It's not “What’s the matter?”
It’s “What matters to you?”

APAC Forum on Quality Improvement in Health Care
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Kia Ora!
Kia Ora!

Columbia, South Carolina
Richland County - 29203

Population Percentages

- White: 66.2
- African American: 17.1
- Hispanic/Latino: 1.5
- Other: 8.2

South Carolina 4,420,864
Richland County 388,604
2020: 42,460

9/18/2012
Healthy Columbia

Looking Back
Great Progress Within the Walls

- Safety
- Access
- Some new models and processes
- Innovation and improvement tools in daily use
- Hearing the patient’s voice
- Beginnings of adoption of technology to support information and health
Looking Ahead
Challenges for Us All

- Burden of chronic disease
- Costs of care
- Effective integration of technology
- Moving outside the traditional places of care
- Moving from “what's the matter?” to “what matters to you?”

The Societal Challenges

- 75% of health care budgets are going to chronic disease care
- Diabetes, cardiac disease, and obesity are expected to increase by 50% by 2035
- The “burden of the illness” in these diseases is 24/7 and requires a new way to look at the “burden of the treatment,” including designs and costs
Obesity
Not Just an American Problem

THE GLOBAL OBESITY PROBLEM

Prevalence estimates of diabetes, 2025

SOURCE: DIABETES ATLAS THIRD EDITION; © INTERNATIONAL DIABETES FEDERATION, 2006
Health Care Spenders and Costs

<table>
<thead>
<tr>
<th>Spenders</th>
<th>Costs</th>
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<tbody>
<tr>
<td>The <strong>top 1%</strong> of spenders accounts for <strong>21.8%</strong> of the costs</td>
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<tr>
<td>The <strong>next 4%</strong> account for <strong>28.2%</strong> of the costs</td>
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<tr>
<td>The <strong>bottom 50%</strong> account for just <strong>3%</strong> of the costs</td>
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Health of a Population

Experience of Care

Per Capita Cost

The IHI *TripleAim*
Looking Forward

• Where we need to go…
  — At the patient level
  — At the organizational level
  — In the community

At the Patient Level

• Move from “What’s the matter?” to “What matters to you?”

• The patient is not the problem (Muir Gray)

• “Minimally Disruptive Medicine” (Victor Montori)**
  — Having conversations with the patient, understanding patients (not just their diseases) and their lives

• Patient goal setting

**Montori, VM. “Shrinking the health care footprint.” Minnesota Physician. XXVI(1), April, 2011.
Compliance with Multi-disciplinary Rounds and Daily Goals

ICU Mortality Reduction
Newborn Integrated Care

Mount Sinai Hospital in Toronto revolutionizes care for their tiniest patients

A new family integrated care initiative engages parents to:

- Commit to spending a minimum of eight hours at the Hospital each day
- Receive coaching from the inter-professional multidisciplinary team to build their confidence on provide basic care for their baby such as feeding, bathing, changing diapers and how to hold their baby for as much skin-to-skin contact as possible
- Take the lead in care planning, chart their baby’s progress and present at rounds each morning to physicians and other clinical staff
- Have the emotional support of specially trained Parent Buddies who have had babies of their own in the NICU. They understand the obstacles parents face and are able share their unique experiences.

A Patient Goal-Setting Example from Saskatchewan

- Dr. Susan Shaw is the Chair of the Health Quality Council, and Department Head, Adult Critical Care, Saskatoon Health Region. She is Physician Co-lead for the Saskatchewan Surgical Initiative and an Assistant Professor with the College of Medicine’s Department of Anesthesiology, Perioperative Medicine and Pain Management at the University of Saskatchewan.

Patient Goal-Setting

- It’s Dr. Shaw’s routine to create a list of daily goals for each patient as she completes morning rounds.

  - Every morning the care team meets at the bedside of each patient. Often the patient’s family joins too.
  - Each team member presents his or her assessment, then together they create a plan for the day.
  - By the end of the group discussion, they have a list of daily goals for the next 24-hour time frame on the whiteboard next to each patient’s bed.
  - These goals solidify and help communicate the plan, making sure they all know what each team member needs to contribute that day.
Patient Goal-Setting

• One morning, during rounds in the ICU, a patient’s daughter jumped up with excitement and said, “Look at what Mom wrote for you!”

• She showed a piece of paper on a clipboard, with two goals written in somewhat shaky writing.

Patient Goal-Setting

• “Heal this broken body”

• “Cut grass”
Patient Goal-Setting

- Daily goals shouldn’t only focus on:
  - a negative fluid balance
  - a specific level of wakefulness
  - Follow-up with a pathology report
  - moving to the next step on the ICU mobility protocol, etc.

- These goals are important. They provide direction for the ICU nurses and therapists. But they aren’t inspirational or motivational. They are simply small steps that must be taken to get us to what really matters: the goals set by our patients.

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5000 Hours

At the Patient Level

- Move from “What's the matter?” to “What matters to you?”
- Build a way to assess the assets the patient and family bring
- Use daily goals and multi-professional rounds with patients in hospitals
- Use longer-term goals for well patients and those with chronic disease

At the Organizational Level

• New ways to work

• New ways to build the assets and skills of all who work in your organizations

• New ways to care

Frugal Innovation

5 Dimensions of Frugal Innovation

1. Innovations in the development of specific biomedical technologies, including drugs, devices, and equipment

2. Innovations in the production function of health services, i.e., in the types and combination of inputs, including “task shifting” and mass production of clinical procedures

3. Innovations in the development of new delivery platforms, most importantly through the use of mobile phones

4. Innovations in the design of incentives for users and providers, for example, through the use of conditional cash transfers

5. Innovations in the support functions for health care, including administrative and regulatory processes

Collaborative Care at ThedaCare

- Collaborative rounding on your admission
- Evidence-based care
- The nurse as manager of care
- Electronic Records
- Design of physical space
At the Organizational Level

- Explore the assets and skills in your staff, and redesign to optimize their expertise
- Redesign care *with* patients
- Seek out the best innovations and send a team to explore

In the Community

- Understand your community deeply…both its needs and its assets
- Look outside of the current system
- Create new connections
Health

The Robert Wood Johnson Foundation defines it this way:

“Health starts where we live, learn, and play.”

Determinants of Health

And the World Health Organization defines the social determinants of health as:

“The conditions in which people are born, grow, live, work, and age…including the health system.”
Determinants of health

Environment
National economic strategy
Education
Agriculture and food
Recreational and culture
Eating habits
Health care
Social network
Exercise
Sex and peaceful coexistence
Public Assistance
Sleeping habits
Children’s contact with adults
Health care
Social support
Work
Tobacco
Unemployment
Alcohol
Living situation
Environment
Age
Sex
Heredity

Courtesy of the Institute for Healthcare Improvement, April 2009
IHI’s Triple Aim Design

- The first component of the model is the identification and deployment of community assets to build a mechanism for engaging and activating members of the population (ACTIVATION).

- To serve all activated individuals in the entire geographic population will require the health care delivery system to connect with other service providers in the community (CONNECTION).

- This will lead to new care designs among trusted and cooperative partners that operate at a geographic scale (NEW DESIGNS OF CARE).

IHI’s Partners/Activation Mechanisms: Memphis / Shelby County, TN

- **Memphis Activation Mechanism:**
  - A virtual faith-based network.

- **Focus of Activation mechanism – Project Goals:**
  1. Reduce untreated and unmanaged hypertension among low-income African American men.
  2. Reduce health risk and incidence of uncontrolled chronic disease for vulnerable women in Memphis.
Memphis (Shelby County) HRR Map
http://www.commonwealthfund.org/Maps-and-Data/State-Data-Center/Local-Scorecard.aspx

Activating Memphis’ Congregational Health Network (CHN)
Health Impact Pyramid

Source: Dr. Tom Frieden, Director of the Centers for Disease Control and Prevention

- Socioeconomic Factors
- Changing the Context
  To make individuals’ default decisions healthy
- Long-Lasting Protective Interventions
- Clinical Interventions
- Education & Counseling

Smallest Impact

Largest Impact
In the Community

- Understand your patient segments, and the key drivers to their health
- Map your community assets (inside and outside health care)
- Move down the Health Impact Pyramid to include new designs and contexts
Key Messages

• Move from asking, “What’s the matter?” to “What matters to you?”
• Identify and build on the assets in your patients, in your organizations, in your communities
• Move from disease care to health care
• Focus on your own health and your family’s health
Prevailing Model

- MLP Model
- Legal Assistance

- Service is crisis-driven
- Individuals are responsible for seeking legal assistance
- Primary pursuit is justice
- Service is preventive, focuses on early identification of and response to legal needs
- Healthcare team works with patients to identify legal needs and makes referrals for assistance
- Aims include improved health and well-being

Health Care

- Adverse social conditions affect patient health but are difficult to address
- Healthcare team refers patients to social worker/case manager for limited assistance
- Advocacy skills are valued, taught and deployed inconsistently
- Adverse social conditions with legal remedies are identified and addressed as part of care
- Healthcare, social work, and legal teams work together to address legal needs, improve health and change systems
- Advocacy skills are prioritized as part of the standard of care

Source: Barry Zuckerman, MD, BU School of Medicine, Boston Medical Center

For more information: www.medical-legalpartnership.org

Medical Legal Partnership: Transforming Healthcare and Law

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