IHI Leadership Alliance

Year 4 (October 2017–September 2018)

Institute *for* **Healthcare Improvement**

Contents

An Invitation to Shape the Future Together

More than ever, patients, families, providers, and communities are looking for bold and visionary health care leaders — leaders who believe that we must change the dialogue about health care from one that focuses on reimbursement and regulation to one that makes the pursuit of health paramount. At this critical moment, health care needs leaders with the courage to develop, design, and test new models of innovation, collaboration, and governance that can take health care beyond its traditional limits.

The IHI Leadership Alliance is a dynamic collaboration of leaders united by a common mission: to work with one another — and in partnership with our patients, workforces, and communities — to deliver on the full promise of the IHI Triple Aim. IHI believes the pursuit of the Triple Aim continues to be the True North for health care organizations. We are a learning community characterized by courage, creativity, and curiosity. Together, we are committed to championing the radical redesign of health care. Our collective efforts are inspired by principles such as *assume abundance*; *move knowledge, not people*; *create joy in work*; and *return the money*. Alliance leaders work together, in person, to create opportunities for new connections; in workgroups that bridge the gap between innovative ideas and practical application; and in virtual spaces that expose members to hot topics and leverage all the assets within this expanding community.

We invite you to join us as a member of the IHI Leadership Alliance — to become part of a growing movement of pioneering organizations committed to changing health care from the inside out. Our collective work has the potential to make a profound impact on patients, families, providers, communities, and the health care system as a whole.

We look forward to shaping the future together.

Sincerely,
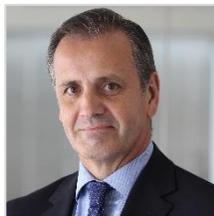
Derek Feeley, DBA
President and CEO
Institute for Healthcare
Improvement

Don Berwick, MD, MPP, FRCP
*President Emeritus and
Senior Fellow*
Institute for Healthcare
Improvement

Jill Duncan, RN, MS, MPH
*Executive Director,
IHI Leadership Alliance*
Institute for Healthcare
Improvement

Why Join the Leadership Alliance?

The Leadership Alliance is a forum in which thoughtful and committed leaders tackle today's pressing health care challenges. It uses creative, collaborative, and courageous innovations to design the health care system of the future. With **IHI President and CEO Derek Feeley** and **President Emeritus and Senior Fellow Don Berwick, MD**, at the helm, this coalition of progressive health system executives and their teams fully commits to delivering on the full promise of the IHI Triple Aim.

> **IHI Leadership Alliance Vision**
>
> *Care better than we've ever seen.*
> *Health better than we've ever known.*
> *Cost we can all afford.*
> *For every person, every time.*

The success of the Leadership Alliance is grounded in the members' commitment to each other to engage, communicate, and collectively act. The Alliance is not a traditional collaborative. There is not a specific, single change package that members are testing and spreading. The benefit of the Alliance, to members and to health care, comes from a group of leaders leveraging their collective experience, wisdom, and passion to create change. Members get the opportunity to:

- o Access leading thinkers within the Alliance membership and prominent provocateurs across the country
- o Collaborate in a creative learning network, building innovative solutions to help leaders tackle daily tasks, as well as visionary ideas
- o Continuously harvest insights that have an influence on priorities and action items that support each organization's mission and strategic plans
- o Advance a collective voice to guide the necessary change for health care's future

In Year 4 of the Leadership Alliance (**October 2017** through **September 2018**), new members will join returning member organizations in discussions facilitated by thought leaders and provocateurs, collaborative testing and innovation engagements, and shared learning to help navigate through challenging times and new territories. Efforts toward influencing change through a collective voice are at the foundation of most Alliance efforts. This year, the Alliance has elevated several critical topics, including:

- Waste and overuse
- Coproduction of health and health care
- Developing emerging leaders
- Health equity
- Opioids
- Measurement

> *"The IHI Leadership Alliance is a learning network that fosters innovation and influence. This is the most important network, especially during these tumultuous times."*
>
> —Leslie Porth, Senior Vice President of Strategic Quality Initiatives, Missouri Hospital Association (Alliance member in Years 2, 3, and 4)

Alliance members have a wealth of opportunities, both in person and virtually, to engage with each other and with outside experts on these crucial and timely issues.

Program Activities

| Networking | Collaboration | Innovation | Collective Voice |
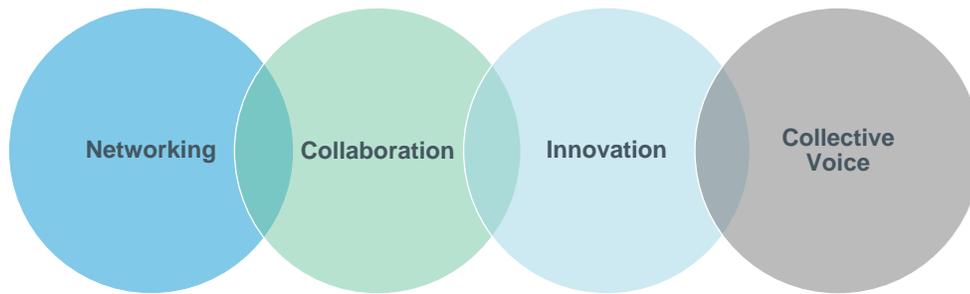
NETWORKING

In-Person Meetings: Leadership Alliance members meet in person two times each year — in the fall (**October 26-27, 2017**, in **Boston, MA**) and in the spring (2018 date and location TBD). These meetings expose Alliance members to cutting-edge thinkers and create collaborative opportunities to build models that advance their goals. A significant component of these in-person meeting is networking. A portion of each program is also dedicated to personal leadership development.

In past years, members convened in **San Francisco**, **Chicago**, **Washington**, **DC**, and **Boston.** The 2016 Fall Meeting in **Boston, MA**, convened members around top-of-mind issues such as emerging health policy, the shifting political landscape, activated patient leaders, and the state of the health care workforce. Sessions from this meeting featured:

- Thomas Lee, MD, Chief Medical Officer for Press Ganey, issuing a challenge to leaders to foster an organizational and professional culture that enables and supports resilient thinking and action at individual, departmental, and organizational levels; and to promote empathy as a business asset

> *"The renewed learnings and energizing feeling of change that come with attendance of these Alliance meetings is almost palpable."*
>
> Randall Carlyle, Chief Quality Offer, CareSouth Carolina (Alliance member in Years 1, 2, and 3)

- Tiffany Christensen, Patient Advocate for Duke University Hospital, challenging members to think differently about co-design and how health care professionals can build systems to better activate and engage patents

- David Cutler, PhD, Otto Eckstein Professor of Applied Economics at Harvard University, stimulating dialogue about the Affordable Care Act and providers' roles in shaping policy and driving the national conversation for improved efficiency and reduced cost

The 2016 and 2017 Spring Meetings in **Washington, DC**, brought together Alliance members in a spirit of "let's take action." Examples of the activities and dynamic dialogue from these meetings include:

- A session with Senator Sheldon Whitehouse, US Senator from Rhode Island, and Meryl Moss, Chief Operating Officer, Coastal Medical, to discuss their collaboration to transform health care in Rhode Island

- Discussions specific to measuring value and the evidence on the impact of payment reform with Mark McClellan, MD, Director and Professor of Business, Medicine, and Health Policy at Duke University's Robert J. Margolis, MD, Center for Health Policy

- Town hall discussions with Andy Slavitt, then Acting Administrator, Centers for Medicare & Medicaid Services (CMS); Patrick Conway, MD, Deputy Administrator for Innovation and Quality, CMS; Kate Goodrich, MD, Director, Center for Clinical Standards and Quality (CCSQ), Chief Medical Officer, CMS; and Andrey Ostrovsky, MD, Chief Medical Officer, Center for Medicaid and CHIP Services

> *"This is a phenomenal group of thought leaders. This work is bringing back hope for a long, satisfying career in health care AND better health for all."*
>
> —Eric Brown, Palmetto Health (Alliance member in Years 1 and 2)

Leadership Alliance members also receive complimentary enrollment for two leaders to attend the CEO and Leadership Summit, an all-day program for senior executives offered at the IHI National Forum on Quality Improvement in Health Care held every December. Discounts are also offered to Alliance members for related and emerging IHI leadership programming.

Alliance members learn, collaborate, and celebrate together during bi-annual meetings. These pictures were captured at the 2016 Spring Meeting in Washington, DC.

Monthly Leadership Roundtables: Facilitated by Dr. Don Berwick and Derek Feeley, these webinar discussions focus on top-of-mind issues and provide Alliance members with access to innovative leaders and national authorities both in and outside of health care. Guest speakers have included Atul Gawande, MD, Executive Director of Ariadne Labs; Kathleen Sebelius, Former

United States Secretary of Health and Human Services; John McDonough, MD, Professor of Public Health Practice in the Department of Health Policy & Management at the Harvard T.H. Chan School of Public Health; and Peter Lee, Executive Director for California's health benefit exchange, "Covered California."

Expert Call Series: During the winter of 2017, Alliance leaders wanted to hear from policy experts with influence on and insight into the rapidly evolving health policy debate. Launched in early February, a bi-weekly call series focused on "The First 100 Days" of the new administration. Policy experts and insiders engaged in discussion with network leaders in sessions that ranged from policy primers to bipartisan debate. Guests included Senator Tom Daschle, Governor Mike Leavitt, former CMS Administrators Dr. Don Berwick and Andy Slavitt, Dr. Patrick Conway, and health policy expert and well-known author Tim Jost. Leveraging the success of this inaugural engagement, Alliance members will participate in at least two Expert Call Series in this year's programming, opening with *Safety 2.0*, starting November 2017.

> *"We as leaders see that our obligation is not just to our own hospitals, or health systems, or care centers, but for all the communities throughout the US. Through the Leadership Alliance, we've gotten the chance to speak to people in government, and EHR vendors, for example, to really move things along. The Leadership Alliance allows us the opportunity to start to take control of things."*
>
> —Mark Jarrett, MD, Senior Vice President and Chief Quality Officer, Northwell Health (Alliance member in Years 1, 2, 3, and 4)

Member-Driven Virtual Networking: Members have the opportunity to convene ad-hoc calls on topics of specific interest. For example, this past spring, an Alliance organization asked to host a call on high reliability in ambulatory care. More than 75 members joined the impromptu call, which included five different tools and resources and resulted in two follow-up calls. *The IHI team encourages members to elevate networking interests throughout the year to create these ad-hoc opportunities to augment existing programming.*

The IHI team also works to connect Alliance members to emerging opportunities and collaborations across various networks, both within IHI and across related initiatives. For example, Alliance leaders collaborated with IHI's Research and Innovation team as contributors to an IHI White Paper, *Whole System Measures 2.0*. Current members are participating in new research focused on strategic design of health equity priorities, and many Alliance leaders serve as faculty and guest speakers in a variety of IHI and IHI-supported programs.

Alliance members at the 2017 Spring Meeting in DC.

Newsletter and Listserv: Alliance members stay connected virtually by means of a bi-weekly newsletter and a listserv currently connecting approximately 500 participants from 40 organizations, including IHI staff and faculty engaged in the Alliance.

COLLABORATION & INNOVATION

Workgroups: The IHI team encourages Alliance members to participate in virtual workgroups to accelerate their organizations' strategic efforts. Alliance leaders generate the workgroups' aims and final outputs. These groups are the "engine" of on-the-ground improvement and innovation, and senior leaders often engage their most able improvers and promising leaders in this work. The workgroup framework is organic and agile, relying on Alliance member input to guide topic selection and focus workgroups on the issues that matter most to leaders. We will explore topics such as waste, measurement, and coproduction, among others, in Year 4 Alliance programming.

Here are four brief examples of past workgroups:

1. *Breaking the Old Rules to Allow Radical Redesign to Thrive*

Since 2001, the 10 "simple rules" proposed by the Institute of Medicine[1] have served as guideposts for health system leaders. Although these rules are surely still relevant, the health care landscape has changed significantly since the report was first published more than 15 years ago. Recognizing that new aspirations may benefit from a new set of guiding principles, Alliance members co-created the "10 New Rules for Radical Redesign in Health Care" (listed on the right) as part of Year 1 workgroup collaborations.

This work carried forward into Year 2 and inspired Alliance members to consider new opportunities and move toward action. As health care leaders, we often create or promote rules, policies, or habits — all with the best of intentions — that do little to improve the care experience for patients, families, or staff. On **January 11-15, 2016**, Alliance members came together to ask patients, families, and staff a simple, but galvanizing question: "*If you could break or change one rule in service of better care for patients or staff, what would it be and why?*" This week of "rule-breaking exploration" resulted in nearly 400 rules submitted by 24 participating Alliance organizations. Organizations then worked locally to explore whether the rules and habits surfaced by their patients and local providers could, in fact, be broken. Some of the rules requiring dialogue at a national level related to policies and information-sharing practices were brought directly to CMS as part of the 2016 Alliance Spring Meeting.

New Rules for Radical Redesign

1. Change the balance of power
2. Standardize what makes sense
3. Customize to the individual
4. Promote wellbeing
5. Create joy in work
6. Make it easy
7. Move knowledge, not people
8. Collaborate and cooperate
9. Assume abundance
10. Return the money

A recent Alliance network publication — *JAMA Viewpoint* "Breaking the Rules for Better Care" — has registered more than 40,000 online views, putting it in the top 5% most-accessed *JAMA* pieces in recent years.

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[1] Institute of Medicine. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: National Academies Press; 2001.

2. *Why Can't Our EHRs Be More Like Our Smartphones?*

The full promise of EHRs has yet to be realized. Alliance members explored how to best leverage EHRs to drive quality, safety, and population health management while being mindful of the end-user experience. Members also spent time identifying bright spots and opportunities across the Alliance while developing recommendations to bring about faster adoption, greater collaboration to address gaps, and wider dissemination of best practices. These efforts culminated in a written Call to Action and a multi-stakeholder meeting in May 2016. The multi-stakeholder gathering included executive leaders from the top five EHR vendors, as well as senior leaders from the public and private sector. The group generated a "Top 10" list of suggested "road signs" to shape private and public sector initiatives for the next five years. This draft "road map" resulted in a member-authored *Modern Healthcare* [commentary piece](#). A brief summary of the meeting and the Call to Action were also shared with both CMS and the Office of the National Coordinator for Health Information Technology (ONC).

> *"I am not sure any other group besides IHI could have convened that broad a range of perspectives. The Spring multi-stakeholder meeting with EHR vendors, government, and private sector innovators was the most exciting IHI event I have been to in a decade."*
>
> —Steve Tierney, MD, Medical Director and CMIO, Southcentral Foundation (Alliance member in Years 2 and 3), about the 2016 Spring Meeting

3. *Addressing the Opioid Epidemic*

Alliance members, like colleagues across the country, are alarmed by the increasing toll the opioid epidemic is taking on individuals, families, and communities. Alliance members partnered with IHI's Innovation Team to test a system-wide approach that brings individuals, health care delivery systems, and communities together in an effort to reduce opioid misuse, abuse, and dependence. Leadership Alliance members tested changes and shared learning across this workgroup.

4. *Accelerating User-Centered Design Innovations in Collaboration with Patients and the Workforce*

Health care organizations need new tools and methods to more effectively improve their services and meet their mission to be truly person-centered. One of these improvement methods is user-centered care. This workgroup was designed based on two requests from participating members: 1) identify new ideas for teams to test and 2) provide concrete, user-centered design tools to use at their home organizations. Over six months, Alliance members came together with peers and other exemplars to discuss new methods around user-centered design, review tools to help them in the journey, and hear case studies from organizations integrating these tools and systems into their strategy, infrastructure, and capability-building efforts. Calls featured topics such as experience-based co-design methods (Point of Care Foundation); the VA Innovators Network; innovation with design thinking (Virginia Mason Medical Center); the six steps of co-design (Kaiser Permanente); and design transformation (IBM).

> *"The opportunity to gather with folks who are like-minded around 'let's do something, let's make something happen, let's shake it up' was what drove us to join the Leadership Alliance."*
>
> —Ann Lewis, Chief Executive Officer at CareSouth Carolina (Alliance member in Years 1, 2, and 3)

COLLECTIVE VOICE

In addition to networking, collaboration, and innovation opportunities, members channel their insights and experiences into developing a "collective voice" within the Alliance. They contribute their thought leadership via meetings with key stakeholders, published reports and opinion pieces, journal articles, as well as news articles and social media. There is ever-growing momentum to expand the Alliance's collective voice in the work ahead. When IHI created the Leadership Alliance in 2014, Derek Feeley and Dr. Don Berwick believed collective voice was a fundamental pillar in the Alliance's design and that this budding program should provide a platform and megaphone to courageous leaders. Their premise: there was no better time than now for health care organizations to commit publicly and speak loudly on behalf of their patients, partners, and communities. Alliance members have committed eagerly to this call and their collective voice grows stronger and clearer throughout each program year.

Helen Macfie, PharmD, Chief Transformation Officer for MemorialCare Health System, at the 2016 Spring Meeting

Find a select list of published or printed collective voice outputs on .

YEAR 4 TIMELINE

	Oct 2017	November	December	Jan 2018	February	March	April	May	June	July	August	September
In-Person Meetings	•							•				
Leadership Roundtable Webinars	•	•		•	•	•	•		•	•	•	•
Expert Call Series		•	•	•	•				•	•	•	
Workgroups		•	•	•	•	•	•	•	•	•	•	•
Ad-Hoc and Topical Networking	•	•		•	•	•	•	•	•	•		•
Collective Voice		•	•	•	•	•	•	•	•	•	•	•
IHI National Forum CEO Summit			•									
IHI National Forum Reception			•									

Membership Participation and Experience

The Leadership Alliance is a member-driven network in which leaders play a key role in shaping and influencing the direction of the work. We welcome organizations that believe that sharing and learning with each other and partnering with patients, workforces, and communities can help us individually and collectively get better, faster. In other words, we welcome organizations that:

- Have commitments from the highest levels of organizational leadership that delivering on the full promise of the Triple Aim is of strategic importance

- Are willing to share generously and commit the time and resources required to meaningfully engage in developing, testing, implementing, and measuring care redesign efforts

- Are fully committed to moving from talking to doing, and from aspiring to achieving

- Want to be vocal about the changes needed for the future

To gain maximum value from the Leadership Alliance, IHI recommends designating a senior executive to be the overall organizational sponsor, and an operational leader of the multidisciplinary team that will engage deeply in the work of the Alliance. IHI encourages members to identify a team of operational, clinical, quality, finance, and human resource leaders who can commit time to engaging actively in Alliance activities. Team members may include the CEO, COO, CFO, CNO, CMO, CQO, and those they designate as emerging leaders. Many participating members find that the Alliance is a strong network for mentoring emerging leaders alongside their more senior colleagues.

For the operational leader of your Alliance team, we recommend allocating **one day per month** for this role. Engagement for other members will vary based on how teams wish to engage in calls and events. The IHI team can help with these resourcing estimations in an onboarding call.

Below are some examples of how past members have engaged across the Alliance programming. It has been IHI's understanding that while members share common engagements, teams have varied experiences within the Alliance depending on where, when, and how often they choose to engage in this work. Many members find value in creating an internal communication structure that allows them to disseminate information and lessons learned from the core Alliance team to the larger organization.

- Organizations choose to send leaders exclusively to the in-person meetings and periodically to the monthly virtual webinar programs.

- Other teams engage leaders from across their executive team and/or emerging executive leaders to represent their organization in specific workgroup activities, as well as joining virtual programming and in-person networking.

- Finally, some Alliance organizations have found success leveraging one to two executive leaders that participate in the in-person meetings and one or two key workgroups that align specifically with their current or emerging strategic interests.

How to Enroll

To enroll your organization, please email Leadership Alliance Senior Project Manager Alyssa Saraswat at asaraswat@ihi.org. We strongly encourage connecting with the IHI team for a brief introductory call to learn more about the Alliance and discuss what membership might look like for your team.

Once enrolled, new members begin a customized onboarding process with the IHI team and will engage fully in the work of the Alliance starting in October 2017. Participation continues through September 2018, at which time members will have the option to continue for Year 5.

Fees and scholarships:

- The cost for one year of participation is $40,000, which includes all Alliance activities such as:

    – Unlimited participation in all virtual learning activities

    – Attendance at two face-to-face meetings each year

    – Enrollment for two leaders in the CEO and Leadership Summit at the 29th Annual IHI National Forum in December 2017

- A limited number of partial scholarships are available for primary care organizations and federally qualified health centers or safety net organizations.

> The first face-to-face meeting of
> Year 4
> will be in
>
> **Boston, Massachusetts**
>
> **October 26-27, 2017**

The Leadership Alliance accepts a limited number of industry members, such as professional or industry groups and hospital associations, at a discounted membership fee. To determine if your organization might be eligible for industry membership, please contact Alyssa Saraswat at asaraswat@ihi.org.

We are also able to offer discounted fees to groups of three or more hospitals within a health care delivery system enrolling in the Alliance together. For more information, contact Alyssa Saraswat at asaraswat@ihi.org.

Please note: IHI encourages teams to enroll prior to August 2017 in order to prepare for the October 2017 kick-off meeting.

Learn More

- Visit: ihi.org/LeadershipAlliance

- Email: asaraswat@ihi.org
  Alyssa Saraswat, *IHI Leadership Alliance Senior Project Manager*

- Call: (617) 301-4896

Leadership Alliance Members: Year 3

Air Force Medical Department
Alberta Health Services
Army Medical Department
Baystate Health
Bellin Health
CareSouth Carolina
Charleston Area Medical Center
Christiana Care Health System
Cincinnati Children's Hospital Medical Center
Coastal Medical
Consulate Health Care
Emerald Physicians
GBMC HealthCare System
Genesis HealthCare
Health Quality Council of Alberta
HealthPartners
Henry Ford Health System
Kaiser Permanente
Kansas Healthcare Collaborative
Keck Medicine of USC
Mayo Clinic
Memorial Hermann
MemorialCare Health System
Missouri Hospital Association
National Capital Region Medical Directorate
Navy Medical Department
North Carolina Hospital Association
Northwell Health
Palmetto Health
Parkview Health System
Providence St. Joseph Health
Roanoke Chowan Community Health Center
Sanford Health
Sibley Memorial Hospital
South Carolina Hospital Association
Southcentral Foundation
Tanana Chiefs Conference
The Dartmouth Institute
UMass Memorial Health Care
University of Arkansas for Medical Sciences
UPMC
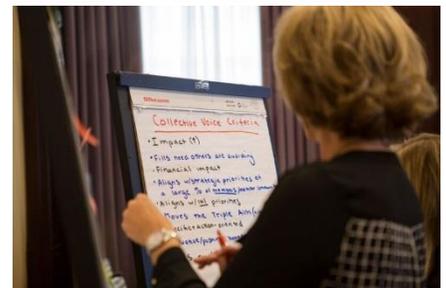
Leadership Alliance Guest Speakers

Although this program often features Alliance members as speakers, below are highlighted external thought leaders and provocateurs who have contributed to in-person and virtual Alliance meetings.

Sanjeev Arora, MD, FACP, FACG
Director and Founder of Project ECHO
Professor of Medicine, Department of Internal Medicine at University of New Mexico Health Sciences Center

Tiffany Christensen
Patient Advocate, Duke University Hospital
National public speaker and author of *Sick Girl Speaks!*

Patrick H. Conway, MD, MSc
CMS Deputy Administrator for Innovation and Quality and Director for the Center for Medicare and Medicaid Innovation (CMMI)

David Cutler, PhD
Otto Eckstein Professor of Applied Economics, Harvard University

Senator Tom Daschle
Founder and CEO, The Daschle Group
Former US Senator of South Dakota, Former US Senate Majority Leader

Elizabeth J. Fowler, PhD, JD
Vice President, Global Health Policy, Johnson & Johnson
Former Special Assistant to President Obama on Health Care and Economic Policy

Atul Gawande, MD, MPH
Surgeon, Brigham and Women's Hospital
Professor, Harvard T.H. Chan School of Public Health, Harvard Medical School
Executive Director, Ariadne Labs

Kate Goodrich, MD, MHS
Director and CMS Chief Medical Officer, Center for Clinical Standards and Quality (CCSQ)

Cindy Mann, JD
Partner at Manatt, Phelps & Phillips, LLP
Former Deputy Administrator and Director of the Center for Medicaid and CHIP Services

Mark McClellan, MD, PhD
Director and Professor of Business, Medicine, and Health Policy,
Duke University's Robert J. Margolis, MD, Center for Health Policy

Kathleen Sebelius
President and CEO, Sebelius Resources, LLC
Former United States Secretary of Health and Human Services

Andy Slavitt, MBA
Former Acting Administrator, CMS

Lauren Taylor
Co-author of *The American Health Care Paradox: Why Spending More is Getting Us Less*

Karel Vredenburg
Director of Design, IBM

Sheldon Whitehouse, JD
United States Senator for Rhode Island

Selection of Collective Voice Outputs

Berwick DM, Loehrer S, Gunther-Murphy C. Breaking the rules for better care. *Journal of the American Medical Association.* 2017;317(21):2161-2162.

Berwick DM, Feeley D, Loehrer S. Change from the inside out: Health care leaders taking the helm. *Journal of the American Medical Association.* 2015;313(17):1707-1708.

Briddon M. Time of change: US health care leaders resolve to stay the course in 2017. IHI Blog. January 20, 2017.

Courneya P. Owning the equity challenge in health care. IHI Blog. May 5, 2015.

Endo JA. What will MACRA mean for US health care? What we learned from the experts. IHI Blog. August 31, 2016.

Feeley D. Changing the balance of power: Applying radical redesign principles beyond patient care. IHI Blog. October 1, 2015.

Foster R, Alvarez T, Feifer R, Mette S, Chessare J, Bassford J. Health care leaders: Bill or no bill, we still have work to do. *NEJM Catalyst.* June 8, 2017.

Garfunkel S. Former Oregon governor: Health care leaders must lead the debate on health reform. IHI Blog. January 24, 2017.

Gunther-Murphy C. Don't walk by: One way leaders can promote joy in work. IHI Blog. June 14, 2016.

Halamka J. A multi-stakeholder discussion in Washington. Life as a Healthcare CIO Blog. May 20, 2016.

Institute for Healthcare Improvement. Breaking the rules: Lessons from IHI's Leadership Alliance. WIHI Audio Program. April 7, 2016.

Institute for Healthcare Improvement. What's Next for Electronic Health Records? WIHI Audio Program. September 22, 2016.

Jarrett M, Schreiber M. Why can't our EHRs be more like smartphones? *Modern Healthcare Commentary.* November 7, 2016.

Kurose GA. Share the work, share the wealth: Lesson from Coastal Medical's ACO journey. IHI Blog. February 5, 2015.

Kurose GA. What we pay for in health care. *Huffington Post.* April 18, 2017.

Loehrer S, Feeley D, Berwick D. 10 new rules to accelerate healthcare redesign. *Healthcare Executive.* 2015 Nov;30(6):66-69.

Macfie H, Testman K, Duncan J. Applying radical redesign efforts. *HFMA Healthcare Cost Containment.* December 2015.

Moss M. The health care workforce of the future. IHI Blog. March 21, 2016.

Tierney S. How can electronic health records be more patient-centered? IHI Blog. March 25, 2016.

Institute for Healthcare Improvement

Learn More

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IHI Leadership Alliance Senior Project Manager

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