Leading Change in Primary Care
or
You got your LEAN in my Medical Home.
No, you got your Medical Home in my LEAN.

Massachusetts Hospital Lean Network
October 16, 2012
Outline

• Disclosures
• 4 versions of the South Huntington Story
• Why Medical Home
• Medical Home explained in 3 slides
• Culture
• The 7 Habits of Highly Effective Medical Homes
Background

• 20 years as a practicing general internist
• Most of that at the clinic formally known as Fallon in Worcester
  – Transitioned primary care internal medicine from capitation to FFS
• 4 years at the Brigham, initially at Foxboro, now at South Huntington
Disclosures

• The practice opened August 1, 2011
• We may still have no idea what we are talking about
  – But for today’s topic I’m pretty sure we do
• I pride myself on my ability to be amazed by the obvious
Teem up your PCs, phones, TVs, and more with this bestselling guide to creating a fully networked home.

Medical Homes for Dummies

3rd Edition

A Reference for the Rest of Us!

Covers the latest

NCQA Standards

Stuart Pollack
Linda Jo Stern
Lesson 4

“All healthcare is local”
-Not Tip O'Neil
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South Huntington Opportunity

- Do something quadruple aimish
  - Great patient experience
  - Great quality
  - Great value
  - Great staff experience

- To create an innovative curriculum for trainees on delivering care in a team-based setting

- To create a “learning laboratory”
  - Evaluative research embedded in its very foundation
  - That would inform care redesign and practice transformation for Brigham and Women’s and beyond
Who we are...

• 2 miles from here

• 55% White
• 20% Black
• 17% Hispanic
• 7% Asian

• 56.4% Commercial
• 18.3% Medicaid
• 14.1% Medicare
• 8.2% Neighborhood Health
• 2.9% Health Safety Net
Who we are…

• Primary care practice within academic med center
  – Referred from ER, hospital and specialists
  – haven’t had primary care in a long time or are unhappy with current primary care
  – Neighborhood plus wide geographic area
  – We are seeing complex, high-acuity patients

• Mental health and chronic disease together
  – 27% of our patients have been seen by social work
Who we are...

Staffing at S. Huntington

<table>
<thead>
<tr>
<th>3 Clinical Teams</th>
<th>Shared Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>• MD</td>
<td>• Practice Assistants</td>
</tr>
<tr>
<td>– 1.25 FTE made up of 2-3 MDs</td>
<td>• Medical Director</td>
</tr>
<tr>
<td>• PA</td>
<td>• Practice Manager</td>
</tr>
<tr>
<td>• LPN</td>
<td>• RN Care Manager</td>
</tr>
<tr>
<td>• 2 MAs</td>
<td>• Pharmacist</td>
</tr>
<tr>
<td>• Clinical Social Worker</td>
<td>• Nutritionist</td>
</tr>
<tr>
<td>• Residents and students</td>
<td>• Population Manager</td>
</tr>
<tr>
<td></td>
<td>• Community Resource Specialist</td>
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</table>
Change in A1C of DM Patients

DM Patients Not Seeing Pharmacy and/or Nutrition

<table>
<thead>
<tr>
<th>Avg A1c</th>
<th>Baseline</th>
<th>Current</th>
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</thead>
<tbody>
<tr>
<td>6.0</td>
<td>N = 57</td>
<td>p = 0.65</td>
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<tr>
<td>7.0</td>
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<td>8.0</td>
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DM Patients Seeing Pharmacy and/or Nutrition

<table>
<thead>
<tr>
<th>Avg A1c</th>
<th>Baseline</th>
<th>Current</th>
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</thead>
<tbody>
<tr>
<td>6.0</td>
<td>N = 90</td>
<td>p &lt; 0.01</td>
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<td>7.0</td>
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<td>10.0</td>
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</table>
Absolute Change in A1c: Individual Patients Seen by Pharmacy and/or Nutrition at SH
Press-Ganey Patient Experience
10/11-3/12

• 84th percentile Survey Mean
• 96th percentile Overall Assessment
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Per Capita Health Spending And 15-Year Survival For 45-Year-Old Women, United States And 12 Comparison Countries: 1975 And 2005
Benefits of Implementing the Primary Care Patient-Centered Medical Home 2012

pcpcc.net
FIGURE 1. Age-adjusted death rates* for total cardiovascular disease, diseases of the heart, coronary heart disease, and stroke,† by year — United States, 1900–1996

*Per 100,000 population, standardized to the 1940 U.S. population.
†Diseases are classified according to International Classification of Diseases (ICD) codes in use...
The basic problem is that we are too good at what we do

• For a panel of 2500 patients receiving all recommended care:
  – 10.6 hours for management of chronic disease
  – 7.4 hours for prevention
  – 3.7 hours for acute care

  » Yarnall, K. et al., Preventing Chronic Disease, April 2009
  – 0.7 hours for health plan’s administrative requirements

• I just can’t work 22.4 hours a day like I used to
Nerd Break 5: Hospital vs. Ambulatory Care

• Acuity is different
  – Process can be less refined before PDSA
  – ROI is longer
    • Cost of process is key
      – Unless prevents readmissions, ambulatory sensitive admissions or ED visits

• Ambulatory is a cost center
  – Except maybe the hospital is the cost center

• Throwing rocks vs. throwing birds
The Eby Curve

Gottlieb, Sylvester, Eby. Family Practice Management 1/08
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<table>
<thead>
<tr>
<th>IOM Definition of Primary Care</th>
<th>Joint Principles of the PCMH</th>
<th>NCQA PCMH Standards</th>
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<tbody>
<tr>
<td>1978</td>
<td>2007</td>
<td>2011</td>
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<tr>
<td>Continuous</td>
<td>Personal Physician</td>
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<td>Comprehensive</td>
<td>Physician Directed Team</td>
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<td>Coordinated</td>
<td>Whole Person Orientation</td>
<td>Track and Coordinate Care</td>
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<tr>
<td>Coordinated</td>
<td>Coordinated and Integrated Care</td>
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<tr>
<td>Accessible</td>
<td>Emphasis on Quality and Safety</td>
<td>Measure and Improve Performance</td>
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<td></td>
<td>Enhanced Access</td>
<td>Enhance Access and Continuity</td>
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<td>Appropriate Payment Structure</td>
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<td>Wagner Chronic Care Model</td>
<td>NCQA PCMH Standards</td>
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<td><strong>2001</strong></td>
<td><strong>2011</strong></td>
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<td>Decision Support</td>
<td>Identify and Manage Patient Populations</td>
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<td>Clinical Information Systems</td>
<td>Plan and Manage Care</td>
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<tr>
<td>Delivery System Design</td>
<td>Provide Self-Care and Community Support</td>
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<tr>
<td>Community Resources</td>
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<td>Self-Management Support</td>
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Alternative Medical Home Definition

• Medical Home is just really good primary care delivered by a team
  – A computer is a key member of the team
  – Ideally, so is an activated patient
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Saying something obvious

- Medical Home is not the goal, it is the strategy to achieve the goal
- The goal is to do something quadruple aimish
- New processes (NCQA 2011 PCMH standards) are necessary, but not sufficient, to achieve the quadruple aim
“Tools Used to Assess How Well Community Health Centers Function as Medical Homes May be Flawed” (Health Affairs, 3/12)

- 46 Community Health Centers in Los Angeles
- Completed NCQA 2008 assessment
  - Not documented or submitted
- No association between NCQA score and results of HEDIS diabetes care process or outcome measures

Why?
- NCQA tool measures wrong things
  - 2011 would address
- Community Health Centers different
Nerd Break 1:
Adaptive Reserve

• Core = “Hard”
  – Resources (including HR)
  – Organizational Structure
  – Functional Processes

• **Adaptive Reserve** = Features that enhance resilience = Culture = “Soft”
  – Consistent **Vision** of Practice
  – **Learning** Culture
  – Healthy **Relationships** within the practice
    – Rich communication
    – Trust
    – Regular time for reflection
  – Shared and facilitative **leadership**

Lesson 1

“Culture eats strategy for breakfast”

- Peter Drucker
Alternative Lesson 1a

• The real advantage of creating a new practice versus transforming an existing one may not be the opportunity to define the practice’s processes, but rather its culture
Alternative Lesson 1b

• Goal is not to open the world’s best primary care practice
  – Since we really don’t know what that is
• Goal is to set the initial conditions of the practice such that it will naturally evolve into the world’s best primary care practice
Hypothesis

NCQA 2011 standards +
A Culture of
(Patient Activation + Integrated Team + Continuous Learning)
=
Quadruple Aim
# Evolution of South Huntington Goal Culture

<table>
<thead>
<tr>
<th>Round 1</th>
<th>Round 2</th>
<th>Round 3</th>
<th>Round 4</th>
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<tbody>
<tr>
<td>Patient-centered</td>
<td>Patient-centered, but also patient activating</td>
<td></td>
<td>Spirit of Motivational Interviewing</td>
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<tr>
<td>Team</td>
<td>Integrated Team</td>
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<td>Spirit of Lean</td>
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<tr>
<td>PDSA Cycle</td>
<td>Learning Organization: Continuous Improvement</td>
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<td>Learning Organization: Staff Development</td>
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<td>Learning Organization: Resident and Student Education</td>
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<tr>
<td>Prepared &amp; Proactive</td>
<td>Population Management</td>
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Spirit of Motivational Interviewing

• Spirit of MI
  – Collaboration between team and patient
  – Ideas are the patient's, not ours
  – Autonomy of the patient

• Dancing, not wrestling

• We are not all MI whizzes

• “Stop It” is bad
  – Bob Newhart Video
Critique:
What about patient activation?

• The rest of the talked is really about integrated team and continuous learning

• I find the science behind patient activation unsatisfying
  – Nor do I believe South Huntington has figured this out
  – Though the diabetes data suggests some of our patients have become activated

• Current guess
  – Spirit of Motivational Interviewing
  – Hiring for “Nice”
  – Care Plans and Self-Care Plans
    • ?? The 8th habit
  – Time
    • Which is Integrated Team and Continuous Learning
Spirit of LEAN

- Staff is not walking into my office and talking about Muda
  - But the stream of suggestions is overwhelming
  - Everyone takes change in stride
Spirit of Lean

• “As Porsche employees participated in one improvement activity after another, many began to see that there is a higher form of craft, which is to proactively anticipate problems in a team context and to prevent them while constantly rethinking the organization of work”
  — Lean Thinking, Womack and Jones, 1996

• Job = Work + Kaizen
INTEGRATED team

- Kids playing soccer
  http://www.youtube.com/watch?v=1malgZpYKn8

- http://www.youtube.com/watch?v=iEh9LpnebfA
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The Seven Habits of Highly Effective Medical Homes: Using Process to Create Culture

• Co-location
• Huddles
• Warm Handoffs
• Dedicated Meeting Time
• Hiring
• Work Force Development
• Flattening the Hierarchy
Nerd Break 2: Collective Intelligence

- Randomized groups perform tasks
  - puzzles, brainstorming, judgments, negotiations
- Collective Intelligence is not strongly correlated with average or maximum individual intelligence
- Collective Intelligence is associated with 3 things:
  - social sensitivity of group members
  - equality in distribution of conversational turn-taking
  - proportion of females in the group

“Evidence for a Collective Intelligence Factor in the Performance of Human Groups” (Science 2010)
Nerd Break 3: Defining Characteristics of Successful Teams

- MIT Human Dynamics Laboratory

- Various business teams wore Electronic Badges that monitor:
  - Whom subjects talk to and how much
  - Who is facing who
  - Tone of voice
  - Nods, arm and hand movements

- Analyzed hard outcomes such as call center metrics or investment results

“The New Science of Building Great Teams”
Harvard Business Review April 2012
Nerd Break 3:
Defining Characteristics of Successful Teams

• **Everyone** talks and listens
  – In roughly equal measures, and short amounts

• **Team members** face each other
  – Gestures are energetic

• **Team members** connect with one another
  – Not just the team leader

• **Team members** carry on side conversations within the team

• **Team members** periodically break, go exploring outside the team and bring information back

Nerd Break 3: Defining Characteristics of Successful Teams

“35% of variation in a team’s performance can be accounted for simply by the number of face-to-face exchanges among team members”

The Seven Habits of Highly Effective Medical Homes: Using Process to Create Culture

• Co-location
• Huddles
• Warm Handoffs
• Dedicated Meeting Time

• Hiring
• Work Force Development
• Flattening the Hierarchy
Habit I: Co-location

“Mr. Gorbachev, tear down this wall!”

-Ronald Reagan
Habit I: Co-location
Habit II: Huddles
Habit II: Huddles
Habit II: Huddles
Functional Huddle

• Practical Stuff
  – Orthostatics, Peak Flows, diabetic foot exam, etc.
    • When to ignore protocol
    • Also reinforces protocol
  – PHQ-9, GAD-7, AUDIT, Mini-cog, PROM
  – Finger stick, EKG, Rapid Strep, Urinalysis
  – Interpreter
  – Precautions
  – Family in or out
  – Medical student to see
  – Disabilities/Wheelchairs
  – Likely to no show, or run over
Dysfunctional Huddle

• Huddles synergistic
  – Start problem-solving complex patients

• Change when bring in non-physician clinicians into huddle
  – Social work, nursing, pharmacy, nutrition, geriatrician, bring different ways of looking at patients to the group
    • Do you invite them to your huddle?

• Working above top of license
  – Problem solving ability of huddle more than the individuals
Habit III: Warm Handoffs
Habit III: Warm Handoffs
Habit III: Warm Handoffs

Why?

• Original Goal
  – helping patients to accept large team
  – Decrease no show for non-physician clinicians
  – Enable non-physician clinicians to do phone and email care

• Cultural “plus you get”
  – Bedside teaching for integrated team
  – Patient centeredness from discussing case in front of patient
Habit IV: Dedicated Meeting Time
Habit VII: Flattening the Hierarchy

- Concerned about damage to team from status
  - Need MA’s to tell MD’s when they are wrong
- Only call each other by first names
  - Except in Front of patients
- No “My MA/Nurse/etc.”
- Staff Compact
- 360s
- One-on-ones
- No leads, but everyone is a lead
  - Eliminated MD as lead of each team
Habit VII: Flattening the Hierarchy

Leadership Dyads

• Not I’m in charge of MDs, and Linda Jo in charge of everything else
  – Both in charge of everything
  – With our areas of expertise
  – People split - lots of cc’ng, and co-location really helps

• Leader as
  – Motivator
  – Teacher/Coach
  – Compact enforcer

• Time intensive
Habit VII: Flattening the Hierarchy: Continuous Learning

• Let team set agenda
  – Ignoring my weekly to do list

• Letting team fail
  – But make sure they learn when fail

• Going to the “Gemba”
  – Open Door
  – Management by wandering around

• Tinkering, then pulling back in line
The 7 Habits

• Co-location
• Huddles
• Warm Handoffs
• Dedicated Meeting Time
• Hiring
• Work Force Development
• Flattening the Hierarchy
The best time to plant a tree was 20 years ago.

The next best time is now.
QUESTIONS?
COMMENTS?
VERBAL ABUSE?

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