Management Grand Rounds

Connecting the Dots for Population Health: Broadening Healthcare’s Perspective and Potential

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**Leading Causes of Death in the US**

- Homicide: 16,600
- Parkinson's disease: 20,600
- Suicide: 36,500
- Flu and pneumonia: 53,600
- Cerebrovascular diseases: 128,600
- Cancer: 568,700
- Heart disease: 598,600
- Iatrogenic: 1,000,000

**State of the Health Care System**

Our current health care system is the #1 contributor to sickness and death in the US.

If you are admitted to a hospital today:

- **1 in 6 chance** you will end up back in the hospital in a month.
- **1 in 10 chance** your treatment will include a medical error.
- **1 in 300 chance** you will be killed.

You are **33,000x** more likely to die from a hospital error than from a plane crash.

**Iatrogenic** adjective [i-ar′tə-jo-nik]
A condition that is caused by medical personnel, procedures or by exposure to the environment of a health care facility.

1,000,000 deaths = 7 jumbo jets crashing every day for a year.
Two Key Drivers of U.S. Healthcare’s High Cost and Relatively Poor Overall Quality

- **How care is financed** (what’s paid for, by whom and at what price)

- **How care is designed** (a “sick care” system when what we need is a *health care* system)
The Prevalent (and Toxic) Financing System

• Payment to providers is on a “piecework” basis—the more pieces produced, the greater their reimbursement.

• Market forces (e.g. competition) don’t work in healthcare – the more MRI machines, the more MRIs; the more doctors per capita, the more tests and procedures per capita, regardless of need (Wennberg, et.al.).

• Little incentive to produce efficient, safe and effective care —in fact—there’s a financial disincentive to produce it, as providers can be harmed financially.
What Makes Us Healthy

- Genetics 20%
- Environment 20%
- Healthy Behaviors 50%
- Access to Care 10%

What We Spend On Being Healthy

- Medical Services 88%
- Healthy Behaviors 4%
- Other 8%

2012 Bipartisan Policy Center Report: Lots to Lose: How America’s Health and Obesity Crisis Threatens our Economic Future
Enter New Payment Models

Forbes INSIGHTS

Accountable Care Organizations

BUNNED PAYMENT

GETTING FROM VOLUME TO VALUE IN HEALTH CARE

BALANCING CHALLENGES

The Health Insurance Marketplace is now open.
What Does This Mean for Children’s Hospital Boston?

Take Away #1:

Our entire frame of reference for “success” is changing. New competencies include:

- creating **health** (not just curing disease)
- collaborating with “unusual suspects” in our communities---especially when it really matters to the patient
Creativity is just connecting things. When you ask creative people how they did something, they feel a little guilty because they didn’t really do it, they just saw something that seemed obvious to them.
“That’s because they were able to connect experiences they’ve had and synthesize new things—because they have had more experiences than other people.”
Unfortunately, that’s too rare a commodity. A lot of people haven’t had very diverse experiences. So they don’t have enough dots to connect, and they end up with very linear solutions without a broad perspective on the problem.
What Does this Mean for Healthcare Transformation?

The broader the understanding of the human experience of health and healthcare, the better design we can create.

We can only connect the dots we collect.
What Does This Mean for Children’s Hospital Boston?

Take Away #2: Consider opportunities to include patient stories in all QI efforts.

Build skills in engaging in the lives of patients and families and “connect the dots” to transform care delivery.
So, “engaging the patient” may be the *wrong paradigm*...
A Limited Perspective: Some of My Early Lessons in “Patient-Centered” Health Care

- A pain pill
- The Breast Center
- The Internet - Making Reputations Public
My Early Lessons in “Patient-Centered” Health Care (cont’d)

- A 7-year old child
- The birth of my son Ben
What Does This Mean for Children’s Hospital Boston?

**Take Away #3:**

Mine your personal experiences—and that of your family and your friends—for inspiration and guidance about how to help us grow.
Just to be clear…
The Course of Events...

• So there’s a chance...?
  • Mammogram; Ultrasound; Right breast biopsy
• So there’s a chance…?
  • Definitive diagnosis on right side – the left side is still in question
  • 5 different care locations in a span of 20 days
  • “Mom--I feel guilty.” – The Silver Linings List begun
Other Examples of Early Entries on the Silver Linings List

• “I’ll understand the health care system through the eyes of someone whose life literally depends on it.”

• “It will be a way to inspire those advancing health IT/quality improvement and connect them to purpose.”

• “If I do this right, I can be a role model to Ben in a way that will teach so many important life lessons.”

• “I’ll know what really matters in life.”
The Course of Events, cont’d

• Prognosis— inconclusive due to concerns about the left side
  • Stereotactic biopsy of left breast – inconclusive
  • Surgical biopsy of the left breast - Just as the anesthesia mask is lowered...
  • Left side – no cancer!!

• The Surgery
  • Pre-op on Friday – An “Elaine” experience
  • Removal/Initial reconstruction -- Every day for 8 weeks?
  • Sentinel node biopsy
The Course of Events, cont’d

• **Reconstructive Surgeon’s Office**
  • The clipboard (again!)

• **Follow-up**
  • How to prevent this from happening again?
What Does This Mean for Children’s Hospital Boston?

Take Away #4: What could you do to assure that patients and families are always regarded as part of the care team AND the quality improvement team?
Patients’ Response to the Concept of “Engaging the Patient”
Creating Health

• Being ready for “teachable moments” will be crucial.

• “Come and get it care” won’t move the critical metrics for which providers are now being paid. It’s going to take connecting a community – the health care system can’t do it alone.

• People are already in control of their own health – and more capable of managing it than we think.
Creating Health (cont’d)

• There’s some data/information that only the patient or family can provide, e.g. advance directives, functional health status, pain levels, in-home monitoring data, etc.

• 60% of U.S. adults say they track their weight, diet, or exercise routine; 33% track health indicators or symptoms, like blood pressure, blood sugar, headaches, or sleep patterns (Pew Research Center, 2013)

• If we expect to manage population health, we’re going to have to engage in their lives – and technology can play a huge role.
Health Information Exchange in Rhode Island

- Hospitals, LTCs, BH /SA Facilities, etc.
- Laboratories
- Pharmacies
- Payers
- Ambulatory Centers (e.g. imaging centers)
- Specialty Physicians
- Public Health
- Primary Care (incl. Behavioral Health and Substance Abuse, CHCs, Free Clinics, etc.)
- Consumers; Patients and Families
“My Meds” App

Apps for Recovery from Substance Abuse

Smart Glucometer Apps
What is Asthmapolis?
Watch our one minute video to learn more
What Does This Mean for Children’s Hospital Boston?

Take Away #5: HIT is more critical than most ever imagined.

Harnessing HIT—beyond the EHR—and levering all that it has to offer will be key.

You have an opportunity for huge impact!
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