From Healing in Hospitals to Healthy at Home: New Narrative

Peter Pronovost, M.D., Ph.D.
Chief Clinical Transformation Officer
University Hospitals
I will ...
Translating Research into Practice Framework for identifying and implementing behavior change (Pronovost BMJ)

1. Summarize the evidence into checklist of essential behaviors
2. Identify local barriers to implementing those behaviors including Aware, Agree, Ambiguity, Ablle
3. Measure performance of the use of behaviors and the harm
4. Redesign work to ensure that all patients receive the essential behaviors

Declare and communicate goal of zero harm

Engage collaborative multidisciplinary teams centrally and locally

Pronovost BMJ
Operating Management System

• Declare goal, roles, responsibilities, resources
• Create Enabling infrastructure,
  • Create fractal management structure,
  • Clarify behaviors and barriers
• Report measures for process and outcomes
• Create PM support for tools, training
• Engage clinicians and connect in learning communities
• Create accountability system
  Name person(s) who will report performance and forum in which performance will be reviewed

Pronovost JHOM 2017
Pronovost BMJQS 2016: 15 years
### New Narrative for Value

**Keep People Healthy at Home Rather Than Healing in Hospitals**

#### CHEKLIST FOR ELIMINATING DEFECTS IN VALUE

<table>
<thead>
<tr>
<th>STAY WELL</th>
<th>GET WELL</th>
<th>MANAGE ACUTE CONDITIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obtain annual wellness exam and close the gap</td>
<td>Is disease diagnosed?</td>
<td>Is care coordinated with PCP?</td>
</tr>
<tr>
<td>Proactively reduce unhealthy habits</td>
<td>Is the patient treated with the recommended therapy?</td>
<td>Is the therapy beneficial and appropriate?</td>
</tr>
<tr>
<td>Support healthy habits</td>
<td>Is the patient activated and able to use therapy?</td>
<td>Is care being provided in the highest value site of service?</td>
</tr>
<tr>
<td>Co-manage/co-locate behavioral health sciences</td>
<td>Is their physiology controlled?</td>
<td>Is care provided by a high value provider that uses evidence-based medicine and shared decision making?</td>
</tr>
<tr>
<td>Provide recommended preventative care, wellness, immunization</td>
<td>Is their utilization of ED, hospital admissions and readmissions removed?</td>
<td>Have we eliminated preventable harm?</td>
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</tbody>
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**CHEKLIST FOR ELIMINATING DEFECTS IN VALUE**

- **STAY WELL**
  - Obtain annual wellness exam and close the gap
  - Proactively reduce unhealthy habits
  - Support healthy habits
  - Co-manage/co-locate behavioral health sciences
  - Provide recommended preventative care, wellness, immunization

- **GET WELL**
  - Optimize health for people with chronic disease
  - Is disease diagnosed?
  - Is the patient treated with the recommended therapy?
  - Is the patient activated and able to use therapy?
  - Is their physiology controlled?
  - Is their utilization of ED, hospital admissions and readmissions removed?
  - Is behavioral health co-managed/collocated?

- **MANAGE ACUTE CONDITIONS**
  - For any condition anywhere in the care continuum
  - Is care coordinated with PCP?
  - Is the therapy beneficial and appropriate?
  - Is care being provided in the highest value site of service?
  - Is care provided by a high value provider that uses evidence-based medicine and shared decision making?
  - Have we eliminated preventable harm?
New Narrative: Improving Value is Everyone’s Responsibility

Most evolve care from being transactional and reactive to relational and proactive, from optimizing the part and compromising whole to optimizing the whole.

Whoever demonstrates that they provide the highest value care will win in this marketplace.

Value = \[ \frac{\text{Quality} + \text{Patient Experience}}{\text{Annual Total Cost of Care for People}} \]
Providing population health services & optimizing UH’s network providers for more than 573,375 patients, of all ages

<table>
<thead>
<tr>
<th>Medicaid Managed Care Members</th>
<th>Commercially &amp; Self-Insured Members</th>
<th>Medicare Advantage Members</th>
<th>Medicare Shared Savings Program Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>146,585</td>
<td>318,305</td>
<td>52,615</td>
<td>58,870</td>
</tr>
</tbody>
</table>

Networks:

- University Hospitals Accountable Care Organization
- University Hospitals Coordinated Care Organization
- University Hospitals Rainbow Care Connection
- Quality Care Network

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What is UH’s Strategy to optimize value in the ACO

1. Optimize provider network
2. Keep care in-network
3. Optimize HCC RAF scoring and wellness visits
4. Optimize quality
5. Reduce PMPM Spend by reducing defects in value
   • Focus on high risk populations
The Web of Wellbeing: Keeping People Healthy at Home Rather Than Healing in Hospitals

- Ensure people are competent in self management
- Titrate the dose of social supports
- Titrate the dose of ambulatory medical and behavioral care
- Ensure access to unplanned care
I will ...