

Mini-Summit 7

THE PATIENT EXPERIENCE *IS* QUALITY IMPROVEMENT

Experience-Based Design

Zeev Neuwirth, MD

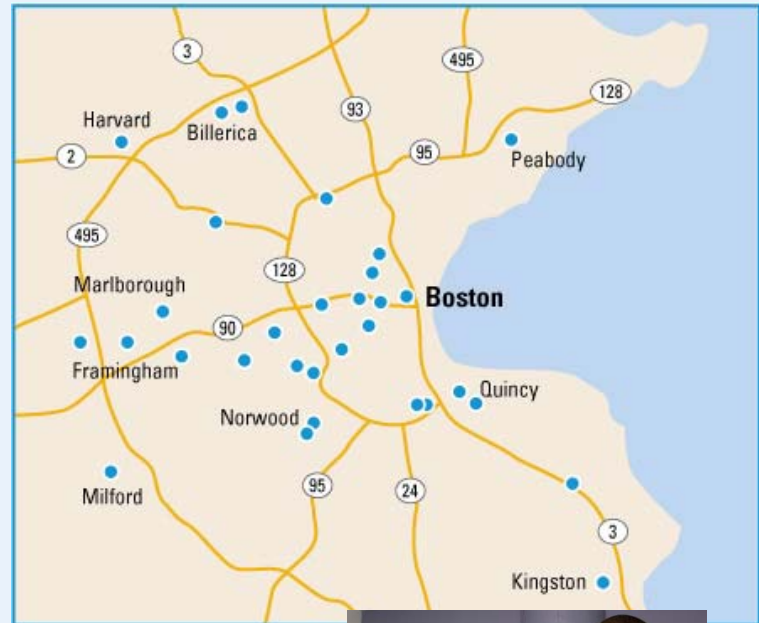
Chief, Clinical Effectiveness & Innovation

Harvard Vanguard Medical Associates

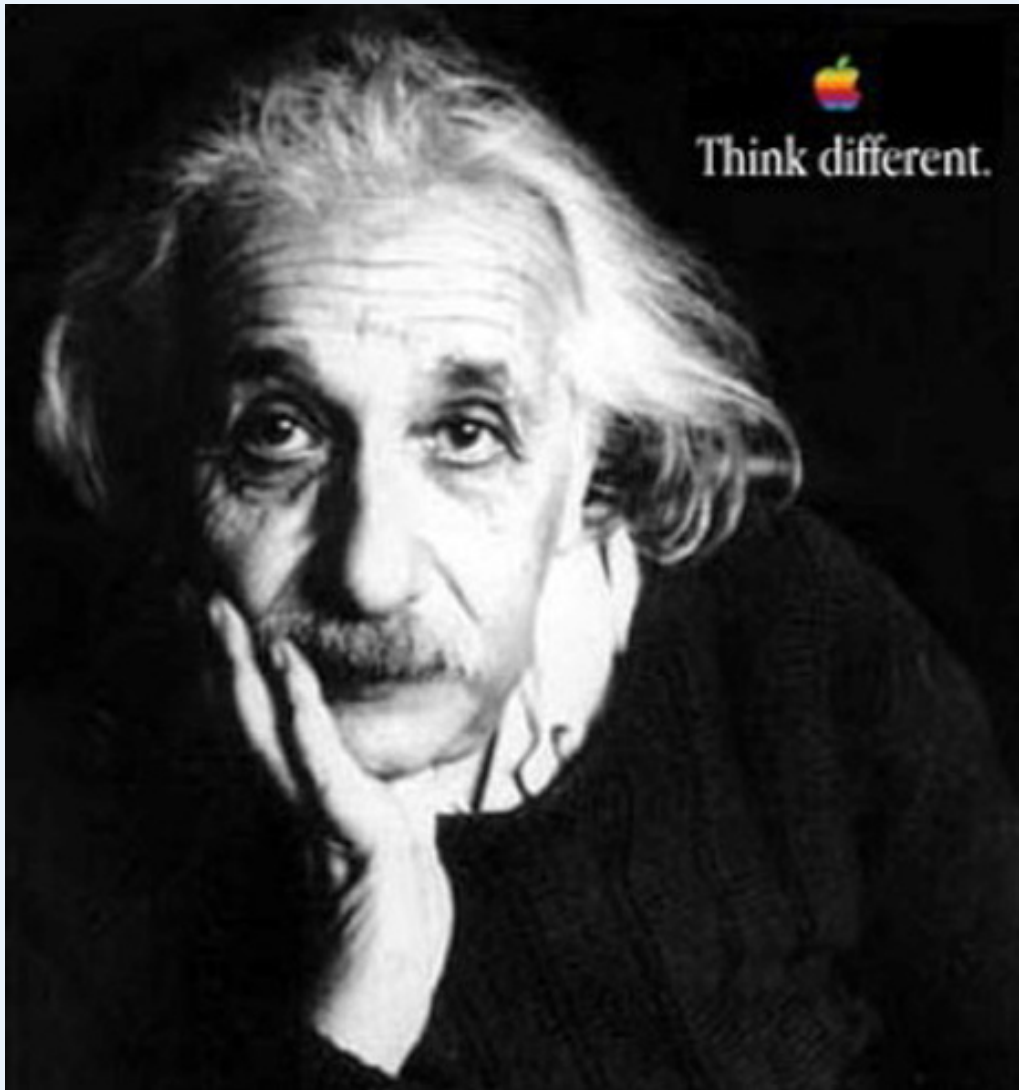
Atrius Health



- Non-profit alliance of five leading independent medical groups
 - Granite Medical
 - Dedham Medical Associates
 - Harvard Vanguard Medical Associates
 - Southboro Medical Group
 - South Shore Medical Center
- Provide care for ~ 700,000 adult and pediatric patients in 30 ambulatory sites
- 800 physicians, 1250 other healthcare professionals across 35 specialties
- Largest physician-based Accountable Care Organization

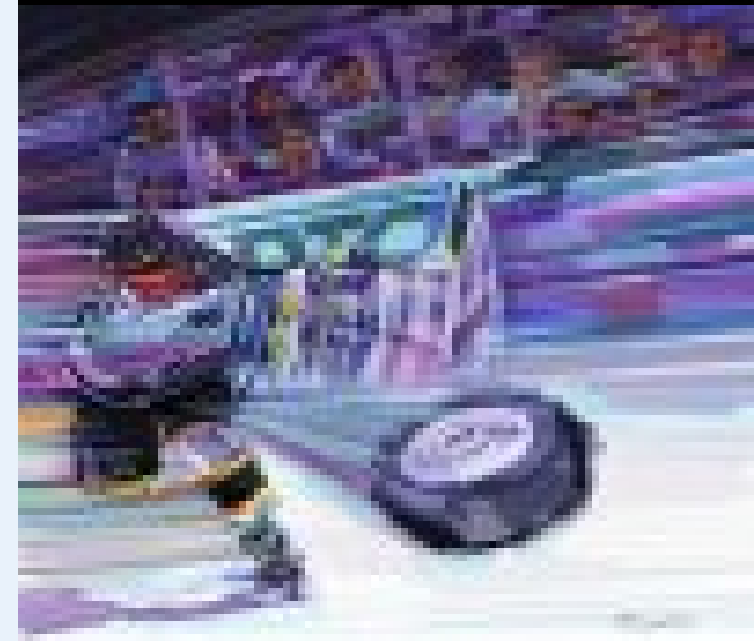


Experience-Based Design



Reflection

What would I do differently next time?



Achieving the Triple Aim



The root of the problem in health care is that the business models of almost all US health care organizations depend on keeping these aims separate. Society on the other hand needs these three aims optimized (given appropriate weightings on the components) simultaneously. Tom Nolan, PhD.

Conceptual frame of Quality Outcomes built on Patient/Population Needs (Experience-Based Design)

“The existing deficiencies in health care cannot be corrected simply by supplying more personnel, more facilities and more money.

These problems can only be solved by organizing the personnel, facilities and financing into a *conceptual framework* and *operating system* that will provide optimally for the health needs of the population.”

Dr. Robert Ebert
Dean - Harvard Medical School
Founder, Harvard Community Health Plan
1969

What is the new vision in HC delivery?

While provider groups sound like the perfect opportunity for well-coordinated care over the care cycle, most groups have maintained the same old structure of care around discrete interventions and traditional specialties rather than medically integrated practice units.

Value is created at the level of the medical conditions and across the full cycle of care....

Redefining Health Care

Michael Porter, Elizabeth Olmsed Teisberg

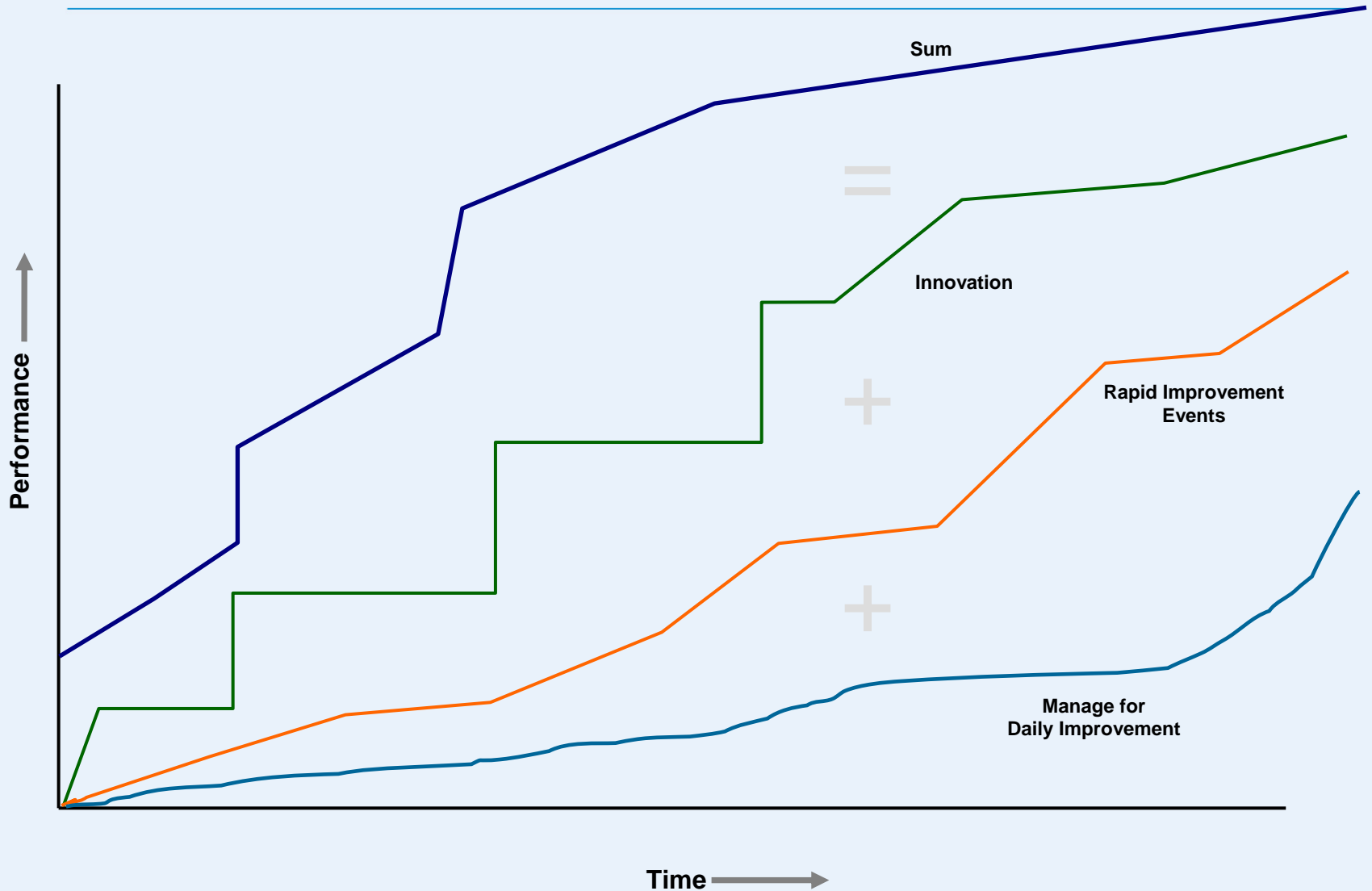
HBS Press 2006

Experience Based Design

“... We need leaders who... bring innovation and new ideas to their work, and who are committed to serving the needs of the patient.”

*Denis Cortese, M.D.
President and CEO
Mayo Clinic*

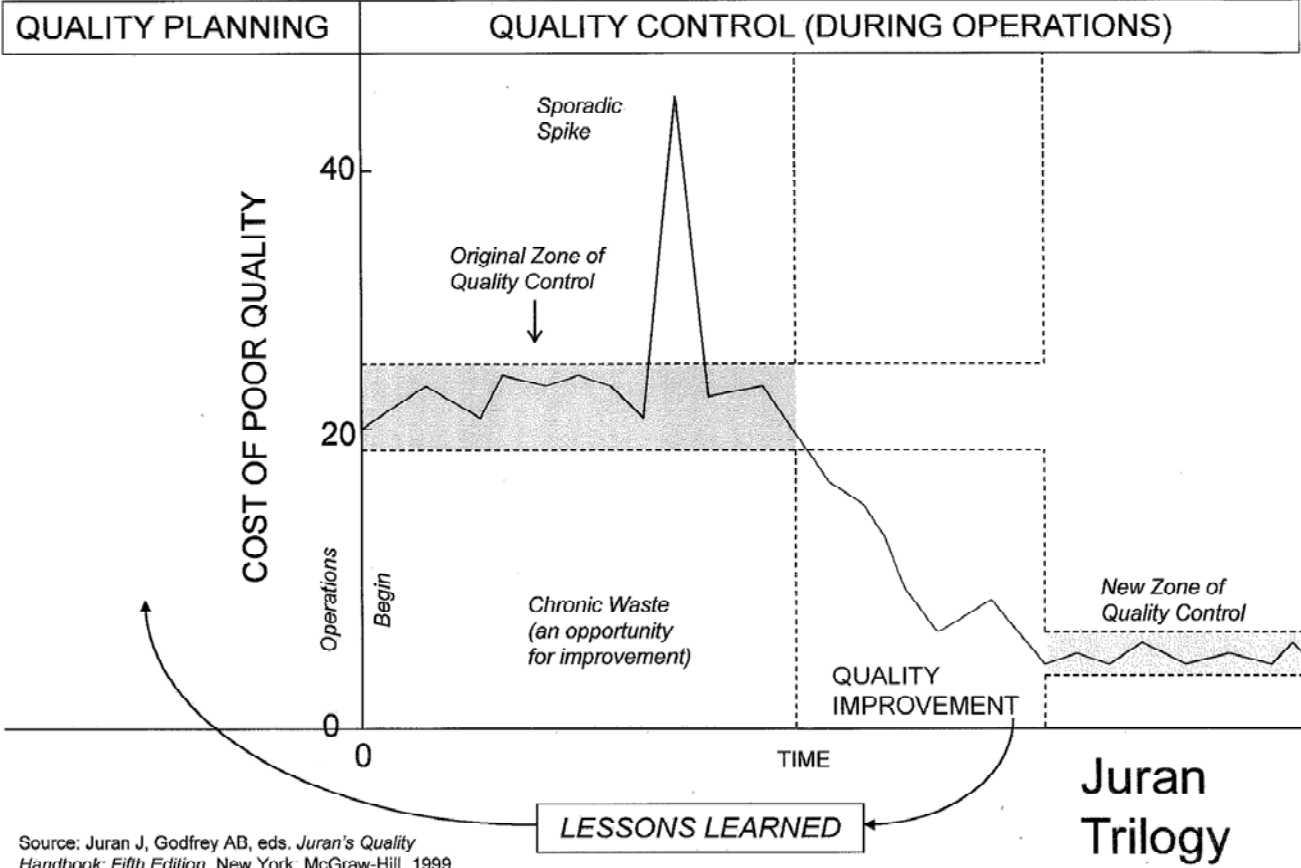
A Mature Quality System (Deming)



Juran (Quality) Trilogy

begins with Innovation

Innovation
Phase



Source: Juran J, Godfrey AB, eds. *Juran's Quality Handbook: Fifth Edition*. New York: McGraw-Hill, 1999.

Juran
Trilogy

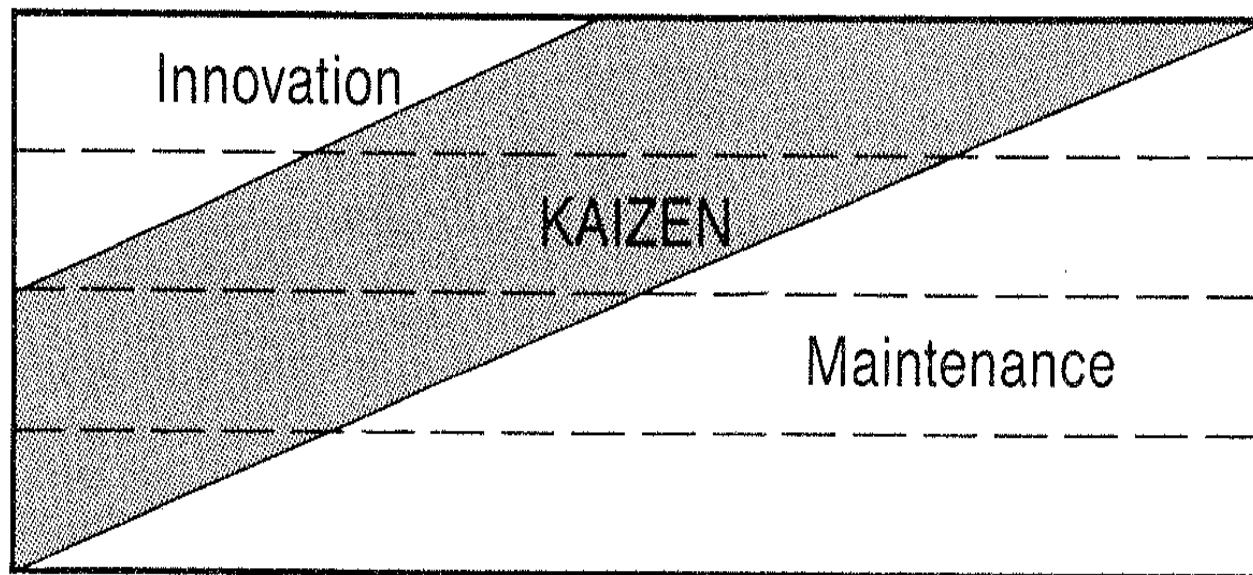
Role of Innovation in Lean Organizations

Top Management

Middle Management

Supervisors

Workers



Kaizen -The Key to Japan's Competitive Success

Masaaki Imai

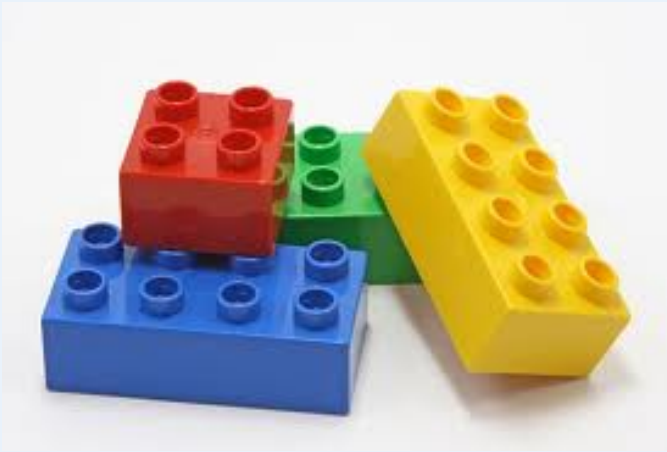
1986

Innovation

Innovation \neq Technology



Innovation \neq Creativity



“Innovation does *not* have to have anything to do with technology.”

Vijay Govindarajan
10 Rules for Strategic Innovators
From Idea to Execution
HBS Press 2005



Purpose of Innovation

to create better & timelier solutions
for critical problems facing an
organization - or more to the point
- to create better & timelier
solutions for the critical problems &
needs of its customers

“In reality, the problem *isn't* how to make the world more technological, it's about *how to make it more humane...*”

John Maeda

Technologist, Computer Scientist, Designer
President, Rhode Island School of Design
May 2008 TED Conference



Innovation = Humanizing Healthcare

Innovation = Experience-Based Design

Experience-Based Design



50 MOST INNOVATIVE COMPANIES

TRADER JOE'S

\$8 BILLION IN PROFITS
OVER 4,000 DIFFERENT PRODUCTS
WITH MORE THAN 350 STORES



COURTESY: PROCTER & GAMBLE

The World's Most Innovative Companies 2010

Top 10 BY Industry

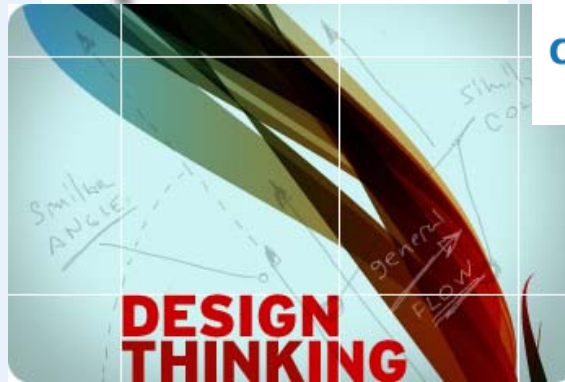
- Advertising & Marketing
- Architecture
- Biotech
- China
- Consumer Electronics
- Consumer Products
- Defense
- Design
- Energy
- Fashion
- Film/TV
- Finance
- Food
- Gaming
- Health Care

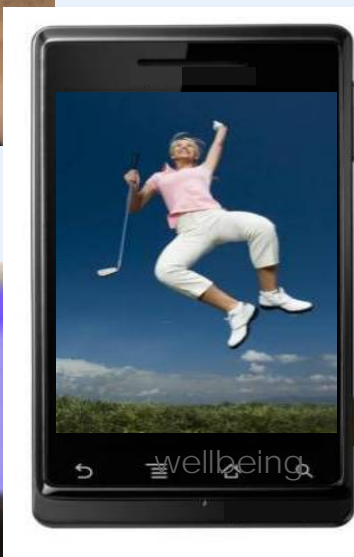
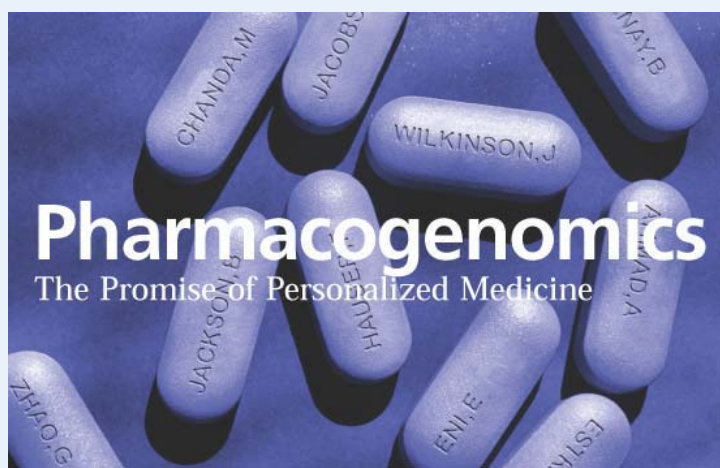
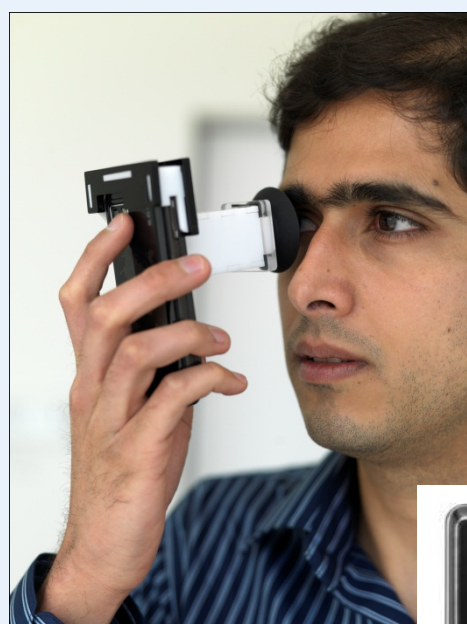
1. Facebook	LAST YEAR 15
2. Amazon	LAST YEAR 9
3. Apple	LAST YEAR 4
4. Google	LAST YEAR 2
5. Huawei	NEW !
6. First Solar	LAST YEAR 18
7. PG&E	NEW !
8. Novartis	NEW !
9. Walmart	LAST YEAR 33
10. HP	LAST YEAR 12
11. Hulu	LAST YEAR 3
12. Netflix	NEW !
13. Nike	LAST YEAR 27
14. Intel	LAST YEAR 6
15. Spotify	NEW !
16. BYD	LAST YEAR 45
17. Cisco Systems	LAST YEAR 5
18. IBM	LAST YEAR 19
19. GE	LAST YEAR 11
20. Disney	LAST YEAR 22

World is increasingly moving toward Experience-Based Design...



Crowdsourcing is outsourcing a job to a big crowd





Patient Experience (Experience-Based Design) is critical to achieving all of our goals

Chronic
Disease
Mgmt

Quality
Outcomes

Growth

Cost

Staff
Satisfaction

**Patient Experience
Experience-Based
Design**

Taxonomy of Patient Experience

Patient Experience 1.0

- Customer Service
- Recovery
- Apologies
- Physician Communication Skills

Patient Experience 2.0

- Access
- Convenience
- Timeliness
- Waiting times
- Wasted Time & Effort
- Cost

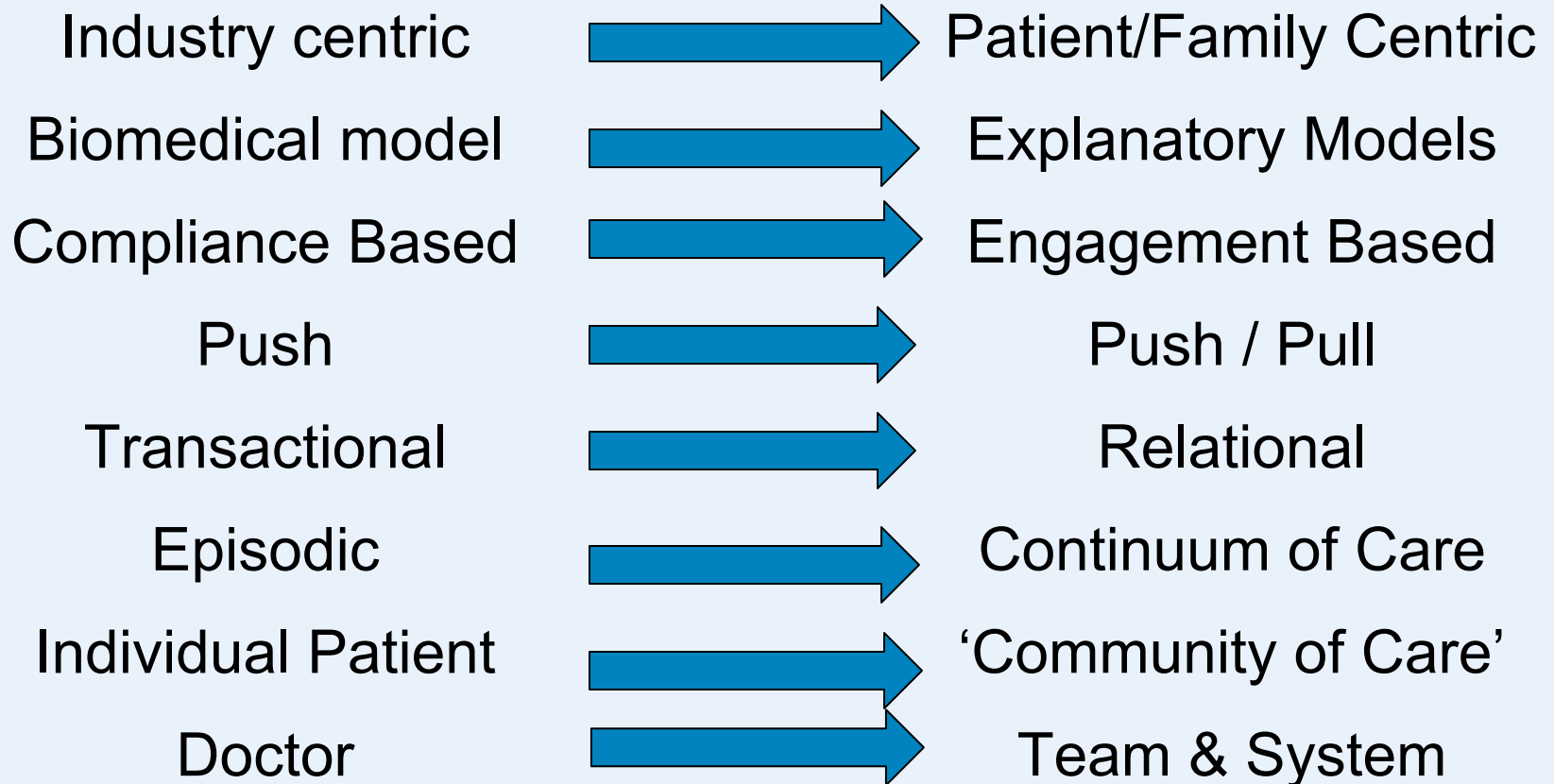
Patient Experience 3.0

- Engagement
- Co-Creation (Pull)
- Between Visit Care
- Behavior/Adherence
- Shared Decision Making
- Culture / Literacy

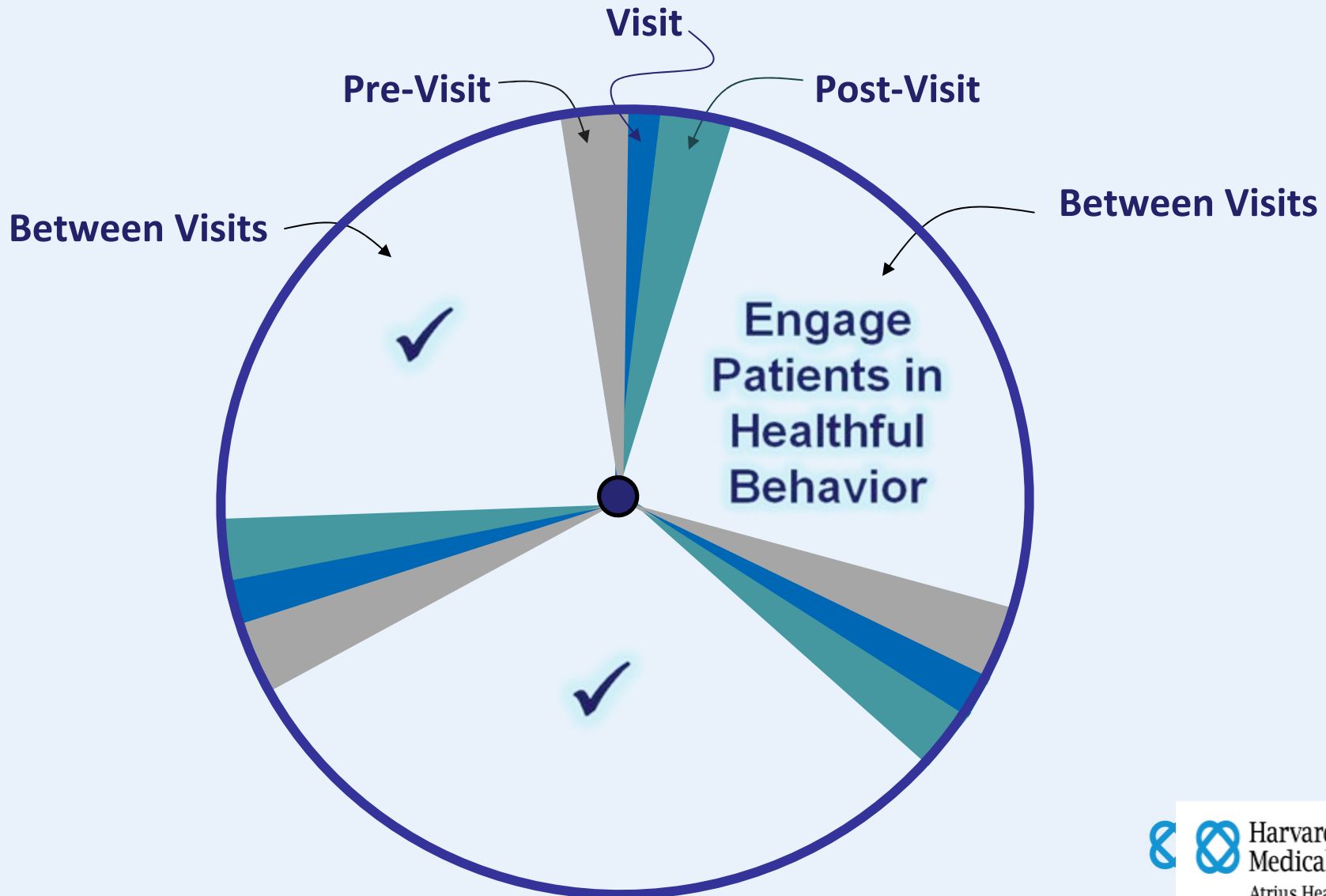
Shift in Patient Experience Paradigm

Current State

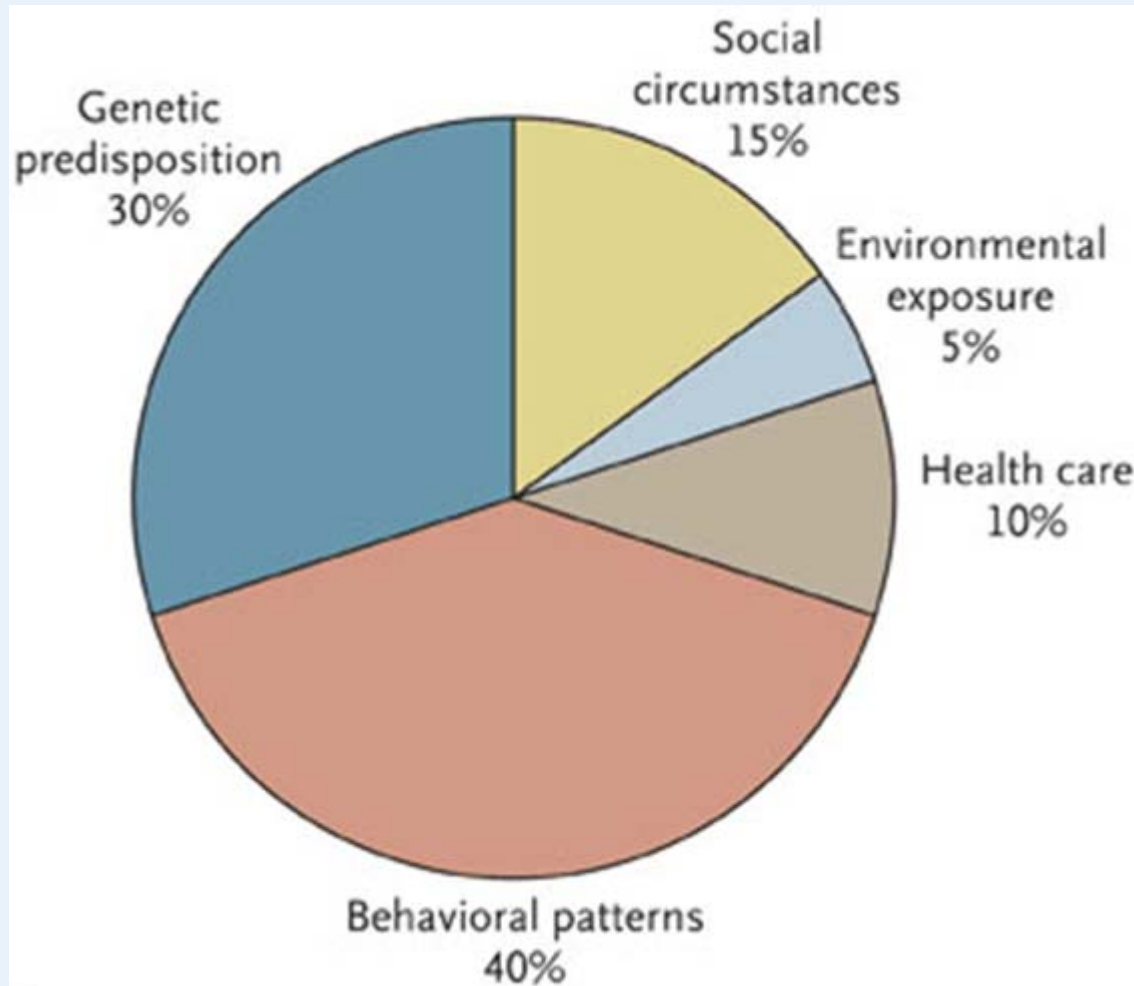
Future State



Most of 'Health Care' occurs 'Between Visits'



Patient Behaviors are most critical determinant of Health Outcomes



Schroeder S. N Engl J Med 2007;357:1221-1228

Evolving Paradigms of Care

Hospital
1st Paradigm



Clinic
2nd Paradigm



'Between Visit'
3rd Paradigm



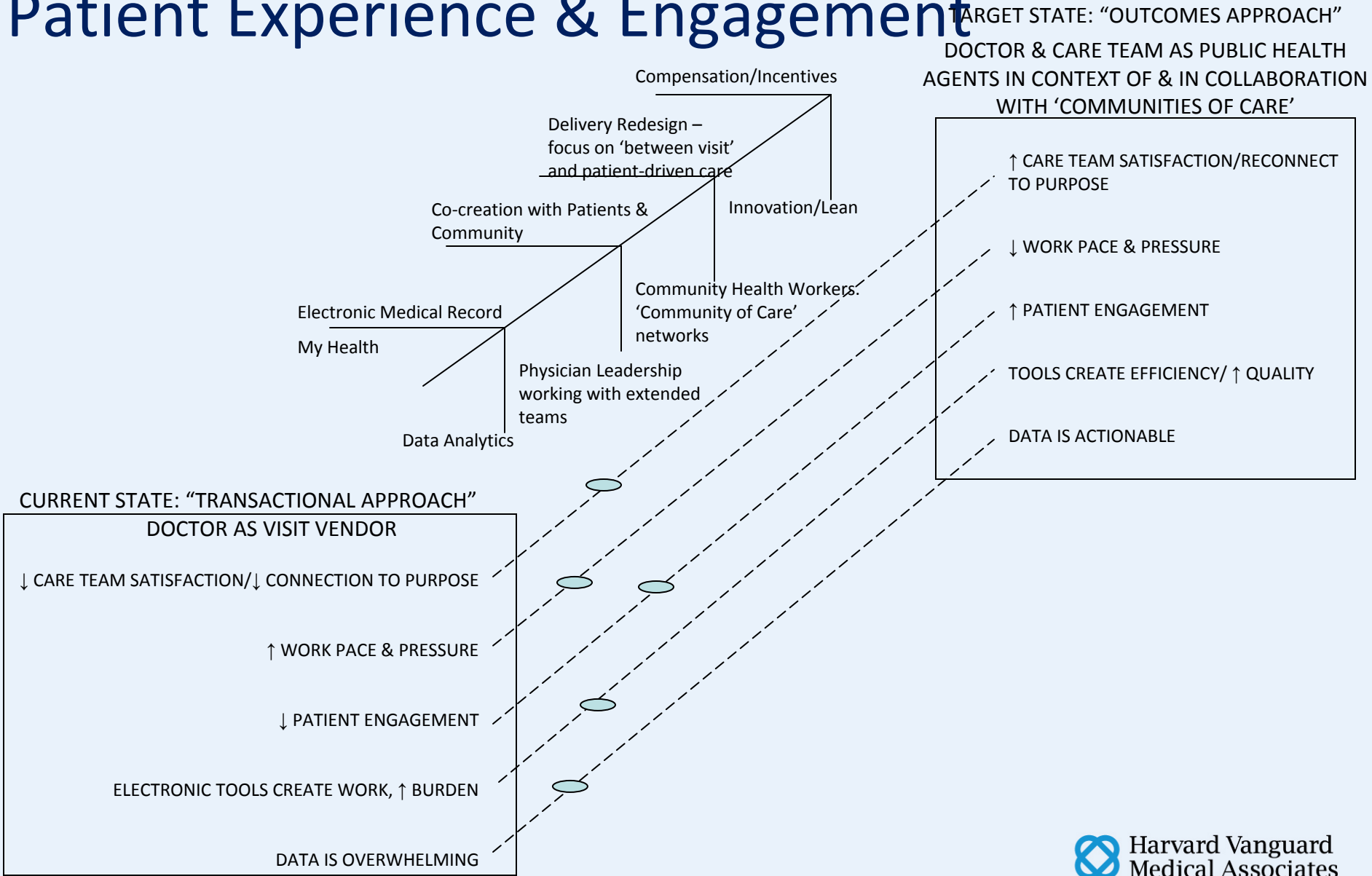
Community of Care
4th Paradigm



- Acute Care
- High Complexity
- High Cost
- Least Patient Participation

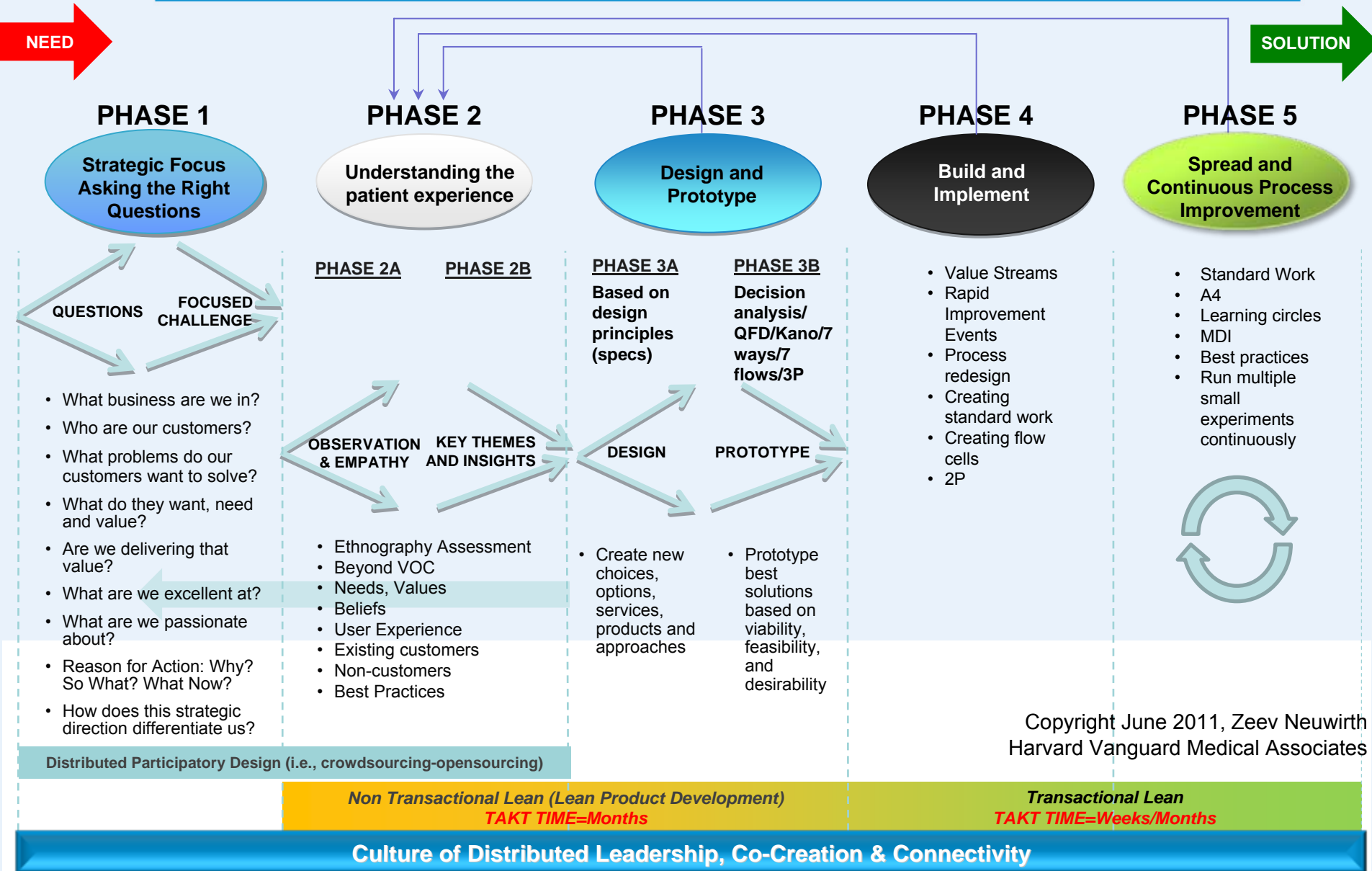
- Preventive Proactive Care
- Least Complexity
- Least Costly
- Most Patient Participation

Required Shift for Improved Patient Experience & Engagement



Concept to Care Lifecycle

Lean approach to Experience-Based Design of Health Care Delivery



Shared Medical Appointments

Experience-Based Design in HC delivery



SMART Kids Personalized care from your doctor in a supportive group setting

PEDIATRIC SHARED MEDICAL APPOINTMENTS

- At a Shared Medical Appointment you will:**
- Be seen promptly and spend up to 90 minutes with Dr. Brown and her care team.
 - Experience a complete medical visit... and more.
 - Learn how to incorporate healthy lifestyle changes for the whole family.
 - Feel listened to in a relaxed setting with other kids and parents.

Bring your issues and questions to be addressed and stories of success to share.
Brief private examinations and discussions are provided as needed.
Participants are asked to maintain confidentiality for any information discussed in the group.



What is a Shared Medical Appointment (SMA)?

- 90 minute medical appointment
- Clinician conducting individual visits in group setting
- Follow-up visits (SMA) & Physical Exams (PSMA)
- Homogenous & Heterogeneous groups
- Patients sign a confidentiality waiver at every visit
- Billed using regular CPT codes (not include counseling)
- Leverage provider's time via multidisciplinary team effort:
 - 'Behaviorist' (facilitator)
 - Documenter
 - Nurse RN or LPN
 - MA/Care Coordinator

Our experience with Shared Medical Appointments

- 68 SMAs deployed
- >1500 sessions
- Over 10,000 patient visits

Internal Medicine
Family Practice
Pediatrics
Obstetrics
Gynecology
Allergy
Cardiology
Endocrinology
Neurology
Dermatology
Nephrology
Orthopedics
Physiatry
Suboxone
Ophthalmology
Travel Medicine



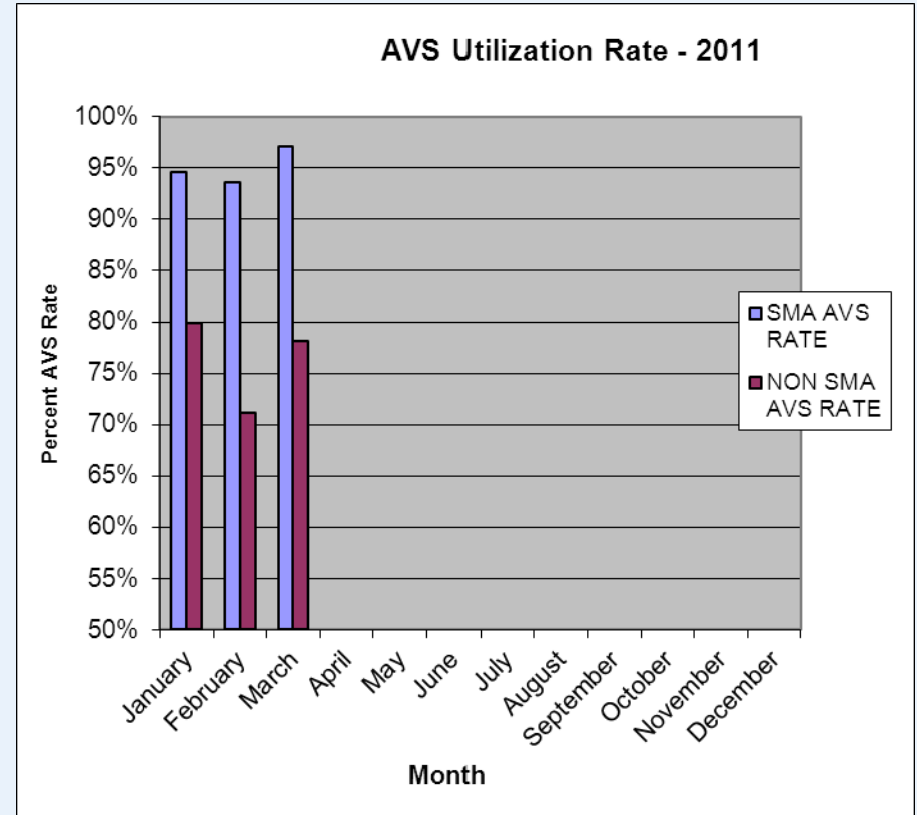
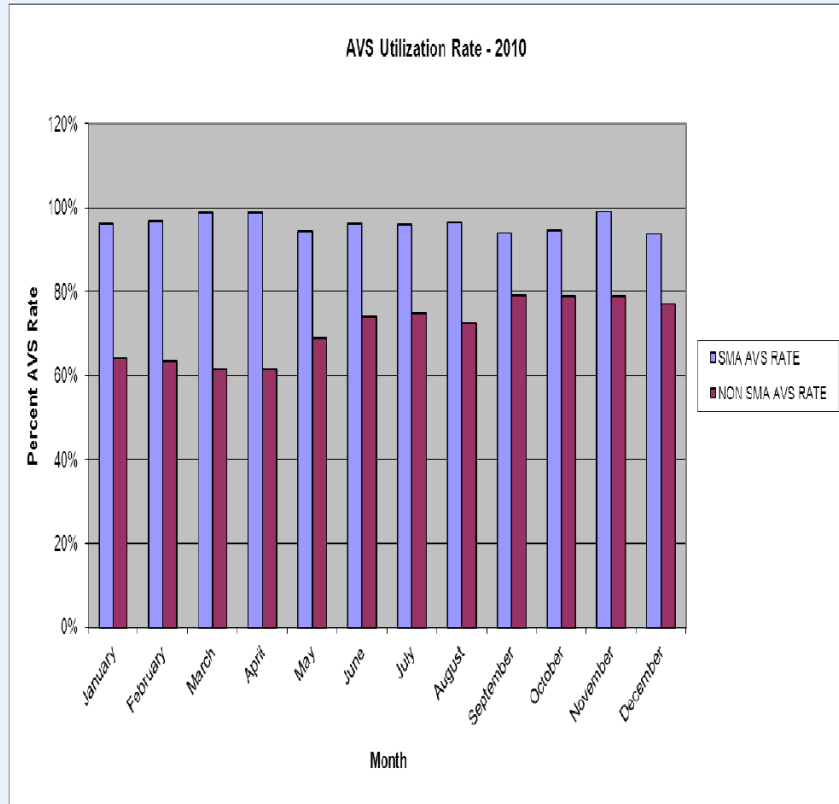
Adjacent Innovation - Shared Medical Appointments



NCQA report “A Look to the Future: The Evolving Health Care System – March 2011”

New approaches to delivering care, such as shared medical appointments (SMAs), provide alternatives to business as usual that help patients become more involved in their own care and allow physicians to spend the time necessary to educate and support their patients.

Quality - After Visit Summary (AVS) Utilization



AVS is a written summary of the visit including: changes in medication, next steps, plan of care and future appointments.

Quality – SMA Evaluation – Adult Diabetes

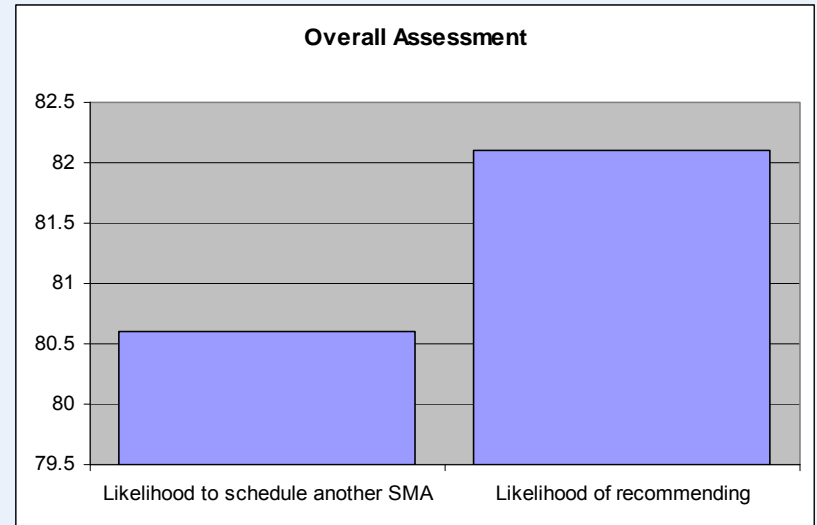
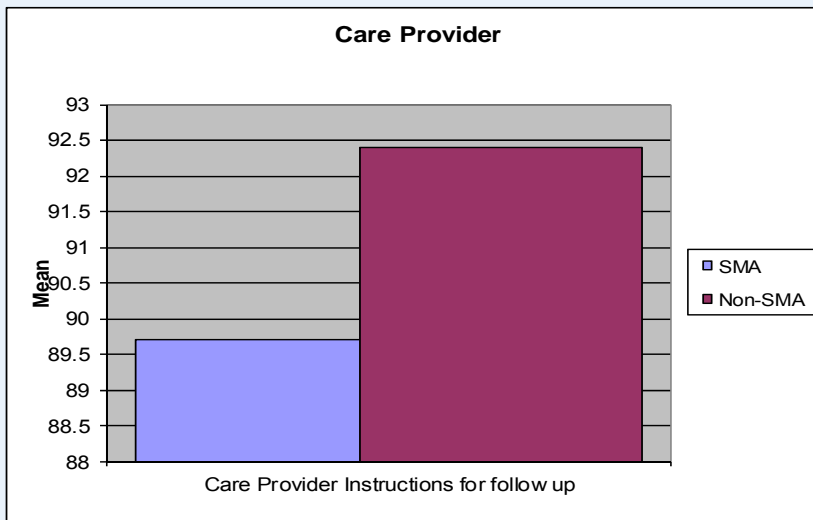
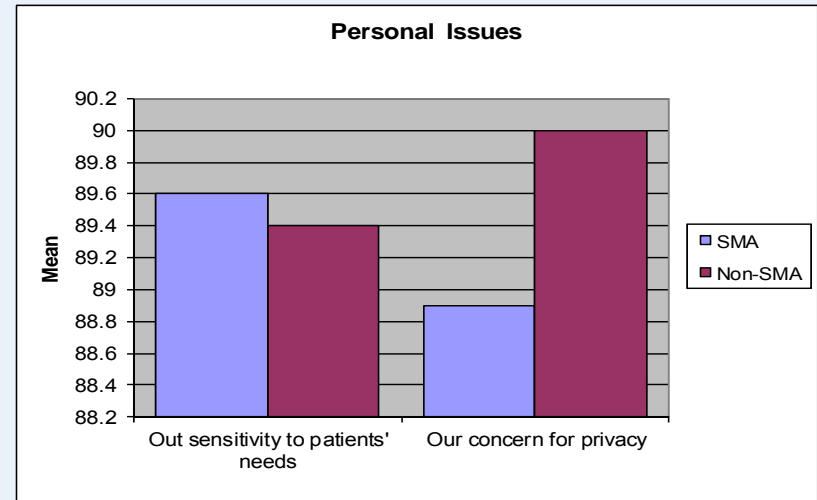
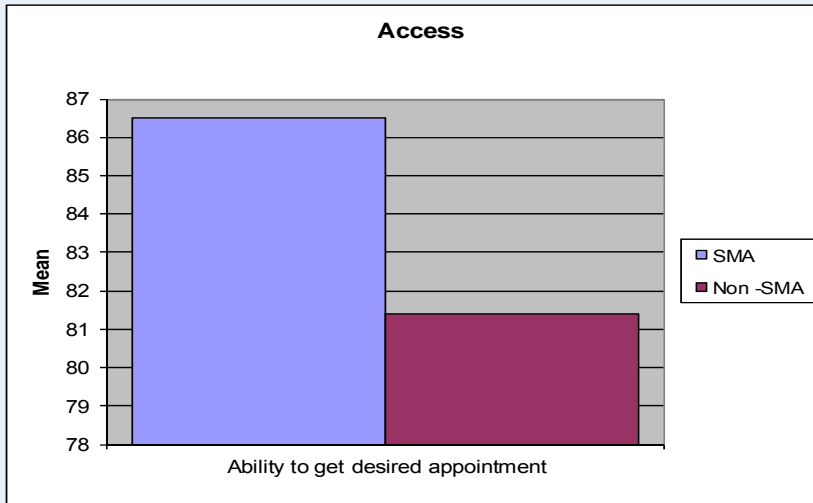
- 277 patients (patients with diabetes)
- 12 Months
- Time 0 is the calendar month of the SMA visit (so any BPs, labs done ON that date would be included in that month). Time 1 is the next calendar month; time -1 is the previous calendar month, and so on.
- Summary of SMA evaluation findings
 - Screening - DM
 - A1c – improved by 10%, but no change from baseline improvements 9mo later
 - LDL – improved by 3.5%, “ “ “ “ “
 - Eye – improved by 2.2%, “ “ “ “ “
 - Nephropathy – already very high, no real change
 - Outcome - DM
 - A1c: no statistically significant change from baseline improvement (? Trend higher ?)
 - LDL: “”””””””””
 - BP: “”””””””””””

Quality – SMA Evaluation – Pediatric Asthma

- **39 Children** (04/29/2008 to 08/26/2008)
- **Chart Review 4 months before/after SMA**
- **Nurse Productivity**
- **Summary of findings**
 - Increase face to face time from 600 to 5320 minutes
 - 80% increase in prescriptions for beta agonist medication
 - 126% increase in number of children having inhaled corticosteroids
 - 58% decrease in asthma-related emergent visits
 - 78% decrease in prescriptions for steroid bursts
 - Increase in prescriptions for devices; evidence of an *Asthma Action Plan or *Medication authorization plan.

Reference: Constance L. Wall-Haas, Pamela Kulbok, John Kirchgessner, Virginia Rovnyak ; *Shared Medical Appointments: Facilitating Care for Children With Asthma and Their Caregivers*; Journal of Pediatric Health Care; 23 July 2010

Patient satisfaction



Source: Press Ganey Year End 2010 Report

Getting Better Together: A Shared Medical Appointment Symposium

Presented by Harvard Vanguard Medical Associates

November 3-4, 2011 | Hyatt Regency Cambridge, MA

Where:

[Hyatt Regency Cambridge](#)

575 Memorial Drive
Cambridge, MA 02139

A limited number of rooms are available at a discounted rate. Call 617-492-1234 to book your room or book online at [Hyatt Regency Cambridge](#).

Driving Directions

When:

Thursday November 3, 2011 at
8:00 AM EDT

-to-
Friday November 4, 2011 at
12:00 PM EDT

[Add to my calendar](#)

Join us to learn about this innovative paradigm in the provider-patient relationship. Shared Medical Appointments are redefining clinical and operational performance by engaging patients, increasing self-management through education and peer support, and improving the efficiency of the delivery system.

At the conclusion of this activity, participants will be able to:

- Understand what is needed to set up and sustain an outstanding Shared Medical Appointment program.
- Apply tips and tools to improve current Shared Medical Appointments.
- Advance their knowledge of Shared Medical Appointments through best practice case studies, panel discussions and demonstration.
- Avoid common pitfalls from the expertise of highly experienced practitioners.
- Network with colleagues from across the country learn from numerous organizations and providers have implemented highly successful programs in primary care and over a dozen specialties.

Who Should Attend:

- Front-line clinical and professional staff
- Physicians
- Nurse practitioners
- Physician assistants
- Practice administrators
- Senior leaders (CEOs, COOs, CMOs, VPs)



Video Ethnography in High Risk Elder Care (Experience-Based Design)





This is not the end.

*It is not even the
beginning of the end.*

*But it is, perhaps, the
end of the beginning.*

Sir Winston Churchill, Nov 1942

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