Institute *for* Healthcare Improvement

Building Health-Creating Systems

Quality is the compass for redesign.

The pursuit of health, well-being and better healthcare may be at a crossroads. The COVID-19 pandemic revealed major gaps in quality and equity. Safety concerns, including essential healthcare workforce safety, became crises. The limits of, and inattention to, public health and healthcare infrastructure left us ill-prepared for this calamity. We can't merely repair and rebuild; we must redesign to build the health-creating systems of the future.

It is time to transform episodic, discontinuous care into a seamless, coordinated system that makes sense for patients.

Designing health-creating systems first requires a commitment to an overarching goal: improved individual and aggregate health outcomes. Healthcare exists to meet a crucial societal need—better health. The current health system is not meeting this need, as evidenced by a decline in overall life expectancy in the United States in 2015, 2016 and 2017.

What does a health-creating system look like? Five key features are known, as described below, and yet they remain poorly implemented. Health systems that embed these components will be better prepared to care for their patients and respond to future threats like COVID-19.

Maximize the promise of technology. Technology is integral but often underused or poorly used to support the clinical workforce. Digital therapeutics, diagnostics and monitoring systems are fully enmeshed in clinical workflows and must be regarded as essential, not add-on, elements of the care system. Clinical practice is a socio-technological phenomenon, wholly reliant on both a clinician's compassion and a machine's ability to supply information and services just in time.

Harness the power of person-driven care. Technologies are also creating a more activated and engaged patient population with a transformed sense of both ownership of their health and the agency to improve it. Health-creating systems need to be person-driven because the most essential contributor to an individual's health is himself or herself. ImproveCareNow—a collaborative community focused on improving outcomes and care for children with inflammatory bowel disease—exemplifies a person-driven approach: Patients share knowledge with each other about how to live with this chronic disease that is different from, and no less valuable than, expert advice from clinicians. Patients also set and drive the research agenda for both new treatments and for improving existing ones.

Leverage the caring community around the patient, beyond the clinical environment. Healthcare leaders now widely acknowledge that their systems are only one contributor in a much larger community of care. To create better health, healthcare organizations must partner and coordinate with others engaged in the patient's life, including family caregivers, employers, schools, and other providers and supports in the community.

Engage in more rapid learning and knowledge sharing to enhance clinical care. Advances in technology are also enabling clinicians to share knowledge, redesign care processes and protocols, and connect to the best, most relevant expertise. For example, one health system developed a COVID-19 treatment protocol, and within two weeks, it was modified 34 times by

clinicians learning what did or didn't work and as new evidence became available. During the pandemic, clinical governance—evidence identification, interpretation, and guideline creation and implementation—has undergone rapid redesign and deployment throughout the clinical enterprise to develop urgently needed care processes and protocols. Consider how applying a similar, more rapid and thorough evidence-to-implementation approach might benefit care processes for pancreatic cancer, rheumatoid arthritis, epilepsy and heart failure.

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Create continuous, less episodic care. The COVID-19 pandemic has also accelerated a shift from traditional in-person care toward more convenient, less costly and more personalized interactions online. This shift will require unprecedented collaboration and movement of people and supplies across organizational boundaries. During the pandemic, for instance, all hospitals and post-acute care organizations in a major city formed a seamless network to transfer patients within minutes throughout the city.

Although the necessary technologies and platforms have existed for years, there has not been the will to make this happen until the pandemic struck. It is time to transform episodic, discontinuous care into a seamless, coordinated system that makes sense for patients.

To increase momentum and harness the progress already made in pockets of the health system, the following are three elements for healthcare leaders to consider.

1. Evaluate Existing Innovations and Improvements

Changing protocols and processes are part of life in healthcare, never more so than during the pandemic. Evaluating which changes produce better outcomes, and which do not, is crucial. Amar Shah, MD, and colleagues at East London NHS Foundation Trust in the United Kingdom, for example, use a 2x2 matrix to assess changes that were both implemented and stopped during the pandemic to determine which only have value during COVID-19 and which have potential longer-term value. For processes and protocols ceased during the pandemic, the team determines which ones should be reimplemented or abandoned. Innovation and change are essential to creating health, so we need to make room for new things that work by removing the things that don't.

2. Pursue Value-Based Care by Accelerating the Transition Away From Fee for Service

When COVID-19 initially reduced service volumes, organizations operating in primarily risk-based payment arrangements were better able to offset some of the financial losses. It would be beneficial for healthcare organizations to continue preparing for the value-based models of the future that align incentives with the overall goal of reducing the need for care. Healthier patients lead to less care and make more resources available for other investments that benefit health such as public health, health infrastructure, education and other areas that may prepare us for future pandemics.

3. Use Quality as Your Compass to Design Health-Creating Systems

During the pandemic, many health systems leveraged their existing quality management systems—event reporting, daily huddles, escalation procedures and iterative problem-solving methods—to tackle care needs and gaps. These methods help produce more reliable health systems that, in turn, reduce the societal costs of poor health. Quality and reliability science provide the direction, methods and tools necessary for sustainable, transformational change.

Leadership is crucial both during a crisis and in guiding the way *out* of a crisis. Health system leaders have a unique opportunity to learn from the extraordinary courage, commitment and creativity that healthcare has demonstrated during the pandemic and to honor these achievements by hardwiring the learning into the systems we steward. We cannot let this moment pass by without real and lasting change. ▲

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