



# System-Wide Impact: Moving from Projects to Portfolios

NIATx Summit, July 12, 2011

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Institute for Healthcare Improvement

# Faculty Introductions and Disclosures

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- Carol Beasley, MPPM, Director
- Marie Schall, MA, Senior Director

*Neither have conflicts of interest to disclose*

# Session Objectives

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- Attendees will be able to:
  - Describe a population of focus for community, state and regional initiatives
  - Establish initial system level aims and a portfolio of initiatives to move performance toward those aims
  - Apply lessons from other initiatives, e.g., Triple Aim, STate Action on Avoidable Rehospitalizations (STAAR,) and Beacon Communities

# Your Aims for Session?

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- Turn to your neighbor and share one goal or one question that you have for today's session. Be prepared to share with the group.
- What is one thing that you want to learn this morning?
- What question(s) do you have?

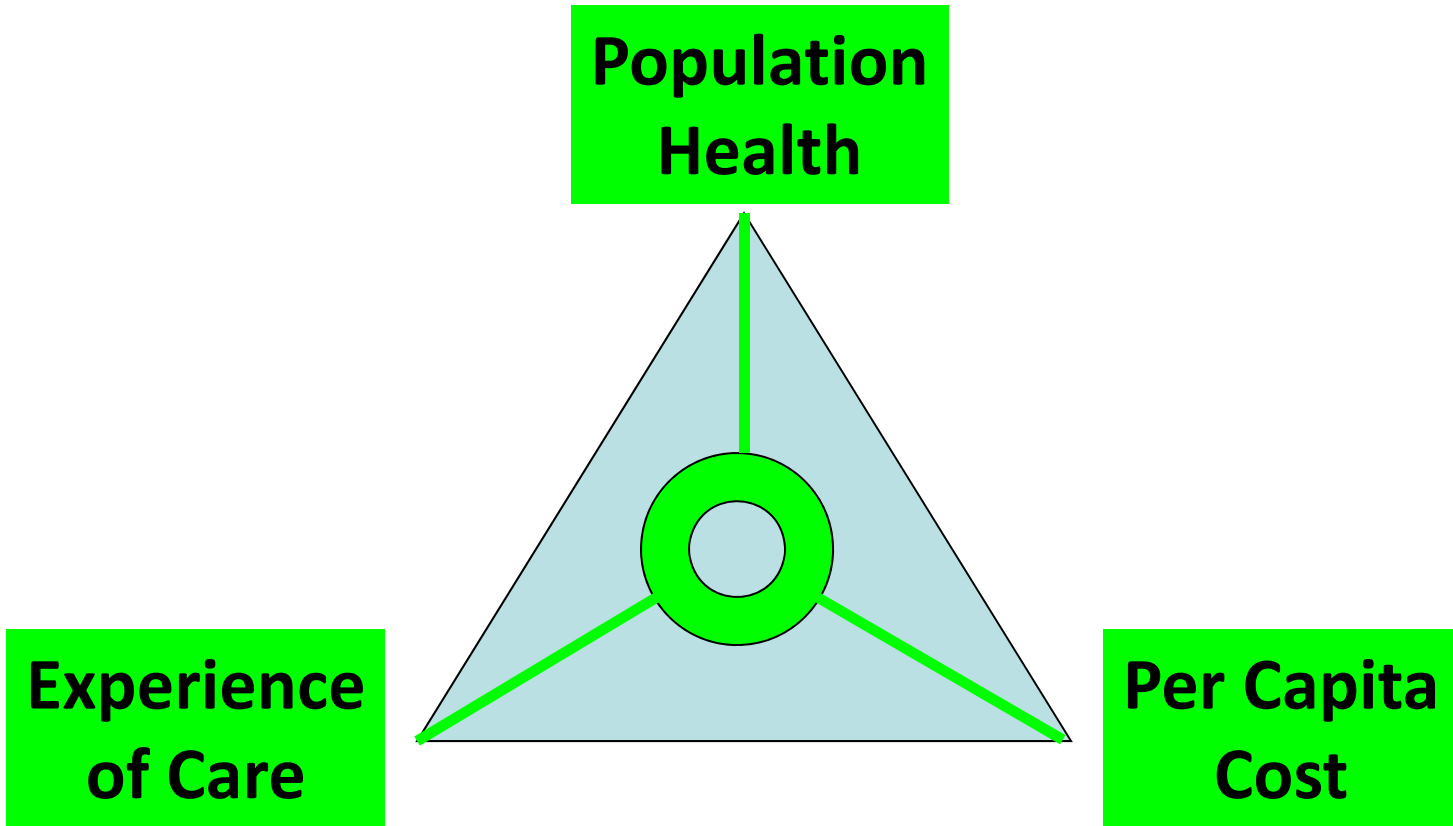
# The Plan

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- Using examples from current IHI initiatives we will discuss the implications of defining and focusing on populations.
- Describe purpose and aims, and discuss examples
- Describe system-level measures and discuss examples
- Illustrate how portfolios of projects can advance whole system results

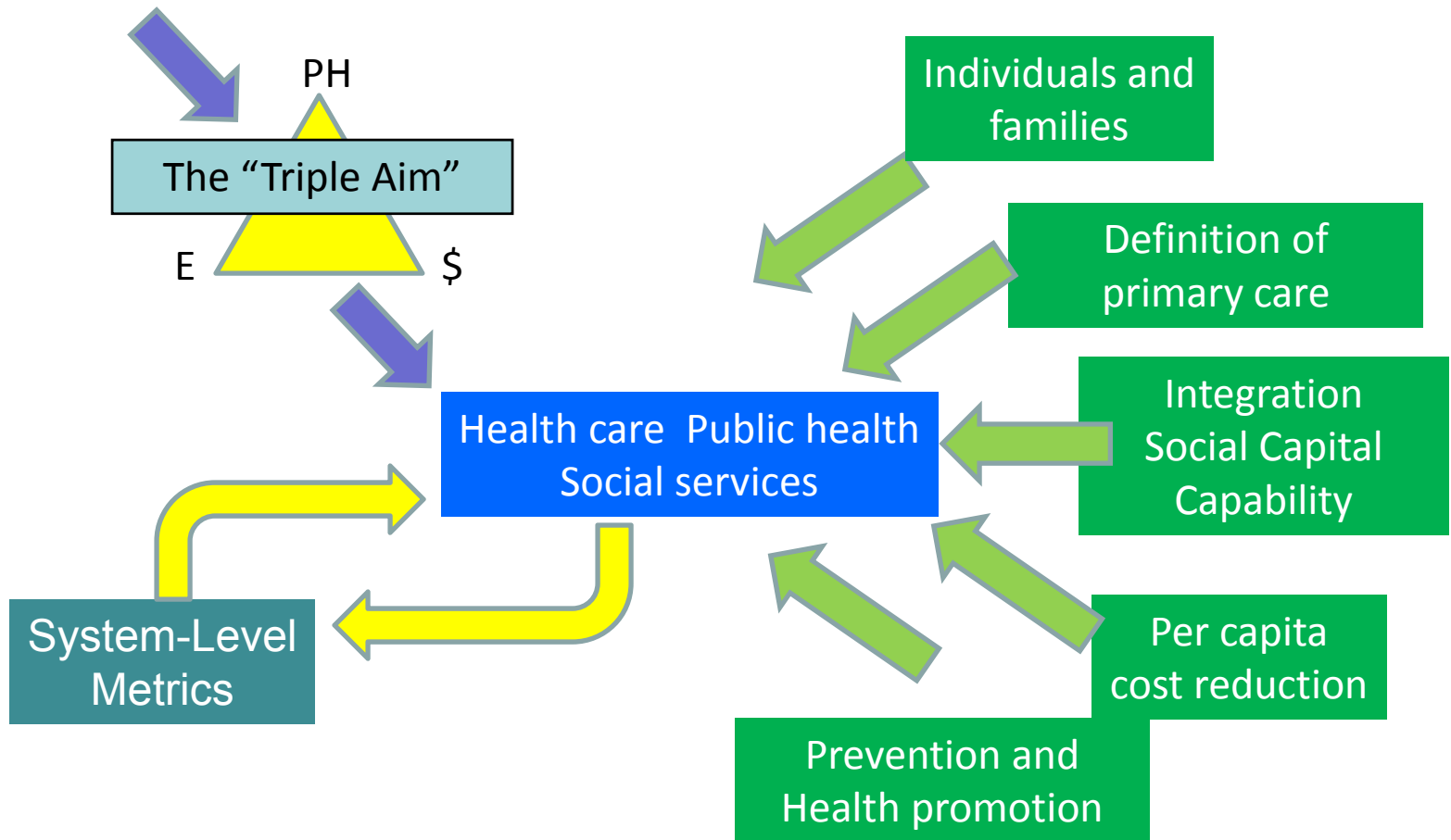
# Triple Aim Overview: Three Dimensions of Value

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# Design of a Triple Aim Enterprise

Define “Quality” from the perspective of an individual member of a defined population



# Potential Triple Aim Outcome Measures 11/09

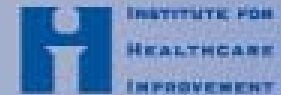
Dimension	Measure
<b>Population Health</b>	1. Health/Functional Status: single-question (e.g. from CDC HRQOL-4) or multi-domain (e.g. SF-12, EuroQol)
	2. Risk Status: composite health risk appraisal (HRA) score
	3. Disease Burden: Incidence (yearly rate of onset, avg. age of onset) and/or prevalence of major chronic conditions; summary of predictive model scores
	4. Mortality: life expectancy; years of potential life lost; standardized mortality rates. <i>Note: Healthy Life Expectancy (HLE) combines life expectancy and health status into a single measure, reflecting remaining years of life in good health. See <a href="http://reves.site.ined.fr/en/DFLE/definition/">http://reves.site.ined.fr/en/DFLE/definition/</a></i>
<b>Patient Experience</b>	1. Standard questions from patient surveys, for example: -Global questions from US CAHPS or How's Your Health surveys -Experience questions from NHS World Class Commissioning or CareQuality Commission -Likelihood to recommend
	2. Set of measures based on key dimensions (e.g., US IOM Quality Chasm aims: Safe, Effective, Timely, Efficient, Equitable and Patient-centered)
<b>Per Capita Cost</b>	1. Total cost per member of the population per month
	2. Hospital and ED utilization rate

# Global Triple Aim Participants





# STate Action on Avoidable Rehospitalizations



*An initiative of The Commonwealth Fund & the Institute for Healthcare Improvement*

<http://www.ihl.org/IHI/Programs/StrategicInitiatives/STateActiononAvoidableRehospitalizationsSTARR.htm>

# STate Action on Avoidable Rehospitalizations (STAAR) Initiative

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The Commonwealth Fund-supported initiative to reduce avoidable 30-day rehospitalizations, taking states as unit of intervention.

- May 1, 2009 launch
- Anticipated 4-year initiative
- Institute for Healthcare Improvement providing technical assistance and facilitating a learning system
- Multi-stakeholder coalitions in 3 states selected as partners in this initiative (Massachusetts, Michigan, Washington)



THE COMMONWEALTH FUND



# The Challenge

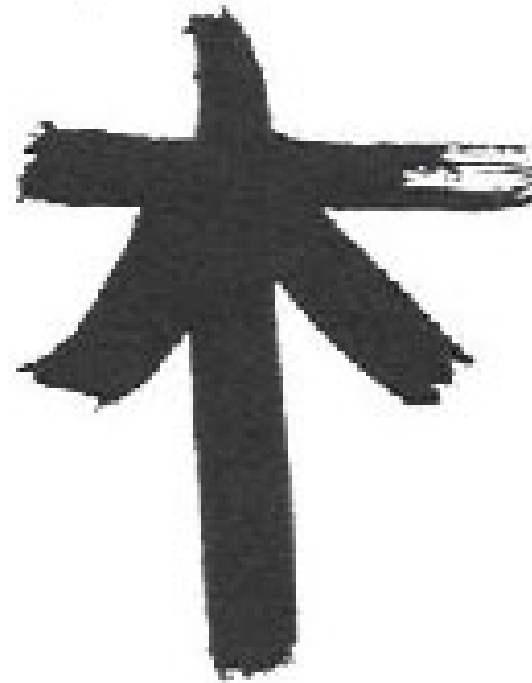
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- Potentially preventable rehospitalizations are prevalent, costly, burdensome for patients and families and frustrating for providers
- No one provider or patient can “just work harder” to address the complex factors leading to early unplanned rehospitalization
- Problem is exacerbated by a highly fragmented delivery system in which providers largely act in isolation and patients are usually responsible for the own care coordination
- Most payment systems reward maximizing units of care delivered rather than quality care over time

## The Chinese Symbol for Crisis



Danger



Opportunity

# Opportunities

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- Rehospitalizations are *frequent, costly and many are avoidable*;
- Successful pilots, local programs and research studies demonstrate that rehospitalization rates *can be reduced*;
- Individual successes exist *where financial incentives are aligned*;
- Improving transitions state-wide requires *action beyond the level of the individual provider; systemic barriers* must be addressed;
- *Leadership at the provider, association, community, and state levels are essential assets* in a state-wide effort to improve care coordination across settings and over time.

# STAAR Initiative: Two Concurrent Strategies

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1. Provide technical assistance to front-line teams of providers working to ***improve the transition out of the hospital and into the next care setting*** with the specific aim of reducing avoidable rehospitalizations and improving patient satisfaction with care.
2. Create and support ***state-based, multi-stakeholder initiatives*** to concurrently ***examine and address the systemic barriers*** to improving care transitions, care coordination over time (policies, regulations, accreditation standards, etc.).

<http://content.healthaffairs.org/content/30/7/1272.abstract>



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# FOCUSING ON POPULATIONS



# Suggestions for Selecting a Population

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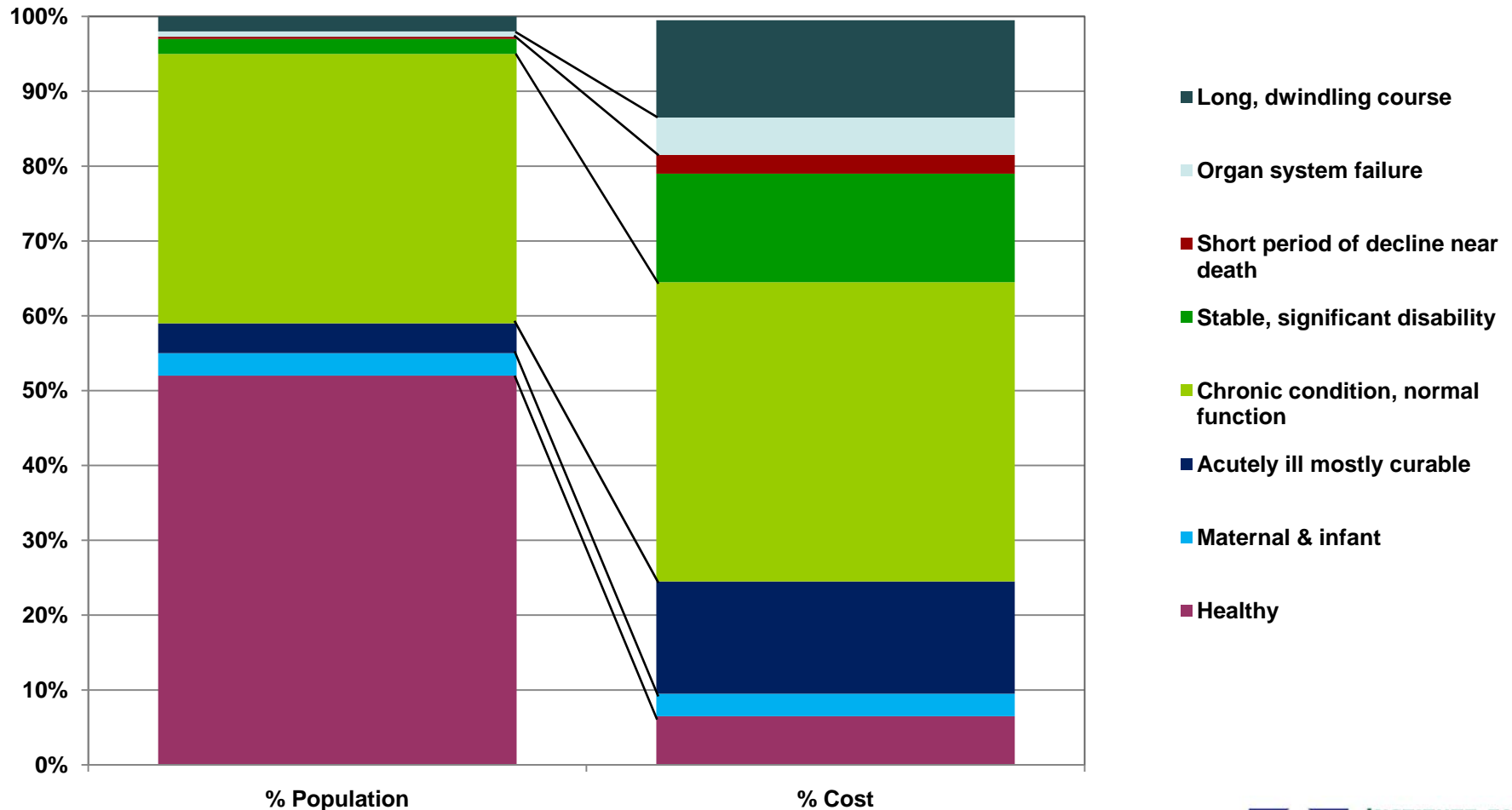
- Population is known:
  - Individuals in the population can be enumerated with reasonable accuracy.
  - Per capita cost can be estimated
  - Some information about variation in overall health of individuals is available.
- The population is somewhat stable.
- Large enough to be meaningful
  - 10,000's to 100,000's
- Generally not focused on a specific disease or condition
- You can make a rational case for choosing this population

# Example Population Segments

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- Everyone employed by a company or health system
- Everyone covered by a particular health plan
- The population served by a medical home
- A capitated population, HMO, or potential ACO population
- Broadly defined sub-populations, e.g.
  - Elderly, working adults, individuals with medical and social complexity, children
- Everyone in a particular geography (zip code, county, state, HRR, etc.)

# Population/Cost Segments



Source: Lynn J, Straube BM, Bell K, Jencks SF, Kambic RT in Milbank Quarterly, Vol 85 No. 2, 2007 (pp. 185-208)

# Caring for the Socially Complex

## The New Yorker, Jan 24, 2011

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MEDICAL REPORT

## THE HOT SPOTTERS

*Can we lower medical costs by giving the neediest patients better care?*

BY ATUL GAWANDE

If Camden, New Jersey, becomes the first American community to lower its medical costs, it will have a murder to thank. At nine-fifty on a February night in 2001, a twenty-two-year-old black man was shot while driving his Ford Taurus station wagon through a neighborhood on the edge of the Rutgers Univer-

ken family physician who had grown up in a bedroom suburb of Philadelphia. As a medical student at Robert Wood Johnson Medical School, in Piscataway, he had planned to become a neuroscientist. But he volunteered once a week in a free primary-care clinic for poor immigrants, and he found the work there more chal-

Bratton and the Compstat approach to policing that he had championed in the nineties, which centered on mapping crime and focussing resources on the hot spots. The reform panel pushed the Camden Police Department to create computerized crime maps, and to change police beats and shifts to focus on the worst areas

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# **UNDERSTANDING POPULATIONS BY LISTENING TO INDIVIDUALS**

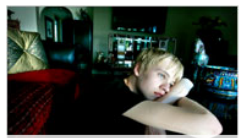
# Rebecca's Story

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## Patient Voices

A diagnosis of a chronic disease, mental illness or condition can change one's life in many ways. In Patient Voices, we feature first person accounts of the changes, challenges and rewards patients face as they cope with various health issues.

# Patient Voices



Interactive

### A.D.H.D.

Taming an overactive brain, succeeding with and without medication, and more from people living with A.D.H.D.

- Join the discussion.
- Health Guide: A.D.H.D.

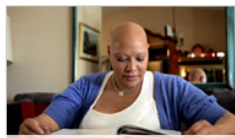


Interactive

### AIDS and H.I.V.

What is it like to live with H.I.V.? Eight men and women living with H.I.V. speak about their experiences.

- Join the discussion.
- Health Guide: AIDS
- Health Guide: H.I.V. Infection



Interactive

### Alopecia

Mysterious bald spots, unproven treatments, a new reflection in the mirror - suddenly people with

- Join the discussion.
- Health Guide: Alopecia



Interactive

### A.L.S. (Lou Gehrig's Disease)

A.L.S. causes difficulty walking, speaking, breathing and, ultimately, death. Here, six men and women speak about how A.L.S. has changed their lives.

- Join the discussion.
- Health Guide: Amyotrophic Lateral Sclerosis



Interactive

### Alzheimer's Disease

A slow decline in memory, an inability to complete simple tasks, the concern about long-term care - eight men and women speak about living with and caring for someone with Alzheimer's disease.

- Join the discussion.
- Health Guide: Alzheimer's Disease



Interactive

### Bipolar Disorder

What is it like to have bipolar disorder? How do you balance the ups and downs? Here nine men and women living with bipolar disorder.

- Join the discussion.
- Health Guide: Bipolar Disorder



Interactive

### Crohn's Disease

Early onset, embarrassing symptoms and life-changing surgeries: seven men and women with Crohn's disease speak.

- Join the discussion.
- Health Guide: Crohn's Disease



Interactive

### Cystic Fibrosis

A shortened life span, difficulty breathing and time-consuming treatments - six men and women speak about their experiences with cystic fibrosis.

- Join the discussion.
- Health Guide: Cystic Fibrosis

How do patients cope with and manage their conditions?

What do patients really want and need?

[http://www.nytimes.com/interactive/2009/09/10/health/Patient\\_Voices.html](http://www.nytimes.com/interactive/2009/09/10/health/Patient_Voices.html)



Interactive

### Autism

From social communication and learning challenges to

- Join the discussion.
- Health Guide: Autism



Interactive

### Epilepsy

Frequent seizures, difficult treatment decisions and social stigma - what is it like to live with epilepsy? Eight men, women and children speak about their experiences.

- Join the discussion.
- Health Guide: Epilepsy



Interactive

### Fibromy

Mysterious pain, chronic fatigue, brain fog - speak about living with fibromyalgia.

- Join the discussion.
- Health Guide: Fibromyalgia



Interactive

### Hepatitis

Fatigue, liver disease and the stigma of a contagious disease: six men and women speak about living with hepatitis.

- Join the discussion.
- Health Guide: Hepatitis



Interactive

### Infertility in Women

Feelings about invasive treatments, relationship stress and more from seven women living with infertility.

- Join the discussion.
- Health Guide: Infertility in Women



Interactive

### Kidney Disease

Treatment for end-stage renal disease is a life-changing process. Six men and women speak about the challenges and surprising rewards of living with kidney disease.

- Join the discussion.
- Health Guide: Kidney Disease



Interactive

### Lung Cancer

Misleading symptoms, difficult treatments and low survival rates: six men and women speak about living with lung cancer.

- Join the discussion.
- Health Guide: Lung Cancer



Interactive

### Lupus

Hair loss, mouth ulcers, kidney disease, skin rashes, mental fog - the symptoms of lupus are mysterious and unique to each person. Six people discuss a life with lupus.

- Join the discussion.
- Health Guide: Lupus



Interactive

### Migraine

Almost 30 million Americans suffer from migraines. What is it like to live with migraine pain? Six men and women speak about their experiences.

- Join the discussion.
- Health Guide: Migraine

# Exercise: Identify Population Segment(s)

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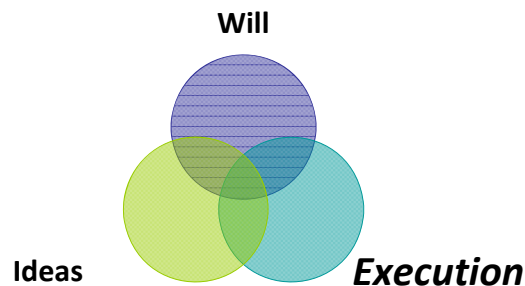
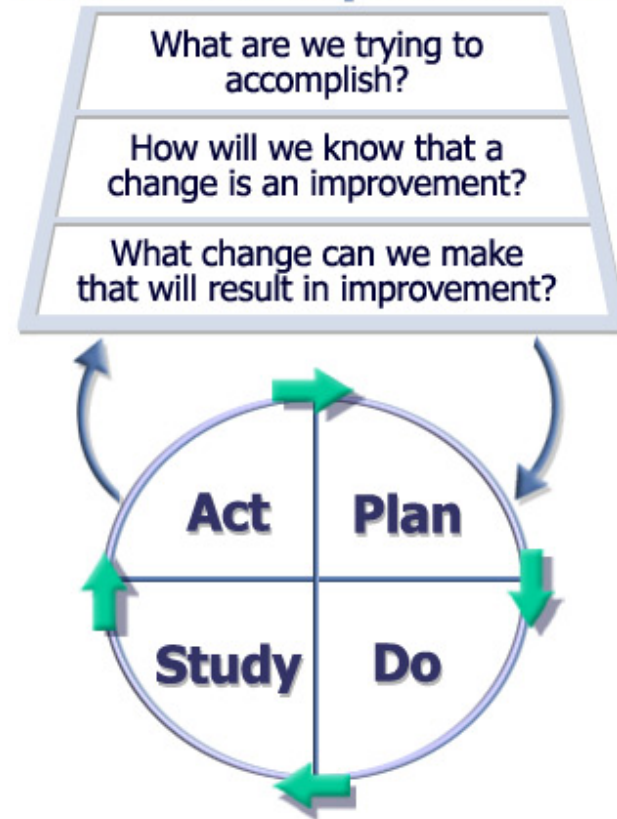
- Talk together about the populations each of you serves
- Speculate together about some possible population segments.

# Improvement Science

- Aims
- Measures
- Changes
- Testing



## Model for Improvement



# Aims/Goals

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- What are we trying to accomplish?
- How much, by when?
- What are the low-hanging fruit? What are some changes that can be made with minimal disruption?

“Hope is not a Plan”  
“Aims create systems” – Deming

# Aim

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- Aligned
- Timed
- Numeric
- Unachievable (by hard work alone)
- Non-negotiable (once set)

# Aim Statements

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## System Level:

- Increase Healthy Life Expectancy by two years within two years. (Population health)
- Reduce growth in per capita health care costs to CPI + 2% within \_\_\_\_\_ years. (Per Capita cost)

## Project Specific:

- Decrease rates of ED visits for “ambulatory treatable conditions” by 15% with use of the NYU ED Algorithm within ten months. (Care experience/Cost)

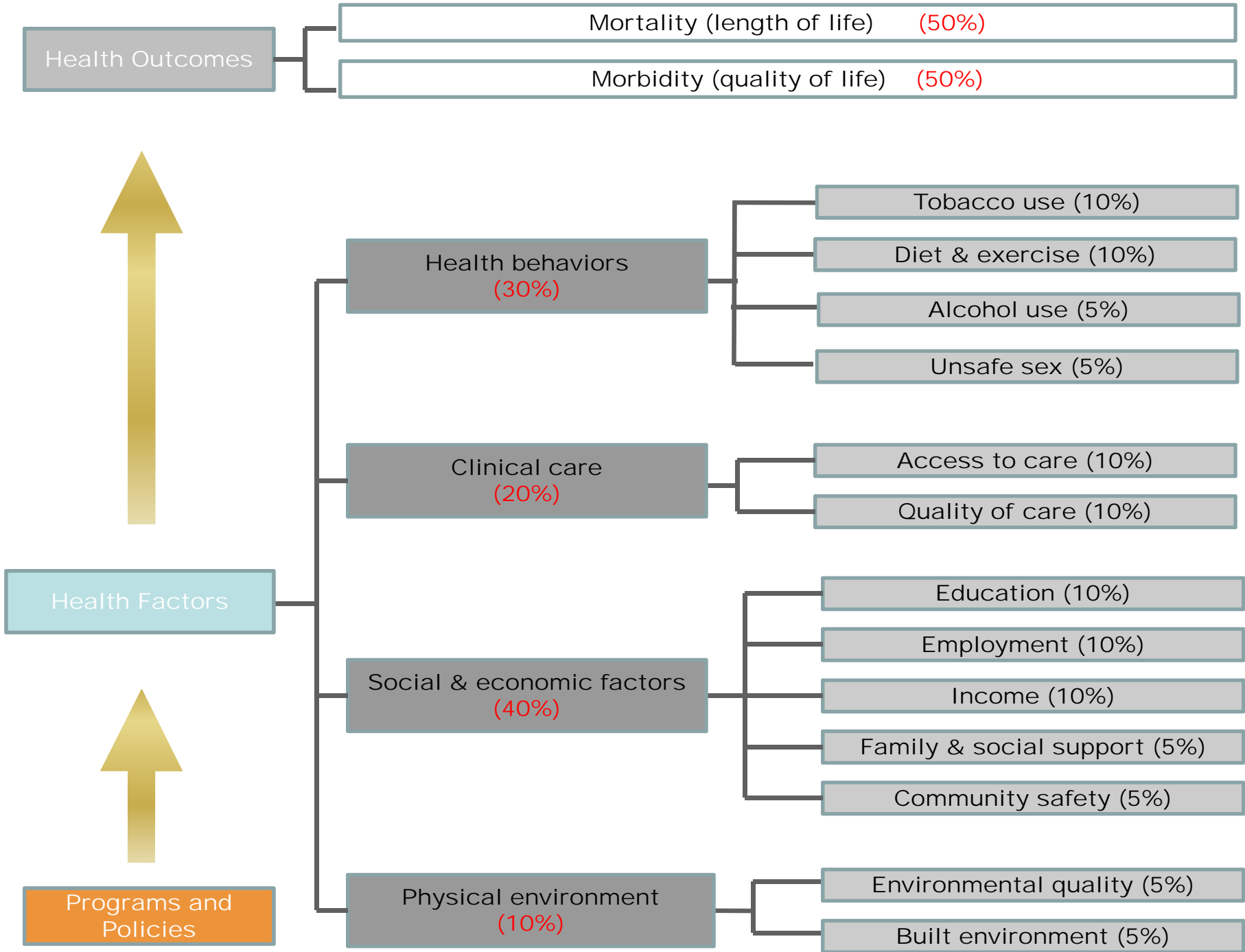
# Exercise: Create an Aim Statement

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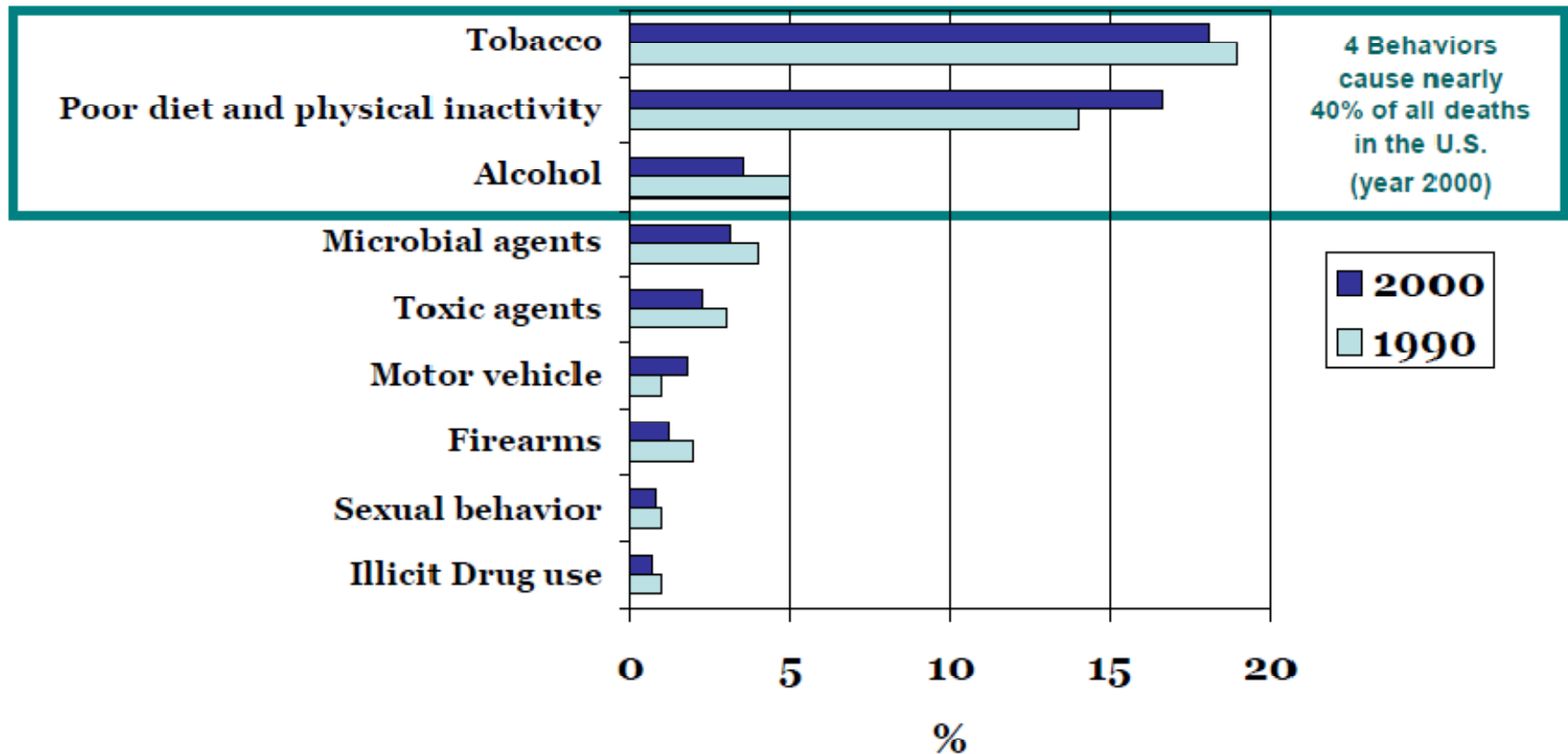
- Generate 1-3 potential aim statements for your population that would reflect significant system improvement for that population.
- Share the ones you think are best with those at your table.
- How would you know if improvement was occurring (measures)?

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# FINDING LEVERS FOR IMPROVEMENT



# Actual Causes of Death in the U.S.



Source: Mokdad, A.H. *JAMA* 2004;291:1238-1245 [Errata, *JAMA* 2005;293:293-294].

# Exercise

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- What are some of the key “levers” or “drivers” of improvement for your population?
- For your key levers or drivers, can you identify some potential measures?
- At what level are these measures?
  - Population or segment?
  - Project?

# Portfolio: Definitions

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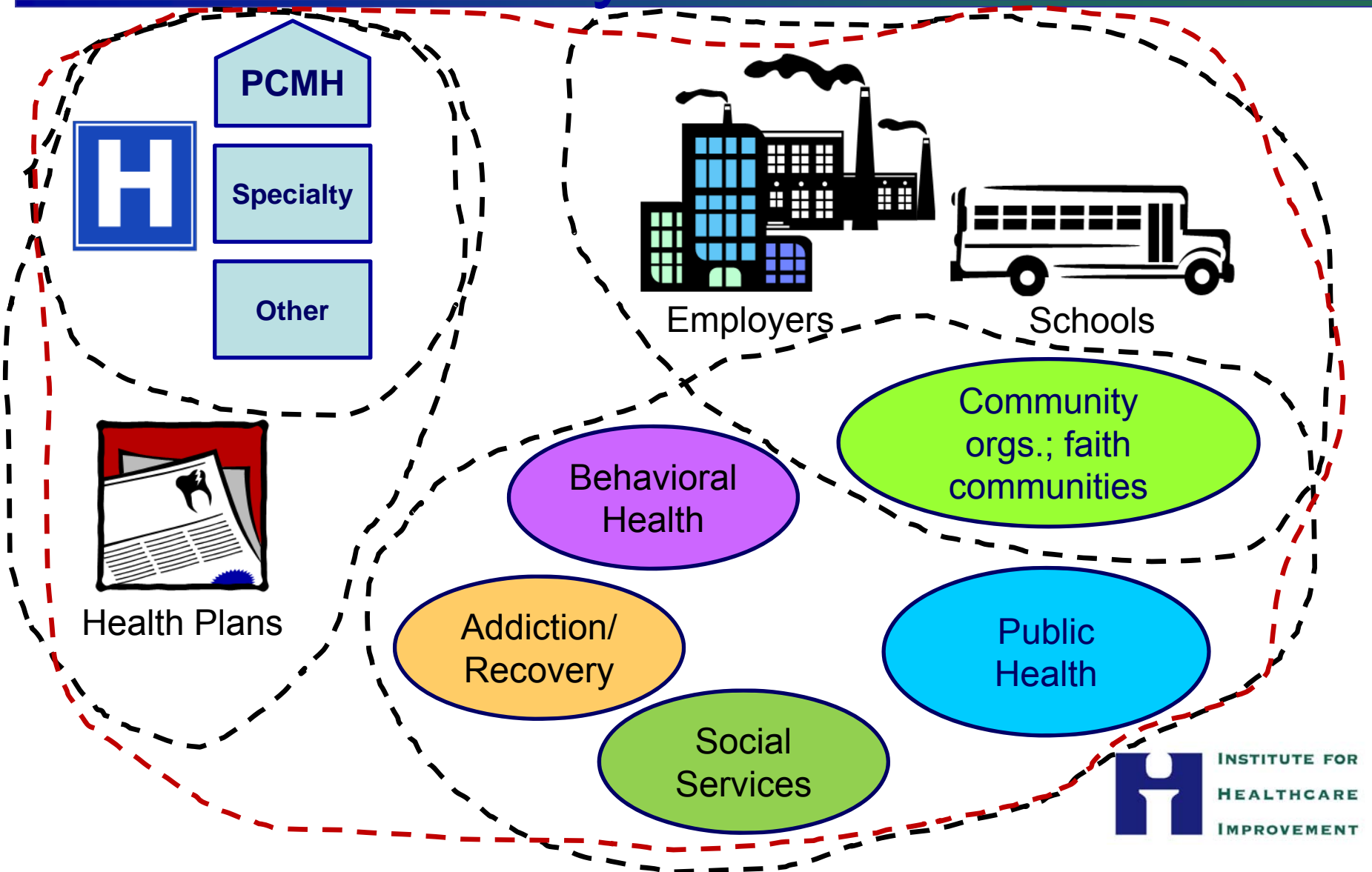
- A hinged cover or flexible case for carrying a collection of loose papers
- The diversified collection of securities held by an investor designed to spread risk
- For our purposes:
  - The set of projects, investments, and capacities that together are sufficient to achieve the Triple Aim

# What is Already in Your Portfolio?

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- For your chosen population, what are you doing now?
- Are there project goals that align with your overall population goals?
- Discuss at your tables for a few minutes and make some notes.

# Where Are the “Edges” of Your System?



# Enhancing Your Portfolio

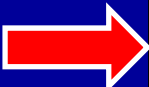
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- Using your thinking about “levers” or “drivers” to prompt your thinking, identify additional elements you could add to your portfolio to get results for your focus population.
- Consider projects where other stakeholders can participate or take the lead.

# Measure System for a Project

Project description:

Aim 1	Aim 2	Aim 3	Project metrics	Related overall population metrics



# Attributes of an Effective Portfolio of Projects and Investments

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- Risk matches the goals
- Diversified
- Periodically rebalanced with new insights

# Discussion

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- What surprised you today?
- What may have been confusing?
- Any ideas that you learned that you could apply to your work?
- What outstanding questions do you have?