




How Can Academic Primary Care Speed High Value Innovations?

ACLGIM
December 4, 2011



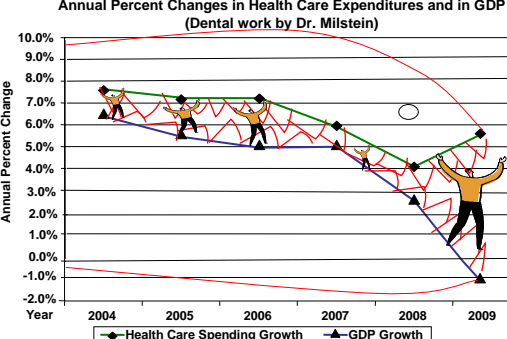
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What's the Problem?

- 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



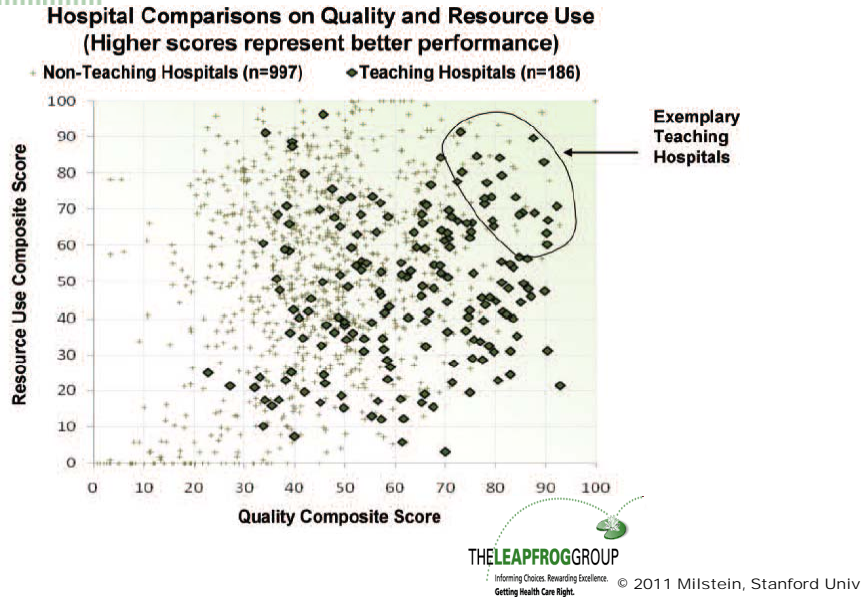
Annual Percent Changes in Health Care Expenditures and in GDP
(Dental work by Dr. Milstein)

Year	Health Care Spending Growth	GDP Growth
2004	7.5%	6.5%
2005	7.0%	6.0%
2006	6.5%	5.5%
2007	6.0%	5.0%
2008	5.5%	4.5%
2009	5.5%	4.5%

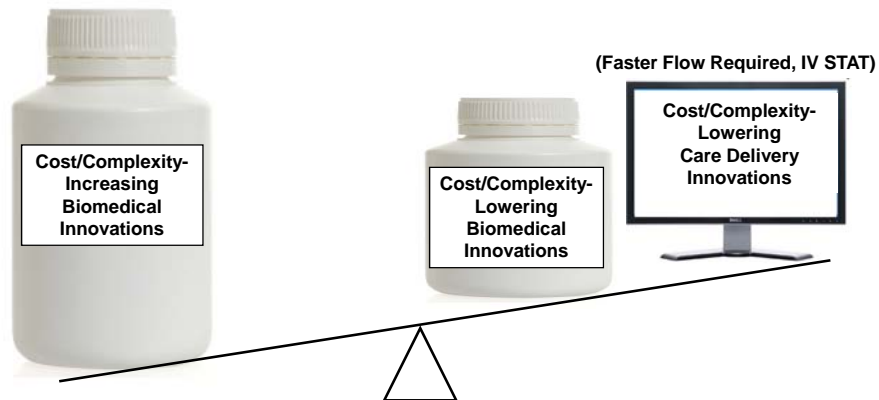
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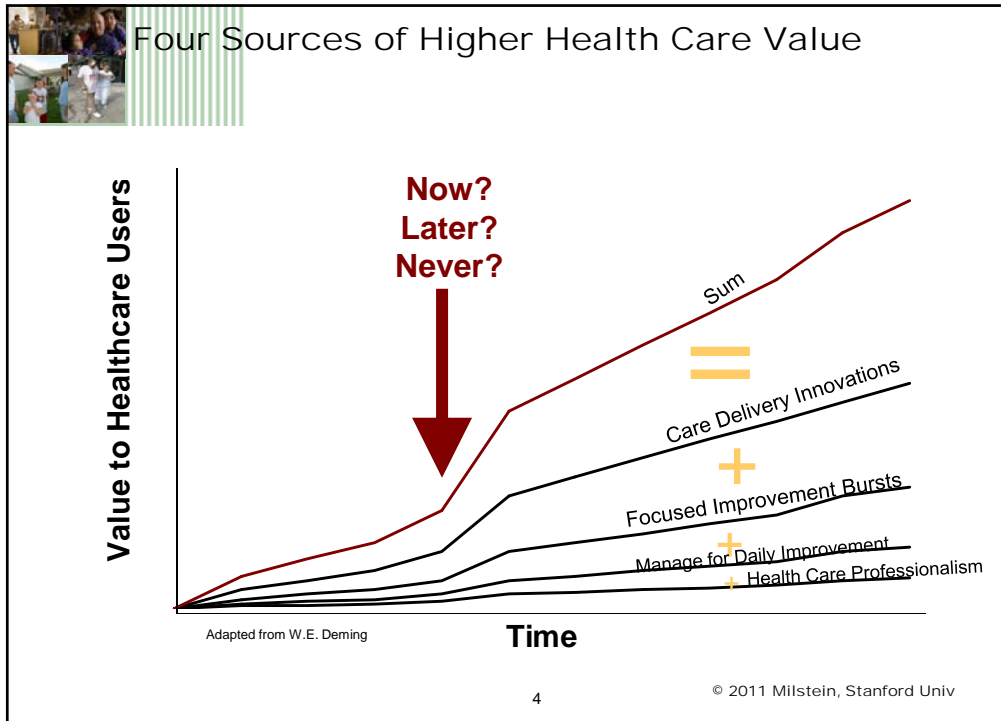


The Status Quo Disturbs Education Funders;
So Do the Results of GME Content Audits



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





Primary Care Innovators are Best Positioned 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



Lynchburg



Downey

References: (1) Reuben, D. B. (2011), Physicians in Supporting Roles in Chronic Disease Care: The CareMore Model. *Journal of the American Geriatrics Society*, 59: 158–160. doi: 10.1111/j.1532-5415.2010.03237.

(2) Milstein A, Gilbertson E., American Medical Home Runs. *Health Affairs* 2009 Sep-Oct;28(5):1317-26.

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Specific Clues Beyond the 80/20 Rule

Night/weekend non-ER access difficult	60%
No between-visit checks by MD (ever)	51%
Perceptible errors with > 4 MDs	43%



Reference: Schoen C, Osborn R, How S, Doty M, Peugh J. In chronic condition: Experiences of patients with complex health care needs, in eight countries, 2008. *Health Affairs*. 2008;8:w1-w16.

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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

CAREMORE
It's what we do.™

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




9 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)**

See "Medical Homes – And Medical Home Runs?" By A. Milstein, Sept. 10, 2008. *Health Affairs Blog*.
 URL: <http://healthaffairs.org/blog/2008/09/10/medical-homes-and-medical-home-runs/>
 And R. Bohmer & D. Lawrence in *Health Affairs* Sept/Oct 2008

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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

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