Aiming for a Better Health Care System

Donald M. Berwick, MD
President Emeritus and Senior Fellow
Institute for Healthcare Improvement

November 19, 2015
Eliot Freidson: 
*Profession of Medicine* (1973)

“A profession is a work group that reserves to itself the right to judge the quality of its own work.”

- Technical Knowledge
- Beneficence
- Self-Regulation
Institute of Medicine – 1999 & 2001

44,000 – 98,000 Deaths per Year

6 AIMS FOR IMPROVEMENT
- Safety
- Effectiveness
- Patient-Centeredness
- Timeliness
- Efficiency
- Equity
Massachusetts State Budget FY 2001-2015

- Education
- Environment & Recreation
- Health Care
- Human Services
- Infrastructure, Housing & Economic Development
- Law & Public Safety

Source: Massachusetts Budget and Policy Center
A Face Behind the Need: Gorje Sanchez
The Triple Aim

Population Health

Experience of Care

Per Capita Cost
Choluteca River Bridge 1938...
Hurricane Mitch - 1995
But, the River Moved...
Five Year View and Triple Aim

Population Health

Experience of Care
- Chronic Disease Coordination
- Sepsis
- Kidney Damage
- Mental Health Care
- A&E

Per Capita Cost
- "Radical Upgrade in Prevention and Public Health"
- Diabetes Prevention
- NHS Staff Well-Being

Demand
- Efficiency
- Revenue

“Radical Upgrade in Prevention and Public Health”

Diabetes Prevention

NHS Staff Well-Being
Model I: Bad Apples

Frequency

The Problem

Quality
Model I: Bad Apples

"Reliance on Inspection to Improve"
The Cycle of Fear

- Micromanage
- Increase Fear
- Filter the Information
- Kill the Messenger
Three Populations: “The Trilogy”

- **Control**
- **Improvement**
- **Invention**
New Rules for Radical Redesign

- Change the Balance of Power
- Standardize What Makes Sense
- Customize to the Individual
- Promote Wellbeing
- Create Joy in Work
- Make It Easy
- Move Knowledge, Not People
- Collaborate/Cooperate
- Assume Abundance
- Return the Money
Dr. John Oldham

National Primary Care Development Team (PCDT)

Development Team (NPDT) focus:
- Access to primary care
- Care for patients with proven coronary heart disease
- Access to routine secondary care services.

- 11 regional PCDT organizations
- 1000 practices in the UK covered 7 million patients
- Reduced waiting times for >32 million patients
- The largest improvement program in the world, 2002
The National Primary Care Collaborative
GP 3rd Available Appointment Trends
First, Second and Third Wave practices

1.5
2
2.5
3
3.5
4
4.5

Average 3rd available appointment (days)

Baseline

First wave practices

Second wave practices

Third wave practices

GP Access % Improvement
Wave 1 - 50.38% over 14 months of reporting
Wave 2 - 52.23% over 10 months of reporting
Wave 3 - 35.85% over 6 months of reporting

Learning over Time:
“Plan-Do-Study-Act” Cycles in a Large System
Designs in Action: Change the Balance of Power

- “What matters to you?” (not, “What’s the matter with you?”)
- “Shared Decision-Making” Skills and Technologies
Alaska Native People Shaping Health Care

- SCF - 2011 Baldrige Winner
- CEO 2004 McArthur Genius Winner

Design: Change the Balance of Power
“NUKA” CARE SYSTEM
Southcentral Foundation
Anchorage, Alaska, USA

Design: Cooperate/Collaborate
Some Nuka Results

- Urgent Care and ER Utilization = 50%
- Hospital Admissions = 53%
- Specialist Utilization = 65%
- Primary Care Utilization = 20%
- HEDIS Outcomes and Quality = 75-90%ile
- Employee Turnover Rate < 12% per year
- Customer and Staff Satisfaction > 90%
Designs in Action:  
Move Knowledge, Not People

- Develop Non-Visit-Based Care
- Invest in Telemedicine
“PROJECT ECHO”

Design: Move Knowledge, Not People
"PROJECT ECHO"
ECHO Treatment Outcomes: Equal to University Medical Center

<table>
<thead>
<tr>
<th>Hepatitis C Outcome</th>
<th>ECHO</th>
<th>UNMH</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minority</td>
<td>68%</td>
<td>49%</td>
<td>P&lt;0.01</td>
</tr>
<tr>
<td>SVR (Cure) Genotype 1</td>
<td>50%</td>
<td>46%</td>
<td>NS</td>
</tr>
<tr>
<td>SVR (Cure) Genotype 2/3</td>
<td>70%</td>
<td>71%</td>
<td>NS</td>
</tr>
</tbody>
</table>

SVR = sustained viral response
Arora S, Thornton K, Murata G. NEJM
Design: Move Knowledge, Not People

peek
portable eye examination kit
Digital Tools Unlock Productivity
Three uses of virtual health among primary care physicians

Typical Office Visit

Annual Patient Exam:

- Time savings equal to: 37,000 PCPs
- 18% of the PCP workforce
- Annual economic value: ~$7 BILLION

Ongoing Management

Hypertension management:

- Time savings equal to: 1,500 PCPs
- 1% of the PCP workforce
- Annual economic value: $300 MILLION

Patient Self-Management

Diabetes Management:

- Time savings equal to: 24,000 PCPs
- 11% of the PCP workforce
- Annual economic value: ~$2 BILLION

Virtual health allows more clinical care to get done without expanding the workforce, according to Accenture’s study

Source: Accenture, “Virtual Health: Untapped Opportunity to Get the Most out of Healthcare,” 2015
Design: Assume Abundance

PEEK: 10,000 Children Screened per Week by Teachers in Kenya
Designs in Action: Create Wellbeing and Joy in Work

- Focus on the Health and Wellbeing of the Health Care Workforce
- Integrate Mindfulness Practices into Health Care
Question: What Creates Health?
Question: What Creates Health?...
Answer: Not Health Care!!

Determinants of health

Environment
National economic strategy
Education
Agriculture and food
Recreational and culture
Eating habits
Exercise
Social network
Sex and peaceful coexistence
Public Assistance
Sleeping habits
Healthcare

Social support
Tobacco
Alcohol
Traffic
Drugs
Unemployment
Living situation
Work
Environment
Age
Sex
Heredity
Children's contact with adults
“The Daily Mile”

“Fit to play, fit to learn”

Design: Focus on Well-Being

St Ninians Primary School
Stirling
Scotland
Ms Elaine Wyllie
wylliee48s@stirling.gov.uk
Where We Are Headed….  

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fragmented Payment</td>
<td>Unified Budgets</td>
</tr>
<tr>
<td>Hospital as the Center</td>
<td>Home as the Hub</td>
</tr>
<tr>
<td>Excellent Soloists</td>
<td>High Performing Teams</td>
</tr>
<tr>
<td>Moving People</td>
<td>Moving Knowledge</td>
</tr>
<tr>
<td>A Sense of Scarcity</td>
<td>A Sense of Abundance</td>
</tr>
</tbody>
</table>
Can It Work?

Yes! … With bold redesign, scientific method, pride, and joy.

Why? Because the NHS is far too great a national treasure to squander.