How Can Academic Primary Care Speed High Value Innovations?

ACLGIM
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Arnold Milstein MD
Stanford Clinical Excellence Research Center

What’s the Problem?

- The U.S. needs better health with fewer dollars
- Our UME, GME & CME faculty and trainees don’t know how to accelerate nationally essential growth in the health system’s value to society

Annual Percent Changes in Health Care Expenditures and in GDP
(Dental work by Dr. Milstein)

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The Status Quo Disturbs Education Funders; So Do the Results of GME Content Audits

Hospital Comparisons on Quality and Resource Use
(Higher scores represent better performance)
- Non-Teaching Hospitals (n=897)
- Teaching Hospitals (n=186)

Exemplary Teaching Hospitals

Visualizing the Need to Accelerate Flow of Higher Value Care Delivery Innovations
Via Research, Education and Service

(Faster Flow Required, IV STAT)

Cost/ Complexity-
Increasing Biomedical Innovations

Cost/ Complexity-
Lowering Biomedical Innovations

Cost/ Complexity-
Lowering Care Delivery Innovations

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Four Sources of Higher Health Care Value

Value to Healthcare Users

Now? Later? Never?

- Sum
- Care Delivery Innovations
- Focused Improvement Bursts
- Manage for Daily Improvement
- Health Care Professionalism

Adapted from W.E. Deming

Primary Care Innovators are Best Position to Deliver Near Term National Value Gain

Near Term Needs
- ↓ Costly health crises
- ↓ Low value specialist care

Longer Term Needs
- ↓ Decrease disease onset
- ↑ Health-supportive public policies

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General Clues for Aspiring Primary Care Innovators: Humility, Breadth, Optimism and Social/Financial Risk Tolerance


Specific Clues Beyond the 80/20 Rule

<table>
<thead>
<tr>
<th>Clue</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Night/weekend non-ER access difficult</td>
<td>60%</td>
</tr>
<tr>
<td>No between-visit checks by MD (ever)</td>
<td>51%</td>
</tr>
<tr>
<td>Perceptible errors with &gt; 4 MDs</td>
<td>43%</td>
</tr>
</tbody>
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One Needs-Tailored Chronic Care Platform
Jamaica Plain, Miami & Redlands;
“Medical Home Run” V 1.0

- Quality: A-
- Service: A+
- Affordability: 15 - 20% Leaner
- Memorable Facts:
  - Specialize in chronic illness
  - Close team relationship with caregiver
  - 7/24 rapid availability
  - Scale useful
  - Shared payer savings required

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Fifteen Needs-Tailored Chronic Care Platforms
Downey, California;
“Medical Home Run” V 2.0

- Quality: A-
- Service: A-
- Affordability: 5%- 30% Leaner
- Memorable Facts:
  - Specialize in chronic illness
  - Close platform design (gym gems)
  - Hospitalists head ~15 platforms
  - Scale essential
  - Start health plan or share savings

Reference: D. Reuben, Geriatrics, 2010

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Diverse Home Run Sites, Common Ingredients
Targeting Two Reengineering Objectives:
A. ↓ Health Crises/Year (Primary)
B. ↓ Cost/Service (Secondary)

Salient Caring, Tailored to ↓ Hospital Use
Team-based Production
Tight Supplier Mgmt

↓ Crises/Year) (↓ Cost/Service) (↓ Both)
And R. Bohmer & D. Lawrence in Health Affairs Sept/Oct 2008

Higher Value U.S. Care Depends on Changing AHC Primary Care Services, Training, and Research

- Think IT-enabled closed loop control systems
- Mind the clues, GME history, and the clock