Engaging Physicians in the Health Care Revolution

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Email after query on behalf of patient with newly diagnosed ALS

Dear Sven and Tom

We recently completed enrollment in the US phase 2 trial of NurOwn (Brainstorm) - the same treatment reported by Haddasah. The study in Haddassah was the first study- phase 1 - it was small, dose finding, uncontrolled. While I really hope they are right in their interpretation of the results, I think it isn't yet so clear. The US study enrolled 48 participants, using the highest concentration of cells used in the Haddassah phase 1 trials. We should have results late spring I hope.

There are a lot of other options now-- the science in ALS has really taken off - thank goodness! and there are a lot of great ideas and targets-- we would be available to talk to your friend - either in person or phone to go through some of these. If your friend agrees, please connect him directly with me and Katie Tee (cc'd above), who is our research access nurse.

We are here to help your friend. Merit
A Moment of Discontinuity Has Arrived

- The health care system is under duress – throughout the world
- Irresistible drivers of change include:
  - Medical progress
  - Aging population
  - Global economy
- Challenges for providers and patients:
  - Too many people involved, too much to do, no one with all the information, no one with full accountability
  - Result: Chaos → gaps in quality and safety, inefficiency
  - Patients are afraid not just of their diseases, but of lack of coordination

**Question:** If somehow, magically, health care costs were not a problem, would you say that health care is working just fine?
Four Key Influences

Michael Porter, Ph.D. – Harvard Business School. Strategy as the response to competition; organizing around improving value – i.e., meeting needs as efficiently as possible.

Leemore Dafny, Ph.D. – Harvard Business School. Competition at every level of the health care system as the best driver of improvement.

Ronald Burt, Ph.D. – University of Chicago. Social capital, the relationships among people that allow organizations to achieve goals it otherwise could not achieve.

Nicholas Christakis, MD, Ph.D. – Yale. Use of social network science to foster spread of values, making empathic, coordinated, high value care the norm rather than happy accidents.
Why Strategy Matters Now
Michael E. Porter, Ph.D., and Thomas H. Lee, M.D.

Until recently, most health care organizations could get by without a real strategy, as most businesses understand that term. They didn’t need to worry about how to be different or make painful decisions about what not to do. As long as patients came in the door, they did fine, since fee-for-service contracts covered their costs and a little more.

Success came from operational effectiveness: working hard, earning better results, and squeezing less profitable ones. Typically, “strategy” defaulted to having the scale and market presence to secure good rates and be included in networks.

But that era is ending. Good operational performance remains sensitive to service quality and cost. Employers are increasing the pressure by demanding provider transparency regarding costs and quality and even by contracting directly with competitive providers. Having a good brand is no longer enough: patients and payers are looking for good value, service by service.

The time has come for health care organizations to rethink the meaning of strategy. Strategy is
Strategy vs Operational Effectiveness

- Operational effectiveness – doing a better job at what we currently do
  - Learning best practices from others
  - Taking waste and unreliability out of the processes
  - Attracting and retaining good people
  - Working hard
- Strategy – making choices about what we will do
  - Two key questions:
    - What are we trying to do for whom?
    - How are we going to be different?

*Operational effectiveness is and will always be critically important – but the new health care marketplace demands choices and the development of a real strategy*
Focus on Value Addresses Provider Success Factors

- We will probably live with mixed payment models forever.
  
  → We need strategies that transcend payment model

- Improvement of value (outcomes/experience vs costs) is robust strategy for all four of the major provider levers for success

  1. What we get paid
  2. What it costs us
  3. Market share of patients
  4. Market share of personnel
An Overall Strategic Framework

Harvard Business Review

THE BIG IDEA
The Strategy That Will Fix Health Care

Providers must lead the way in making value the overarching goal by Michael E. Porter and Thomas H. Lee
A Six Component Framework

THE VALUE-BASED SYSTEM
The strategic agenda for moving to a high-value delivery system has six interdependent elements.

1. ORGANIZE INTO INTEGRATED PRACTICE UNITS (IPUs)
2. MEASURE OUTCOMES AND COSTS FOR EVERY PATIENT
3. MOVE TO BUNDLED PAYMENTS FOR CARE CYCLES
4. INTEGRATE CARE DELIVERY ACROSS SEPARATE FACILITIES
5. EXPAND EXCELLENT SERVICES ACROSS GEOGRAPHY
6. BUILD AN ENABLING INFORMATION TECHNOLOGY PLATFORM

SOURCE MICHAEL E. PORTER

What Do Patients Really Value?

All Patients 15.7% Recommendation Failure Rate

Low: Confidence in Provider 74.6% Fail to Recommend

Low: Worked Together 90% Fail to Recommend

High: Worked Together 28% Fail to Recommend

Low: Worked Together 11% Fail to Recommend

High: Worked Together 1% Fail to Recommend

Low: Courtesy 92.8% Fail

High: Courtesy 78.2% Fail

Low: Listens Carefully 45.7% Fail

High: Listens Carefully 24.7% Fail

Low: Concern for Worries 22.3% Fail

High: Concern for Worries 6.3% Fail

Low: Concern for Worries 5.6% Fail

High: Concern for Worries 0.6% Fail

19% of patients

81% of patients

14% of patients

5% of patients

8% of patients

72% of patients

High Risk

Low Risk

Emergency Departments

Low = Non-Top Box Response
High = Top Box Response

All Patients
65.0%
Top Box LTR (% Very Good)

37.4% of patients

Low: Staff cared about you
24.1% Top Box LTR

High: Staff cared about you
91.4% Top Box LTR

23.6% of patients

Low: Dr Courtesy
12.9% Top Box LTR

High: Dr Courtesy
45.4% Top Box LTR

12.9% of patients

Low: RN attn to needs
33.3% LTR

High: RN attn to needs
58.1% LTR

6.6% of patients

Low: Dr kept you informed
68.6% Top Box LTR

High: Dr kept you informed
94.5% Top Box LTR

51.2% of patients

Low: Info care at home
10.3% LTR

High: Info care at home
38.4% LTR

8.5% of patients

Low: Info re delays
82.6% LTR

High: Info re delays
97.0% LTR

65.0% of patients
Association Disappears When Information is Accounted For

Mean Score Likelihood to Recommend

How Long Did You Wait in the ED?
Four Key Influences

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Ronald Burt, Ph.D. – University of Chicago. Social capital, the relationships among people that allow organizations to achieve goals it otherwise could not achieve.

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Providers and payers have been nervous about competition for several reasons.

- *Risk aversion*
- *Not organized in teams to create value*
- *Conflict aversion*
- *Paralyzed by exceptions*

Competition for market share puts the focus on improvement of actual outcomes of patients (and efficiency)

Improvement requires learning new ways to do things and collaboration (rather than just working harder)
Catalysts That Will Drive Competition on Value

Harvard Business Review

Health Care Needs Real Competition

And every stakeholder has a role.
by Leemore S. Dafny and Thomas H. Lee

STOP REWARDING VOLUME
STANDARDIZE METHODS TO PAY FOR VALUE

CREATE CHOICE FOR PATIENTS AND PROVIDERS

MAKE DATA ON OUTCOMES TRANSPARENT

PUT PATIENTS AT THE CENTER OF CARE
Providers who anticipate and embrace competition are more likely to be successful.

To overcome causes of paralysis takes:

• External pressures that reinforce intrinsic motivations
• Leadership
• Teamwork
• Creation of social capital
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Lessons from Thanks for the Feedback

• We are all getting feedback all the time
  • We don’t really want it
• Yes, we’d like to improve
• But we’d really like to be accepted and loved for the way we are.
• First reflex is to look for reasons to reject feedback
• Have to get colleagues to stop pushing data away, and to want to pull data toward them so that they can improve
Social Capital

• Relationships that enable organizations to accomplish goals they otherwise could not.
• Brokerage
  • Increases variation within organizations
    • Nurturing new ideas
    • Bringing in ideas from other places
• Closure
  • Reduces variation
    • Convergence on best practices
    • Requires trust – confidence that you will be treated fairly in situations that you have not even thought of yet
And Now for the Hard Part …

Engaging Doctors in the Health Care Revolution

by Thomas H. Lee and Toby Cosgrove

Despite wondrous advances in medicine and technology, health care regularly fails at the fundamental job of any business: to reliably deliver what its customers need. In the face of ever-increasing complexity, the hard work and best intentions of individual physicians can no longer guarantee efficient, high-quality care. Fixing health care will require a radical transformation, moving from a system organized around individual physicians to a team-based approach focused on patients. Doctors of course, must
Closure: Max Weber’s Four Models for Social Action

1. Tradition – e.g., Mayo Dress Code
2. Self-interest – e.g., Performance bonuses
3. Affection – e.g., Peer pressure
4. Shared purpose – e.g., Reducing suffering

- We need to press all four levers.
- But the first lever that must be pressed is creation of Shared Purpose.
- In isolation, any of the other three levers is ineffective or potentially perverse.
- But in pursuit of a shared purpose, all three other levers can be embraced.
Teamwork Is Critical for Resilience and Adaptability

Lessons learned by military leaders fighting Al Qaeda

• Faced with an unpredictable enemy, conventional organizational structure did not work

• Instead, McChrystal and colleagues had to cultivate first rate teams – and then learn to help those teams work together, so that they functioned like a team of teams
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1. Connections matter
   - Who had ties to who
   - The strength and durability of those ties
   - Patterns are important, e.g.:
     - Tom has 3 friends
     - Kelly has 3 friends, and they know each other

2. Contagion
   - One positive person can make group more positive
   - One negative person can make group more negative
   - Happiness matters -- Isolated/lonely people impede team performance
Rules of Networks

1. We shape our networks
   - Most people have 4 close social contacts (range 2-6)
   - 12% cannot name any
   - Only 5% have 8 or more
   - Transitivity matters

2. Our networks shape us
   - JG courtship example

3. Our friends affect us
   - Social networks are agnostic – they amplify

4. Our friends’ friends’ friends affect us
   - 3 degrees rule
   - Stimulus crowds
Transparency: Screen Shot From University of Utah Find-a-Doctor Site

<table>
<thead>
<tr>
<th>Likelihood of recommending care provider</th>
<th>Care provider spoke using clear language</th>
<th>Care provider’s explanation of condition/problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.8</td>
<td>4.9</td>
<td>4.8</td>
</tr>
<tr>
<td>My confidence in care provider</td>
<td>Care provider’s effort to include me in decisions</td>
<td>Wait time at clinic</td>
</tr>
<tr>
<td>4.8</td>
<td>4.7</td>
<td>3.8</td>
</tr>
<tr>
<td>Time care provider spent with me</td>
<td>Care provider’s concern for questions &amp; worries</td>
<td>Care provider’s friendliness and courtesy</td>
</tr>
<tr>
<td>4.6</td>
<td>4.8</td>
<td>4.8</td>
</tr>
</tbody>
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Patient Comments

Patient comments are gathered from our Press Ganey Patient Satisfaction Survey and displayed in their entirety. Patients are de-identified for confidentiality and patient privacy.

**UofU Patient** February 20, 2016  
Dr. Aoki and Chelsea have been wonderful through my surgery and post op care!

**UofU Patient** February 11, 2016  
Dr. Aoki really made me feel like I was in good hands. I’d highly recommend him.

**UofU Patient** January 31, 2016  
I have already recommended him to several people.

**UofU Patient** January 14, 2016  
positive experiences with dr aoki.

**UofU Patient** January 11, 2016  
Dr. Aioke was amazing with my son. He spoke with him and me to make sure we both understood what was happening.
Percent of Providers at 99%tile

1 of 4 Providers above 99%tile

*All Facilities Database includes the following
Number of Physicians: 142,411
Number of Patients: 2,783,597
And the number of dollars that U of Utah physicians have in incentives for improving patient experience is ... $0
Values Spread With Same Patterns as Infectious Diseases