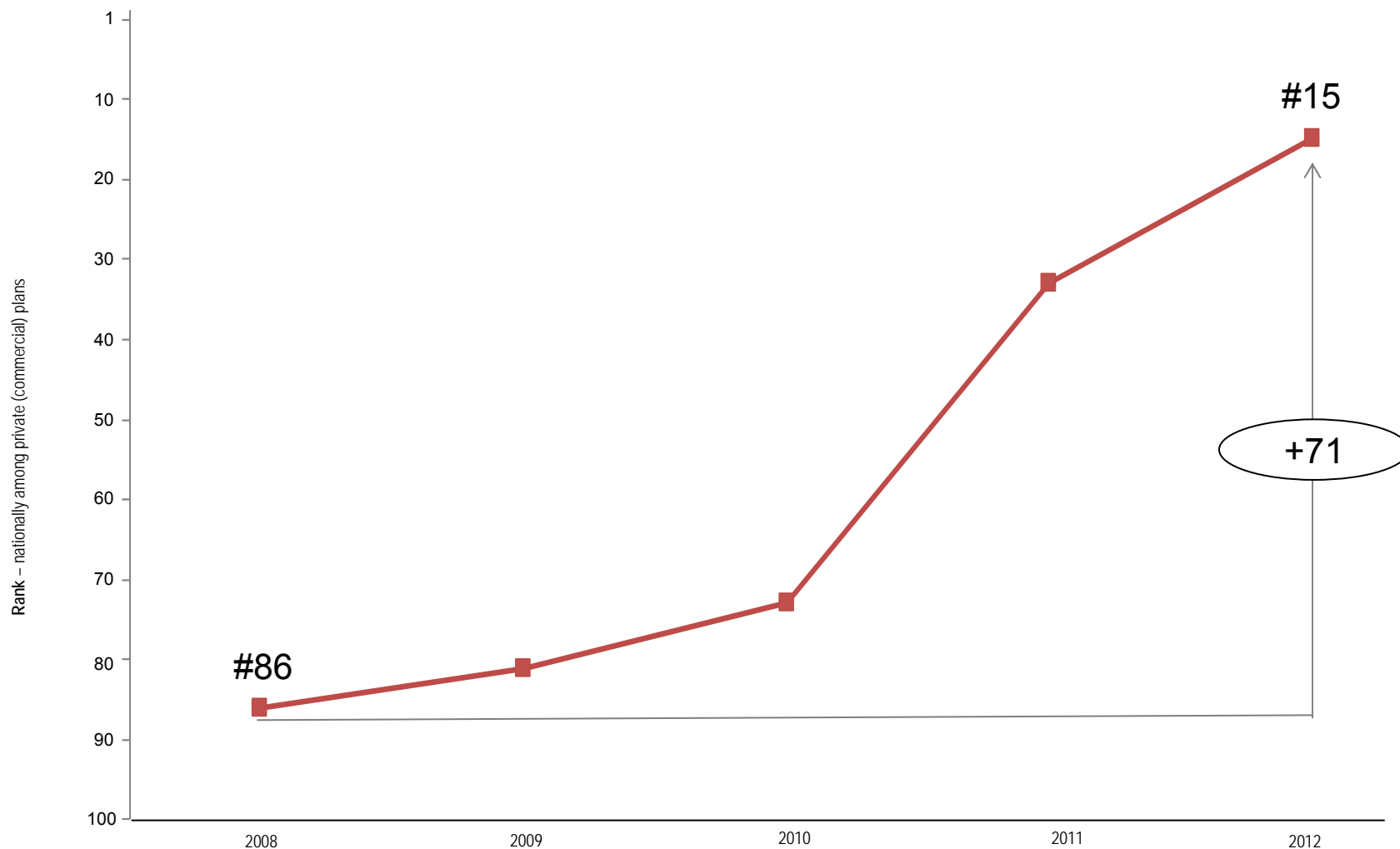
- Think BIG, start small, move fast!
- Empower people...physicians & frontline staff
- Believe! Prevention saves lives
- Believe! The WIIFM of improved patient experience

But is it working?

There is no value in a nice concept if it doesn't deliver the outcomes desired

KP Mid-Atlantic: Climbing the National Rankings

Kaiser Permanente Mid Atlantic
US National Health Plan Ranking 2008 - 2012



National Committee for Quality Assurance ranking of health plans in the U.S.; * Other Large Mid-Atlantic Health Plans listed represent insurance carriers operating in MD, VA, and DC with a minimum of 150,000 commercial members. Source: HealthLeaders July 2011

As the saying goes, we want to turn *Data* into *Information*, and then into *Insight*, but, ultimately and most importantly, we want to turn it into ***ACTION***.

Make The Leap!