



December 1, 2015

Spreading and Scaling Healthcare Innovations That Improve Quality and Lower Costs

Agenda

- **Overview**
 - The current state of the U.S. healthcare system
 - About the Peterson Center on Healthcare
 - The role philanthropy can play to improve healthcare quality and cost
 - The path to scale and opportunities for collaboration
- **The Center's Transformation Effort in Primary Care**
 - America's most valuable care
 - Research and findings
 - Replicating high-performance in the real world
- **How the Mount Sinai Health System Is Working With the Center Toward the Next Generation of America's Most Valuable Care**
 - Mount Sinai Doctors Faculty Practice is the first primary care practice to work with the Center to adopt the features that contribute to high-performance
 - The opportunity for mutual learning from a system's perspective
 - Aspirations and challenges in moving to scale

The Current State of the U.S. Healthcare System

- **At a total spend of approximately \$2.9 trillion**, or 18% of the national economy, the U.S. healthcare system is the most expensive in the world, yet our health outcomes are worse than in many other nations
- **Our healthcare spending** is about twice that of other advanced countries and is projected to soar to 25% of the economy in the coming decades
- **Ineffective care** puts our population through unnecessary treatments, leaves us in poorer health, and shortens our life expectancy
- **The high cost of healthcare** makes everything in our economy more expensive, reducing incomes as well as the resources that individual families and the nation have to invest in our collective future

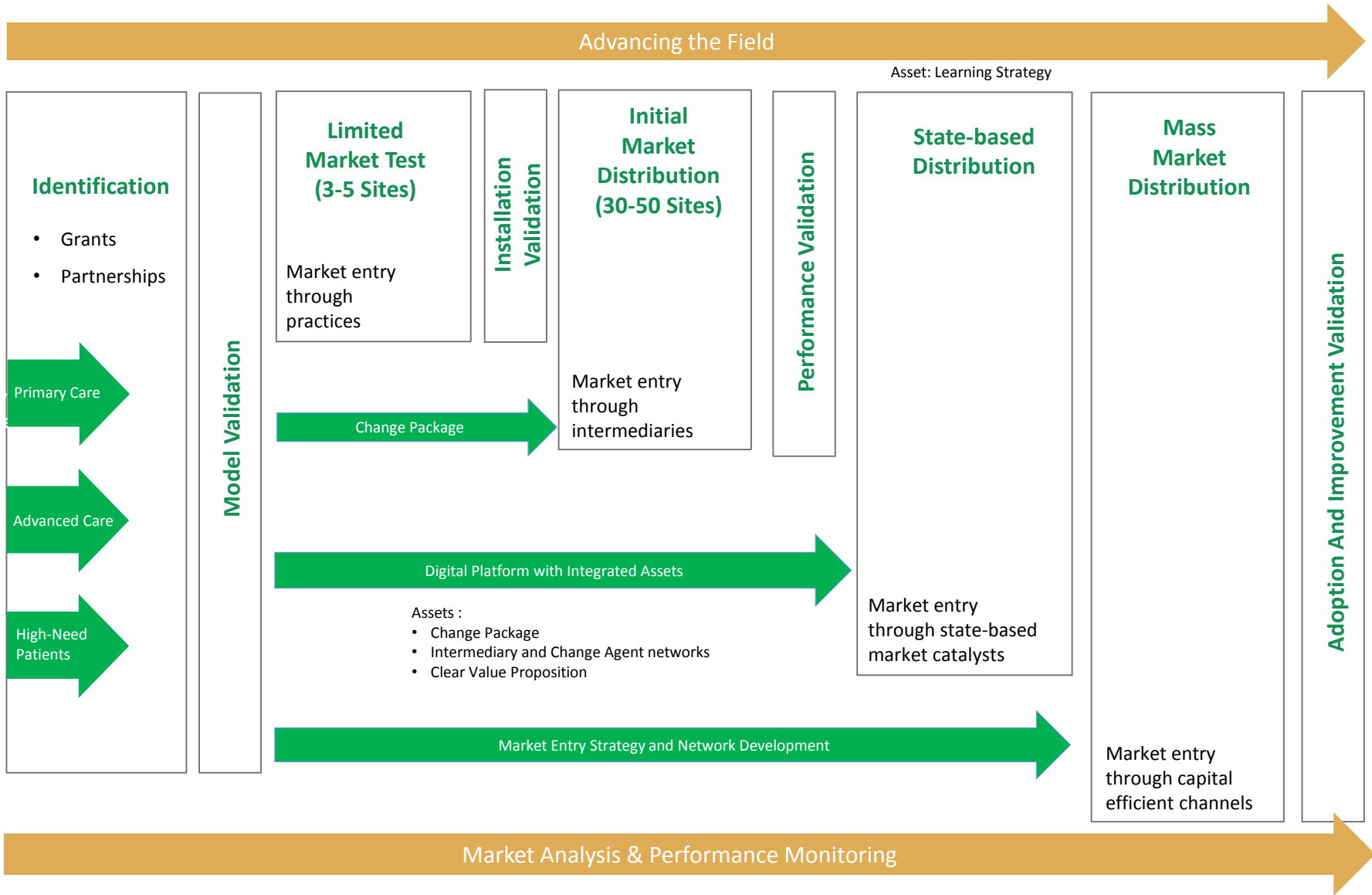
About the Peterson Center on Healthcare

- **The Peterson Center on Healthcare** is a non-profit organization dedicated to making higher quality, more affordable healthcare a reality for all Americans. The organization is working to transform U.S. healthcare into a high-performance system by finding innovative solutions that improve quality and lower costs, and accelerating their adoption on a national scale.
- **Established by the Peter G. Peterson Foundation**, the Center collaborates with stakeholders across the healthcare system and engages in grant-making, partnerships, and research
- **Areas of Focus**
 - Healthcare delivery improvement
 - Monitoring system performance
 - Facilitating conditions for change
- **Our approach** is data-driven, collaborative and action oriented

The Role Philanthropy Can Play to Improve Healthcare Delivery

- **Active participation in the field** can accelerate delivery system transformation
- **Make connections** with organizational partners and grantees to have a **collective impact** on healthcare
 - Identify what works
 - Spark change through pilot programs and small grants
 - Bring a disciplined approach to spreading and scaling proven solutions
 - Advance the field
 - Dissemination of Information and Learning
 - Technical assistance and training

The Path to Scale and Opportunities for Collaboration



The Center's Transformation Effort in Primary Care

America's Most Valuable Care

- Multi-year grant to Stanford University's Clinical Excellence Research Center to identify and validate features of high-performance primary care
- Data analysis of 15,000 primary care practices nationwide
- Fewer than 5% matched criteria
 - Top quartile HEDIS measures
 - Bottom quartile total annual per capita cost
- Site visits to a sample of practices conducted to identify features driving higher performance
- Nationwide adoption of the features observed could improve quality and lower annual U.S. health spending by hundreds of billions of dollars, even using a conservative estimate that only a quarter of the implied savings is achievable.

Research and Findings

10 Features of High-Performance Primary Care

Deeper relationship with patients

- Always on
- Conscientiousness and conservation
- Complaints are gold

Expanded width of responsibility

- Responsible insourcing
- Staying close
- Closing the loop

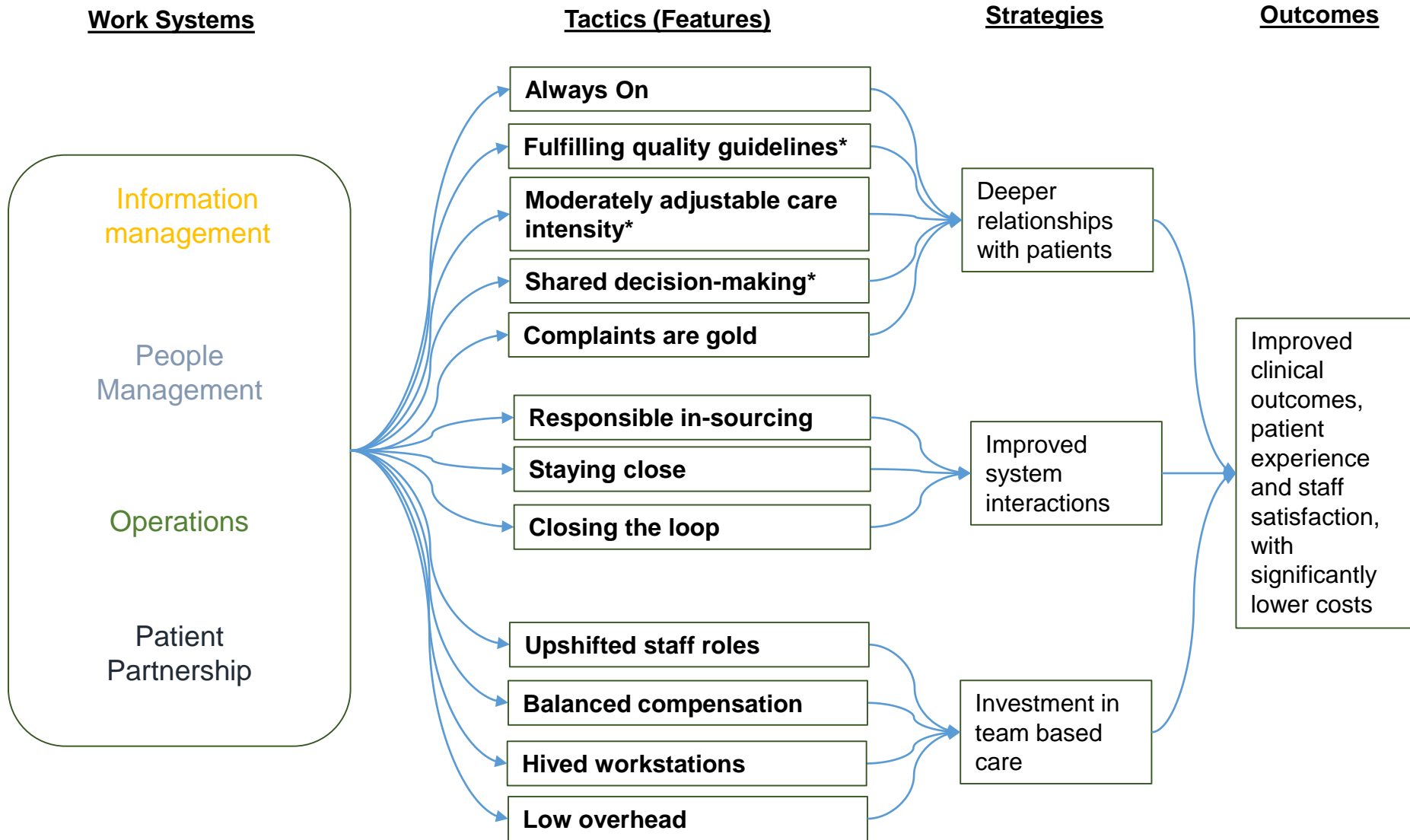
Leverage the team, not physical assets

- Upshifted staff roles
- Hived workstations
- Balanced compensation
- Low overhead

- We will begin an effort to facilitate adoption of these features in a small number of primary care practices in a Limited Market Test, and will collaborate with like-minded organizations to help spark nationwide adoption of these features.

Replicating High-Performance in the Real World

Adopting the Features of America's Most Valuable Care Practices



The Center's method: Evidence based process and content

Alignment With Practice Aspirations and Strategic System Goals

Implementing the features of AMVC practices will achieve improvement in:

1. Patient Outcomes
2. Practice Staff Satisfaction
3. Patient Experience
4. Financial Viability
5. Total Cost of Care

System Level

1. Help to achieve the goals of the Medicare Shared Savings Program
2. Build on and enhance the Patient Centered Medical Home
3. Help to achieve Meaningful Use Stages 1, 2 & 3
4. Help to achieve your DSRIP goals (care transitions, medication adherence, evidence-based strategies for disease management, access to high quality chronic disease preventative and management)

The Center's Limited Market Test

- The Center will support 3 primary care practices nationwide to adopt the features driving high performance so that they can achieve similar results to the primary care practices in the Stanford study
- We hope that participating sites will demonstrate that adoption of the features results in:
 1. Improved clinical outcomes
 2. Improved practice staff satisfaction
 3. Improved patient experience
 4. Significantly lower costs
- The practice sites will receive:
 1. Support from a qualified team of staff
 2. Expert assistance from a team of national experts in the following areas:
 - Clinical expertise, practice management, process improvement and systems re-engineering, performance measurement and reporting, patient engagement and partnership
- The practice will commit dedicated time to the project (clinical champion – 20%; Practice manager – 30%; IT lead – 10%; practice staff – 5-10%)
- There is an opportunity for the practice to participate as a flagship practice for spreading the initiative to other sites in their network and nationally

The Change Effort Process

Practice site selection:

Step 1: Identify a practice site with enlightened leadership who are committed to improvement

Site launch and planning for implementation (4 weeks):

Step 2: Elicit the goals and aspirations of the practice clinical and administrative staff and conduct an in-depth onsite assessment to understand the practice's starting point

Step 3: Customize the change package so that practices work on change bundles that will help them achieve their goals and aspirations and agree the metrics to be tracked for local QI

Step 4: Mobilize the practice improvement team and collect baseline data

Implementation activities (10 months):

Step 5: The practice develops SMART action plans for each change bundle using the self-assessment and action planning tools provided (supported by the Center's project team)

Step 6: The practice implements small tests of change cycles:

- Completes daily check-in's (5 mins)
- Participates in weekly trouble shooting calls with the project team
- Participates in monthly onsite visits with the project team to debrief on the previous implementation cycle, review SMART action plans, review and modify workflows, identify next small tests of change cycles

Maintain and sustain:

Step 7: The practice continues to report core data, receives benchmarked reports, participates as flagship practice for the spread effort in their network and nationally

How the Mount Sinai Health System Is Working With the Center Toward the Next Generation of America's Most Valuable Care



**Mount
Sinai**

How the Mount Sinai Health System Is Working With the Center Toward the Next Generation of America's Most Valuable Care

- Mount Sinai has made a major commitment to moving towards population health, specifically full risk contracts with insurers with substantial operational change
- The organization now covers 7 major hospitals and thousands of physicians, with a total of 40,000 employees
- It has not had a systemic improvement function within it, although it has experience with process improvement, particularly around utilization and reducing waste

How the Mount Sinai Health System Is Working With the Center Toward the Next Generation of America's Most Valuable Care

- The opportunity to work with the Center came at a moment of high motivation and necessity for Sinai to learn how to become a high capability, high performing organization to manage populations
- Sinai sees primary care as the cornerstone, because it massively influences the appropriate utilization of specialty care, surgical care, and supportive social services.
- As the Center learns for the nation, Sinai is learning for its system and its network partners. In order for Sinai to succeed, regional groups beyond Sinai need to succeed, because we share many of the same patients.

How the Mount Sinai Health System Is Working With the Center Toward the Next Generation of America's Most Valuable Care

- Sinai is starting internally with the Center at a highly motivated practice because the system believes that practice led leadership should heavily influence how the system and network develops
- The environment is complex because of partially overlapping initiatives such as DSRIP (state) and TCPI (CMS), along with PCMH certification. However, Sinai believes in working closely with the Center because transformation is a deep process that is complex to get right. It's not the lowest hanging fruit, but there is no way to advance population health regionally without learning by doing.
- The systems leadership is watching closely, investing alongside and wants to forge regional and national collaborations to build higher performing integrated systems.



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Thank You