

## 4th Annual Lean Healthcare Summit

Recap of Q&A with  
Keynote Speakers

# THE DEDICATED CARE CENTER FOR HEALTHCARE VALUE

*Targeting Value. Spreading Change.*

## JOHN TOUSSAINT, MD



John Toussaint, MD, is CEO emeritus of ThedaCare and CEO of the ThedaCare Center for Healthcare

Value. He was the founding Chair of the Wisconsin Collaborative for Healthcare Quality, the Wisconsin Health Information Organization, and the non-executive leader of the Partnership for Healthcare Payment Reform in Wisconsin.

## Q & A with Keynote John Toussaint, MD

*Focuses on the need to implement a management by process system*

### How do we move to a Management by Process system?

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**John:** The first question I always ask is, “How is your existing process performing?” Most of the time, people can’t tell me, which means they haven’t examined their current process. The first step is to map out your existing process. You must look at it from an enterprise-wide standpoint. In most cases, your process is in chaos or you don’t have a process at all.

### How do we integrate data into that process?

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**John:** The problem isn’t that people aren’t willing to report their data; it’s that they don’t currently know what it is or how to gather it. At ThedaCare, the management team went to clinicians and asked them what apps or stats they needed to begin integrating data.

### How do we convince the C-suite to make a change when we’re doing well?

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**John:** When you first start lean, there’s so much waste in the system that you can get paid less and still do okay, because you are taking out so much waste. When you get to a point where it plateaus on a piece-by-piece level, you must focus on the enterprise wide level.

### How do you encourage units to become part of the enterprise-wide value stream even if there’s nothing in it for them?

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**John:** When we start redesigning our structures around patients, it creates tension. When we optimize the overall patient value stream and experience, we sometimes sub-optimize parts of the value stream. It’s not easy, it creates problems for certain units that might have reduced funds or employees.

### What should we do to help physicians use standard work?

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**John:** If your doctors aren’t following standard work, have you done a root cause analysis on this? Do you understand why they don’t? The process is perfectly designed to deliver the results it produces. Maybe it’s time to step back and re-examine your standard work process. In healthcare, we really like to “plan” and “do,” and then run away. We don’t like the “study” and “adjust” portions of the process. If we don’t step back and really look hard at what we did to change it, we won’t fix these problems.

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### FRANCOIS DE BRANTES



Francois de Brantes is executive director of Health Care Incentives Improvement Institute,

where he is responsible for setting and implementing the strategy of the organization, including supervising the Bridges of Excellence and Prometheus Payment pilots, leading the development of new programs, and designing incentive efforts for employers, health plans and provider organizations.

## Q & A with Keynote Francois de Brantes

*Focuses on price variation and transparency*

**Can we do anything as patients and consumers to help the benefit design problem?**

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**Francois:** A huge amount. Benefit designs are moving the country to a place where patients must be active in their care. As a result, patients are making different decisions than they would have in the past and an increasing number are asking questions. Providers should encourage patients to ask questions. Don't treat the patient like an idiot, treat them like a partner. We're all patients. The more we do that, the more we exchange information openly.

**What would your ideal benefit design be?**

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**Francois:** My ideal benefit design would be no cost-sharing on routine, evidence-based, preventive care services, but co-pays on unnecessary preventive care and a constant co-insurance of about 10-15%, with some waivers. That forces patients to see every healthcare purchase as a **purchase**.

**'Variation is the enemy' seems like only part of the story. Even without variation, we'd still have a major problem.**

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**Francois:** You'll notice I keep saying when variation is "reduced," not "eliminated." Healthcare innovation will always lead to some variation, and that's good. We don't want **no** variation. Positive variation is fine, because we can observe and learn from it.

**How do you measure potentially avoidable complications? Do you have defect categories?**

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**Francois:** Yes, we do have defect categories. We split avoidable complications into those avoidable on the patient safety side and those related to a specific condition. We've tried to stay consistent with CMS and PSI.

**What is the definition of volume-drive pricing variation?**

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**Francois:** If all you're trying to do is compensate with slightly higher prices because your volume is going down, for example, it doesn't lead to true transformation.

## ALAN GLEGHORN



Alan Gleghorn is CEO of Christie Clinic, one of the largest physician-owned, multi-specialty

group medical practices in Illinois. He is an expert in implementing lean healthcare and process improvement cultures by creating innovative, results-oriented systems that adapt and align stakeholder interest with organizational objectives.

## Q & A with Keynote Alan Gleghorn

*Focuses on his experience of applying lean at Christie Clinic*

### How do you connect enthusiasm to what the organization wants to accomplish?

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**Alan:** You have to elevate the conversation. This about the patient – that tracks with the intrinsic motivation of caregivers. Everything relates to closing the gap for our patients.

### How do the visual board and huddle activities work?

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**Alan:** At Christie Clinic, rotate who leads the huddle. Everyone should lead a huddle at some point. The closed loop feedback system also helps us identify where we, as leadership, can best go to congratulate successes and engage in deeper conversation. There's also a way for teams to request that leadership come to their huddle.

### How does a reformed firefighter do the Gemba?

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**Alan:** My internal mantra says, "When you feel like talking, shut up." It's a lot about asking questions. To have an outside check measure on senior management is really important in our journey. Those outside eyes can observe us in Gemba and give feedback as well so we don't squelch a team's spirit.

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JIM WOMACK



Jim Womack is the founder and senior advisor to the Lean Enterprise Institute, a non-profit training,

publishing, conference, and management research company chartered in August 1997 to advance a set of ideas known as lean production and lean thinking, based initially on Toyota's business system and now being extended to an entire lean management system.

## Q & A with Keynote Jim Womack

*Focuses on the purpose of lean healthcare*

**Who do you think should be on the improvement team and why?**

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**Jim:** The improvement teams should dive into issues that no one understands or has examined before. The actual improvement happens on the line, not in the improvement team. The team's job is to address new horizontal thinking and tackle the problems no one else has been able to solve.

**Should we continue to run events that create standard work before we have a lean management system? Or develop the culture first before doing events?**

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**Jim:** It's better to **act** your way to lean thinking than to **think** your way to lean acting. Events are fine, and some of those should be focused on designing your management system.

**Is healthcare more siloed than other industries?**

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**Jim:** Not really. Healthcare is not an exception to other large companies. I do think healthcare has gotten into trouble when faced with rough financial waters and set up the wrong metrics. Focus on state-of-the-process indicators rather than financial indicators. Ask yourself, "Are the metrics we have the right metrics?"

**Should hospitals start with lean tools or hoshin?**

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**Jim:** All change starts with someone. Start wherever you can – maybe you can do a few kaizen events, etc. Play it where it lies. Start with what you have some authority over.

**What do you see that managers have to change when they transition to a lean culture?**

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**Jim:** Go see, ask why, show respect. Don't **tell** staff, **ask** them. Be inherently respectful. Say things like, "I'm here to be helpful, I don't actually know what's wrong, so tell me." and "How can I be helpful?"



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