Scenario Planning

Case: The Division of General Internal Medicine
Stroger Hospital, Cook County Health & Hospitals System
Learn from this case

• How our leadership team used scenario planning to generate division priorities
• How we introduced the process and the priorities to the division
• How this helped the division
Background

2002  Stroger “the New Cook County” Hospital opens
  • Health System growing!
  • Division of GIM 69 internists, Heart of Medicine

2007  Fiscal reality dawns: System budget cut 20%
  • Primary Care hardest hit
  • Division of Hospital Medicine “cedes”
  • Division leaders leave

2009  Health System struggling to transform
  • 6 System Chief Operating Officers; New System Board
  • Division of GIM 43 internists, “New” leadership
Division of GIM, March 2010

8 Sections: 43 MDs & 10 other providers

- Palliative Med;
- Geriatrics;
- Women’s Health;
- Preventive Med;
- Consult Med;
- Complex Primary Care;
- Medical Education;
- Diversity & Cultural Competence

- General Medicine Clinic  Res + Att (66,000 visits/yr)
- Primary Care IM Residency Program
- Fellowship Programs: Palliative Med; Preventive Med
- Medical student teaching
- Modest grant funding:  Service > Research
SCENARIO PLANNING

Tool to help managers question their assumptions about the way the world works, to change their view of reality, to match it up more closely with reality as it is and is going to be.

Result is NOT a better prediction of the future, but better preparation for various futures.
Scenario Planning - Leadership Team

**Session 1 – Look inward**

1. Determine FOCAL ISSUE
2. List KEY FACTORS affecting internal business (micro) environment

**Session 2 – Look outward and forward**

3. Identify DRIVING FORCES in the external (macro) environment (S-T-E-E-P)
4. Consider and RANK CRITICAL UNCERTAINTIES
5. Set up 2 axes to identify FOUR SCENARIOS
6. Develop STORIES for FOUR SCENARIOS

**Session 3 – Make plans**

7. IMPLICATIONS (action steps, indicators)
1. Determine the focal issue.

We read Good To Great*, answered these questions:

- What are the “brutal facts” we need to recognize?
- What are we deeply passionate about?
- At what can we be best in the world?

Draft - Division Identity

*Jim Collins, 2001
Draft – DGIM Identity

We are a division of academic general internists (clinician educators & researchers) based in ambulatory and inpatient care.

• We deliver high quality care of the whole person, maximizing patient safety and culturally appropriate patient care experience.

• We train world class primary care physicians.

• We build a division culture of positivity that is creative, innovative, and collaborative.

• We operate effectively and efficiently given the changing nature of our resource base.
Focal Issue

Given our identity, how should we prioritize our Division’s work?

What makes sense no matter what?
2. List Key Factors (micro environment)

- **Health System - Unstable** leadership - Pressure to do more with less - Low expectations for patient care experience - Culture of negativity - Work-arounds become institutionalized

- **Primary Care - Under pressure** (expectations vs resources) nationally and in Health System—Unmet demand from community - **Quality vs Quantity**

- **Hospitalist Medicine** – Challenge - **DGIM devalued** in Department & Residency program – Does Health System need internists who do ambulatory & hospital care?

- **Opportunity of Primary Care** increased **value** in nation and Health System. **DGIM** history as **innovators & leaders**

- **GIM** untapped potential as **clinician educators**
3. Identify DRIVING FORCES (S-T-E-E-P)

- **Social**  multi-culturalism..., physician workforce older, female..., education disparities growing
- **Technological**  IT overcome language & geographic barriers..., decreased privacy
- **Economic**  many underinsured, new healthcare expansion - competition for Medicaid
- **Environmental**  increased pollution..., contaminated food supply
- **Political**  Judicial conservatism..., increased refugee/traumatized populations
All-Cause Mortality: 16-64 Year Olds  

Two-thirds of excess mortality in Chicago due to:  
4. Rank CRITICAL UNCERTAINTIES

- Health System is successful in a competitive healthcare environment.
- Division of GIM leads with quality clinical care, education, and innovation.
5. Set up 2 axes to identify FOUR SCENARIOS
6. Develop STORIES for FOUR SCENARIOS

Clinical Worker Bees

Grow patient base

Drive patients away

CHHS success

in competitive healthcare

Division leads with quality clinical care, education, & innovation

Grow creative, innovative, potential
Division leads with quality clinical care, education, & innovation

"Old Yeller - Loyal Few"
Dwindling resources
Patients the uninsurable & complex
Simple training programs
Innovate with group visits, screening

"Day After Tomorrow"
Dwindling resources
Niche training programs
Innovations in care but diminished community impact

"The County is Tamed"
Taxpayers happy - Well managed
Niche training programs
Patient care environment appealing
Diverse patient population

"Place People Chose & Trust"
Innovative training programs
Leading decrease in healthcare disparities in Chicago
Diverse patient population

Grow patient base

Grow creative, innovative, potential

Drive patients away

Clinic Worker Bees

In competitive environment

CHHS success healthcare
7. IMPLICATIONS (action steps, indicators)

Given our Identity, and the possible futures we face, what should the priorities of the Division be for the next 3 years?

What PRIORITIES make sense “No Matter What”? 
Division Priorities 2010 - 2013

1. Build a model, patient-centered medical home.

2. Continue and strengthen high quality healthcare training

3. Build a culture of resilience in the Division
Scenario Planning - Division Retreat

• Presented draft Division Identity Statement & background work leading to two “critical uncertainties”
• Explored four scenarios in groups
• Presented 3 Priorities
• Led discussion of Division Identity & Priorities
1. Build a model patient-centered medical home.

**QUALITY CARE**
- Coordinated
- Collaborative
- Comprehensive
- Culturally appropriate
- Population health oriented
- Communication
- Information management
- Care continuum

**COORDINATE with SPECIALISTS**
- Clarify referral criteria
- Real time feedback
- Increase efficient use of specialty services
- Improve care of common, chronic conditions

**WHOLE PATIENT**
- Patient empowered to access system
- Self-management of disease in complex contexts
- Transitions as health changes
- Mental & physical concerns addressed
2. Continue and strengthen high quality educational experiences

• Provide education that “wows” them – rotations that learners highly value.

• Train physicians to embrace and exemplify core general medicine values in the care of underserved patients.

• Raise value of primary care career choices.
3. Build culture of resilience in Division

• Eyes wide open - name what’s happening
• Reframe problems into actionable steps to move forward
• Learn from resilient patients
• Stay open to changes
• Help each other
How has this helped us?

❖ Sections more aligned with overall Division agenda
  Priorities guide decisions about work effort and resources
  Collectively our work is more coordinated and focused

❖ Division members are clear about what will be expected and valued
  Buy-in for increased educational and administrative work assignments

❖ Increased value of Division by Department and Health System
  We don’t whine. We can describe what we do. We hit the nail on the head with our priorities.
Division of General Internal Medicine

We are academic general medicine providers (clinician educators, researchers, and leaders) based in a safety-net healthcare system. Our patients are culturally diverse, face socially determined health disparities, and have rich traditions of self care.

• We provide general medical care, across a continuum of hospital – ambulatory – community care settings, for patients with complex, chronic conditions.
• We train healthcare providers in exceptional, comprehensive care of complex patients.
• We deliver high quality care of the whole person, valuing communication, patient safety, and culturally appropriate patient care experience.
• We operate effectively and efficiently with a changing resource base.
• We build a work culture of resilience that is creative, innovative, and collaborative.