‘Values, suffering and incentives’

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Putting the Value Framework to Work: Suffering, Loyalty, Incentives, and Transparency as Themes for Our Times

Thomas H. Lee, MD
Chief Medical Officer, Press Ganey
May 12, 2014
Themes For This Evening’s Discussion

1. Value as a strategic framework
2. Real teams
3. Suffering
4. Drivers of patient loyalty (What do they value?)
5. Physician engagement
6. Power of transparency
A Moment of Discontinuity Really Has Arrived

- The health care system is under duress – throughout the world
- Irresistible drivers of change include:
  - Medical progress
  - Aging population
  - Global economy
- Challenges for providers and patients:
  - Too many people involved, too much to do, no one with all the information, no one with full accountability
  - Result: Chaos → gaps in quality and safety, inefficiency
  - Patients are afraid not just of their diseases, but of lack of coordination

Question: If somehow, magically, health care costs were not a problem, would you say that health care is working just fine?
The Strategy That Will Fix Health Care

Providers must lead the way in making value the overarching goal by Michael E. Porter and Thomas H. Lee
Lessons Learned Since My Last Visit

- The nature of strategy
  - Antidote to threats to success
  - Two key questions
    - What are you trying to do for whom?
    - How are you going to be different?
- Just working harder is not a winning formula
- Segmenting patients into groups with similar needs, and organizing teams to meet those needs may be
- Value chain analysis as a powerful tool – and as a way of determining whether you are segmenting at the right level
A Six Component Framework

THE VALUE-BASED SYSTEM
The strategic agenda for moving to a high-value delivery system has six interdependent elements.

1. Organize into integrated practice units (IPUs)
2. Measure outcomes and costs for every patient
3. Move to bundled payments for care cycles
4. Integrate care delivery across separate facilities
5. Expand excellent services across geography
6. Build an enabling information technology platform

SOURCE MICHAEL E. PORTER

HBR.ORG
Example of a Real Team: Virginia Mason Spine Clinic

Key features

1. One phone number
2. Same-day visits
3. MD physiatrist and physical therapist see patient as team
4. PT often started first day
5. Lower costs, radiology testing, time lost from work
6. More patients seen in same physical space
Geisinger Autism Program: Number of Families Waiting for Appointment

ADMI Waiting List

Average wait to get an appointment scheduled was 1-2 years; now immediate scheduling with average wait until visit of two months.
Outcomes – Where the Puck Is Going…

• Outcomes that matter to patients
  • Patient Reported Outcomes Measurement (PROMs) for clinically-defined subsets (e.g., prostate cancer, total knee replacement, etc.)
  • “Peace of mind”
    • “Likelihood to recommend” is not driven by food or parking, but by confidence in clinicians, coordination of care, and demonstration of concern for patients’ worries.

• Much more data obtained through E-surveys
  • So patient experience/outcomes become like a vital sign
  • Data obtained throughout episode of care, not just end
  • Data used for improvement (note Campbell’s Law)
Suffering as a Focus

**OUR GOAL: DO NOT create this suffering for patients.**
- Provide evidence-based care.
- Prevent complications and errors.
- Reduce wait, show respect and value for the individual, ensure coordinated communication, demonstrate cooperation among staff.

**OUR GOAL: Mitigate this suffering.**
- Address symptoms, improve functioning, seek to cure, reduce pain and discomfort.
- Reduce anxiety and fear, educate and inform.
- Minimize the extent to which medical care disrupts normal life to the greatest extent possible.
- Provide distractions from the medical setting that provide respite to the anxious patient.

**Avoidable Suffering Arising from Defects in Care and Service**
- Provide evidence-based care.
- Prevent complications and errors.
- Reduce wait, show respect and value for the individual, ensure coordinated communication, demonstrate cooperation among staff.

**Mitigable Suffering Associated with Treatment**
- Address symptoms, improve functioning, seek to cure, reduce pain and discomfort.
- Reduce anxiety and fear, educate and inform.
- Minimize the extent to which medical care disrupts normal life to the greatest extent possible.
- Provide distractions from the medical setting that provide respite to the anxious patient.

**Unavoidable Suffering Associated with Diagnosis**
- Provide evidence-based care.
- Prevent complications and errors.
- Reduce wait, show respect and value for the individual, ensure coordinated communication, demonstrate cooperation among staff.
My Introduction to “Suffering”

• March 2013 – breakfast with Press Ganey CEO
• My initial reaction (negative)
• Reaction of my physician colleagues at NEJM (also negative)
• Comment by copy editors that NEJM does not use the word suffering

The Word That Shall Not Be Spoken
Thomas H. Lee, M.D.

During the years when I worked in an academic integrated delivery system, my colleagues and I would frequently discuss patients’ experiences and ways to improve our management of their pain and reduce...
Focus on the Defects

Mitigatable Suffering Arising from Illness & Treatment:
Communication gaps, pain management, responsiveness, anxiety

Avoidable Suffering Arising from Dysfunction:
Lack of respect, lack of coordination and teamwork, lack of privacy

<table>
<thead>
<tr>
<th>Measure Description</th>
<th>% Top Box</th>
<th>% Sub-optimal</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often did nurses explain things to you in a way you could understand? (HCAHPS)</td>
<td>75.2%</td>
<td>24.8%</td>
</tr>
<tr>
<td>During this hospital stay, how often was your pain well controlled? (HCAHPS)</td>
<td>64%</td>
<td>36%</td>
</tr>
<tr>
<td>During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted? (HCAHPS)</td>
<td>64.8%</td>
<td>35.2%</td>
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<tr>
<td>How well did staff address your emotional needs? (PG)</td>
<td>57.5%</td>
<td>42.5%</td>
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</tbody>
</table>

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</tr>
</thead>
<tbody>
<tr>
<td>How often did nurses treat you with courtesy and respect? (HCAHPS)</td>
<td>85.8%</td>
<td>14.2%</td>
</tr>
<tr>
<td>How well staff worked together to care for you (PG)</td>
<td>70%</td>
<td>30%</td>
</tr>
<tr>
<td>Staff concern for your privacy (PG)</td>
<td>68.5%</td>
<td>31.5%</td>
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Why Loyalty Matters

- Delivery systems need to:
  - Keep care within their delivery system (i.e., reduce leakage)
  - Keep healthy patients as members of patient base
- Health care reform is already causing patients to reconsider where they get their care.
- We analyzed data from 1 million patients to develop risk stratification algorithm that identifies patients who are not very likely to recommend their clinicians or their practices (15.7%)
- Key risk stratifiers:
  1. Confidence in care giver
  2. Coordination of care
  3. Concern for their worries
What Drives Patient Loyalty?

All Patients 15.7% Recommendation Failure Rate

Low: Confidence in Provider 74.6% Fail to Recommend

High: Confidence in Provider 1.9% Fail to Recommend

Low: Worked Together 90% Fail to Recommend

High: Worked Together 28% Fail to Recommend

Low: Worked Together 11% Fail to Recommend

High: Worked Together 1% Fail to Recommend

Low: Courtesy 92.8% Fail

High: Courtesy 78.2% Fail

Low: Listens Carefully 45.7% Fail

High: Listens Carefully 24.7% Fail

Low: Concern for Worries 22.3% Fail

High: Concern for Worries 6.3% Fail

Low: Concern for Worries 5.6% Fail

High: Concern for Worries 0.6% Fail

81% of patients

19% of patients

14% of patients

5% of patients

8% of patients

72% of patients

11.4% of patients

2.5% of patients

0.8% of patients

3.4% of patients

2.4% of patients

5.9% of patients

3% of patients

68.4% of patients

What Did Not Matter In This Analysis:

- Waiting time
- Ease of access
- Convenience
- Practice amenities
Cultural Changes: Physician Engagement

Traditional definition – extent to which MDs see their own futures as intertwined with those of larger organization

- Want MDs to be “loyal” with referrals
- Want them to be cooperative

Needed – a modern concept to unlock transformation of health care

- More than agreement not to sabotage – but to actually integrate care, be creative, and relentlessly push for better outcomes/experience and efficiency
- Engagement with other care givers in real teams
- Engagement with community of colleagues so that peer pressure actually works
- Engagement with greater goals of organization
Max Weber’s Four Models for Social Action

1. Tradition – e.g., Mayo Dress Code
2. Self-interest – e.g., Performance bonuses
3. Affection – e.g., Peer pressure
4. Shared purpose – e.g., Reducing suffering
Max Weber’s Four Models for Social Action

1. Tradition – e.g., Mayo Dress Code
2. Self-interest – e.g., Performance bonuses
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4. Shared purpose – e.g., Reducing suffering

- We need to press all four levers.
- But the first lever that must be pressed is creation of Shared Purpose.
- In isolation, any of the other three levers is ineffective or potentially perverse.
- But in pursuit of a shared purpose, all three other levers can be embraced.
Appreciative Inquiry as a Tool to Create Shared Purpose

- Focus on positive, not errors
  - What went right? What characterizes the cases that made us proud?
- Identify the features that characterize care at its best – and try to make those things happen reliably.
  - Deconstruct “great care” and focus organization on delivering it.
- Challenge to leadership:
  - Describe vision for what lies on other side of change underway.
  - Make case that it is potentially good for patients and society, perhaps even great, and more important than the agendas of any of us as individuals.
Transparency: Screen Shot From University of Utah Find-a-Doctor Site

Responses are measured on a scale of 1 to 5 with 5 being the best score.

<table>
<thead>
<tr>
<th>Category</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Likelihood of recommending doctor</td>
<td>4.9</td>
</tr>
<tr>
<td>My confidence in doctor</td>
<td>4.9</td>
</tr>
<tr>
<td>Time doctor spent with me</td>
<td>4.8</td>
</tr>
<tr>
<td>Doctor's effort to include me in decisions</td>
<td>4.8</td>
</tr>
<tr>
<td>Doctor's concern for questions &amp; worries</td>
<td>4.8</td>
</tr>
<tr>
<td>Doctor's explanation of condition/problem</td>
<td>4.8</td>
</tr>
<tr>
<td>Wait time at clinic</td>
<td>4.4</td>
</tr>
<tr>
<td>Doctor's friendliness and courtesy</td>
<td>4.9</td>
</tr>
</tbody>
</table>

Patient Comments

Patient comments are gathered from our Press Ganey Patient Satisfaction Survey and displayed in their entirety. Patients are de-identified for confidentiality and patient privacy.

**UofU Patient February 24, 2014**
Dr. Glasgow and his nurse were very thorough in their explanations of the surgical procedure and follow-up care. They both made sure that I understood everything very clearly. I placed a phone call to the nurse a few days ago and she responded within 15 minutes to answer a few more questions. All in all, I have very, very comfortable with my decision to proceed with the surgery.

**UofU Patient February 07, 2014**
one of the best Dr. and staff I have worked with as a patient

**UofU Patient January 30, 2014**
I felt fortunate that Dr. Glasgow was recommended and would recommend him to anyone who needed a surgeon

**UofU Patient January 05, 2014**
Rob Glasgow is a fine surgeon and has a great bedside manner.

**UofU Patient December 27, 2013**
Dr Glasgow is great!
Exceptional Patient Experience

1 out of 2 of our physicians are in the top 10% nationally

Medical Practice Survey – providers must have n=30 returned in calendar year
National Rank – compared against the Press Ganey National Database: 128,705 physicians
1 out of 4 of our physicians are in the top 1% nationally.

Medical Practice Survey – providers must have n=30 returned in calendar year
National Rank – compared against the Press Ganey National Database: 128,705 physicians
Data Drive the Other Three Levers

- Affection (Peer Pressure) – Individual MD-level data on quality/efficiency drives improvement:
  - Fosters learning
  - Creates pressure

- Self-interest (Financial Incentives) – Patient experience data increasingly being used in compensation programs.

- Tradition – Clinicians who fail in attempts to improve their performance may be asked to leave organizations

- Implication: The stakes are high, so you need good data on metrics that really matter – and lots of it.

- Implication: Leaders need to paint the picture of something important and potentially noble on the other side of transition ahead.
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