Building a Better Delivery System & Influencing It - Effectively.

Orlando Torres, MD, MS, FACP, CPE

Associate Chief, Division of General Medicine & Community Health
Medical Director, Baystate High Street Health Center Adult Medicine
Assistant Professor, UMMS-Baystate Health
10 mins - Orlando

- Explain the health care challenges during the past 2 decades, a brief historical perspective

- Discuss briefly the evolution of PCMH – a team based-care approach

- What is missing? Notes on Effective Leadership
“Spread to thin…”

- Growing complexity
  - More to know
  - More to do
  - More to manage
  - More to watch
  - More people involved.
- More is… Poorly coordinated
  - Waste of resources
  - Unaccountable void in coverage
  - Loss of information
- Silos within Health care organizations, hospitals and physician groups.
  - Work in “silos”
    • Even within the same micro system
The Care System...
The Premise.

Providers

Regulatory Entities

Payment Systems

Organizations that facilitate the care
Quality and Safety: The Full Monty
Credit: Evan Benjamin, MD, MS, CMOAriadné Labs / former sVP Quality and Population Health

American health care "gets it right“ 54.9% of the time.

The Chain of Effect in Improving Health Care Quality
- Patient and Community: Experience
- Micro-system: Process
- Organizational Context: Facilitator of Processes
- Environmental Context: Facilitator of Facilitators

Patterns of Variation in Hospitalization Rates

International Comparison of Spending on Health, 1980–2004

Among Medicare Beneficiaries Enrolled in Managed Care Plans, African Americans Receive Poorer Quality of Care (Schneider et al., JAMA, March 13, 2002)
2001 IOM Aims for Redesign

- Safe
- Timely
- Effective
- Efficient
- Equitable
- Patient Centered
IOM: 10 Rules for Redesign

1. Care is based on continuous healing relationships
2. Care is customized according to patient needs and values
3. The patient is the source of control
4. Knowledge is shared and information flows freely
5. Decision making is evidence based
6. Safety is a system property
7. Transparency is necessary
8. Needs are anticipated
9. Waste is continuously decreased
10. Cooperation among clinicians is a priority
How do we get there?
Evolution through Collaboration

Since 2007, ACP at the forefront on defining PCMH
What is PCMH?

- It is a *model* for care
- Provided by highly functional teams
- Seeks to strengthen the physician-patient relationship
  - by replacing episodic care based on illnesses and patient complaints
  - with coordinated care and a long-term healing relationship.
Checklist Manifesto: It is excessively prescriptive?

Using a checklist approach may not be responsive to the needs of practices and patients.

<table>
<thead>
<tr>
<th>Standard</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Enhance Access and Continuity</td>
<td></td>
</tr>
<tr>
<td>A. *Patient-Centered Appointment Access</td>
<td>4.5</td>
</tr>
<tr>
<td>B. 24/7 Access to Clinical Advice</td>
<td>3.5</td>
</tr>
<tr>
<td>C. Electronic Access</td>
<td>2</td>
</tr>
<tr>
<td>4: Plan and Manage Care</td>
<td></td>
</tr>
<tr>
<td>A. Identify Patients for Care Management</td>
<td>4</td>
</tr>
<tr>
<td>B. *Care Planning and Self-Care Support</td>
<td>4</td>
</tr>
<tr>
<td>C. Medication Management</td>
<td>4</td>
</tr>
<tr>
<td>D. Electronic Reporting</td>
<td>3</td>
</tr>
</tbody>
</table>

Scoring Levels
- Level 1: 35-59 points.
- Level 2: 60-84 points.
- Level 3: 85-100 points.

*Must Pass Elements*
## Redesign Journey

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006-2008</td>
<td>IHI: Redesigning the Clinical Office Practice</td>
</tr>
<tr>
<td></td>
<td>Pilot Teams formed to test best practices for Academic Practices</td>
</tr>
<tr>
<td>January 2008</td>
<td>IHI findings implemented to the whole practice</td>
</tr>
<tr>
<td>2008-</td>
<td>ACGME: Ambulatory Education Innovation Project</td>
</tr>
<tr>
<td>2012-2014</td>
<td>Massachusetts Patient Centered Home Initiative (MA PCMHi)</td>
</tr>
<tr>
<td>2014-2017</td>
<td>UCSF Center for Excellence in Primary Care</td>
</tr>
<tr>
<td>2008- Present</td>
<td>Multiple Workshops, Oral Presentations &amp; Articles …</td>
</tr>
<tr>
<td></td>
<td>Regionally &amp; Nationally</td>
</tr>
<tr>
<td>2018 &amp; Beyond</td>
<td>Valued Based Payment Systems:</td>
</tr>
<tr>
<td></td>
<td>Medicaid ACO, Medicare ACO, Managed Care Medicaid/Medicare ACO, Private</td>
</tr>
<tr>
<td></td>
<td>Insurance ACO</td>
</tr>
</tbody>
</table>
Can Best Practices be Standardized?

Residency Programs Visited

Baystate-Tufts Internal Medicine Residency, Baystate High Street Health Center, Adult Medicine, Massachusetts
Brigham and Women’s Hospital Internal Medicine Residency, Advanced Primary Care Associates, South Huntington, Massachusetts
Crozer-Keystone Family Medicine Residency, Center for Family Health, Pennsylvania
Family Medicine Residency of Idaho (FMRI)
Greater Lawrence Family Medicine Residency, Massachusetts
Group Health Cooperative Family Medicine Residency, Washington
Harlem Residency in Family Medicine, Institute for Family Health, New York
Massachusetts General Hospital Internal Medicine Residency Program, Internal Medicine Associates
McGaw Northwestern Family Medicine Residency Program at Erie Humboldt Park Health Center, Illinois
Tufts University Family Medicine Residency Program at Cambridge Health Alliance, Massachusetts

- Gupta MD, Reena, Dube, Kate, and Bodenheimer MD, Thomas “Commentary: The Road to Excellence for Primary Care Resident Teaching Clinics” Academic Medicine Vol. 91, No. 4 (2016): 458-461. Print
- Bodenheimer MD, Thomas et al. “High-Functioning Primary Care Residency Clinics Building Blocks for Providing Excellent Care and Training” Association of American Medical Colleges AAMC: 2016 Print
10 building blocks for High Performing Primary Care

1. Engaged leadership
2. Data-driven improvement
3. Empanelment
4. Team-based care
5. Patient-team partnership
6. Population management
7. Continuity of care
8. Prompt access to care
9. Comprehensiveness and care coordination
10. Template of the future

Resident Scheduling  Resident Engagement  Resident Worklife
• According to,

– Practices vary in size, resources, staffing, and populations served
– However, success has specific themes or Building Blocks
– The first Building Block in a High Performing Practice is:

An Engaged Leadership
Engaged Leadership?

What is it?

What are some competencies of Effective Leadership?
The Top 10 Leadership Competencies, Grouped Into Five Themes
When 195 global leaders were asked to rate 74 qualities, these rose to the top.

<table>
<thead>
<tr>
<th>Competency</th>
<th>Percentage of Respondents</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strong ethics &amp; safety</td>
<td>67%</td>
<td>Has high ethical and moral standards</td>
</tr>
<tr>
<td>Self-organizing</td>
<td>59</td>
<td>Provides goals and objectives with loose guidelines/direction</td>
</tr>
<tr>
<td>Efficient learning</td>
<td>56</td>
<td>Clearly communicates expectations</td>
</tr>
<tr>
<td>Nurtures growth</td>
<td>52</td>
<td>Has the flexibility to change opinions</td>
</tr>
<tr>
<td>Connection &amp; belonging</td>
<td>43</td>
<td>Is committed to my ongoing training</td>
</tr>
<tr>
<td></td>
<td>42</td>
<td>Communicates often and openly</td>
</tr>
<tr>
<td></td>
<td>39</td>
<td>Is open to new ideas and approaches</td>
</tr>
<tr>
<td></td>
<td>38</td>
<td>Creates a feeling of succeeding and failing together</td>
</tr>
<tr>
<td></td>
<td>38</td>
<td>Helps me grow into a next-generation leader</td>
</tr>
<tr>
<td></td>
<td>37</td>
<td>Provides safety for trial and error</td>
</tr>
</tbody>
</table>

• **Demonstrates strong ethics and provides a sense of safety.**
  - two of the three most highly rated attributes: “high ethical and moral standards” (67% selected it as one of the most important) and “communicating clear expectations” (56%).
  - creating a safe and trusting environment; avoid blindsiding people; if employees can relax, invoking the brain’s higher capacity for social engagement, innovation, creativity, and ambition.

• **Empowers others to self-organize.**
  - Providing clear direction while allowing employees to organize their own time and work
    • Delegate; giving power up is a great way to increase influence — which builds power over time
  - No leader can do everything themselves

• **Fosters a sense of connection and belonging.**
  - Once we feel safe, we also have to feel cared for in order to unleash the full potential of our higher functioning
  - sense of connection could also impact productivity and emotional well-being

• **Shows openness to new ideas and fosters organizational learning.**
  - What do “flexibility to change opinions” (competency #4), “being open to new ideas and approaches” (#7), and “provides safety for trial and error” (#10) have in common? If a leader has these strengths, they encourage learning; if they don’t, they risk stifling it.

• **Nurtures growth – Legacy Leader**
  - “Being committed to my ongoing training” (competency #5) and “helping me grow into a next-generation leader” (#9) make up the final category.
  - maximize their offspring’s chances of success by nurturing and teaching them. In turn, those on the receiving end feel a sense of gratitude and loyalty.
  - advocate for them, support their training and promotion, and go to bat to sponsor their important projects.
Who can be a leader?

• Anybody who feels passionate about a cause and wants to create an impact (…. Conviction)
  – Narcissistic cause… to helps others (… Altruistic)

• The “gathering periods”
  – Identifying the issue → Determining solutions → Understanding Frameworks → Focus the Lens (…. Years in the making)
  – Great listeners with self-taught communication skills & pragmatic thinking (… do not deprive oxygen from people in the room)
    • Not “bling”/red carpet people; but ordinary people (Humility > Resilience > Tenacity)
    • “Crisis calls for leaders out of the mist”

Conclusions

• Let’s work
  – on systems of care
  – on effective leadership

• Let’s Understand
  – the business environment and political challenges
  – the “bottom line”

• Let’s
  – sit on the Board Room; Robert Fishman, DO,
    • “If we relinquish the decision making process, we are giving away influence and control”
Thank you