


# ExecutiveInsight

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In junior high, disruptive behavior earns nothing but a stern-faced warning, a stint in detention or a trip to the principal's office.

In healthcare policy circles, however, "disruptive" behavior is not only encouraged, it's applauded. Innovators who disrupt the standard way we deliver healthcare are hailed for shaking up a system badly in need of shaking up, a system bloated by inefficiencies and marked by miscommunication.

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**BY MICHAEL GIBBONS**

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Disruptions that lead to more integrated, better coordinated care are especially needed now that the Centers for Medicare and Medicaid (CMS) is rolling out its accountable care organization model, a cost-containment strategy in which every provider who treats a Medicare beneficiary shares responsibility for that patient's care — and could incur a financial penalty if that care takes longer than necessary or is marred by medical mistakes.

"When we talk about the proper way to move a patient through a healthcare network, we are talking about disrupting the way we have historically delivered care," observed Mike Chamberlain, president of Simpler, a global consulting firm that leads healthcare organizations to adopt Toyota-inspired "lean" management principles enterprise-wide to improve care and cut costs.

"In the past," Chamberlain said, "providers treated patients based on their own, often isolated perspectives. They would review the chart and treat the patient without communicating with other providers to prevent the prescribing of duplicative or contraindicated treatments.

By working with physicians, nurses, therapists, other caregivers and patients to develop one central plan of care,



## COVER STORY

Care teams might include 'navigators' who, like travel agents, arrange a patient's journey through the system, and 'peer educators' who volunteer to counsel fellow patients suffering from the same infirmities, and who share the same language/culture.

we ensure that providers work as a team and everyone is on the same page."

### COLLABORATIVE CARE UNITS

Face-to-face sit-downs among providers are now the norm at ThedaCare, an integrated healthcare delivery system in northeastern Wisconsin that includes five hospitals and numerous clinics and serves about 220,000 patients a year.

With help from Simplifier, ThedaCare created what it calls a collaborative care unit. Simply put, all the providers destined to touch a patient — a nurse, a physician, a pharmacist and either a social worker or a case manager — gather together within 90 minutes of a patient's arrival to interview and examine the patient and then, with the family in the room, develop a plan to cover that patient from admission to discharge and beyond.

"I practiced medicine for 17 years," ThedaCare CEO emeritus John Toussaint, MD, explained. "Here's how it worked: We admitted a patient. The nurse called me when the patient arrived. I decided when to see the patient. I saw the patient myself. Then, for the rest of the day, the nurse tried to call me to figure out what plan of care I had devised and what prescriptions I wrote. It was all fragmented, with few connections among providers. We have now merged all these disparate care plans into one plan. We get every provider, at admission, together on a team and totally focus on the patient."

Thanks to this disruption to its processes, ThedaCare has had no medicine reconciliation errors in 4 years, has reduced its lengths of stay and readmissions and has cut documentation time nearly in half, since all providers share the same plan. Costs for inpatient care have dropped by 25 percent.

### SILO-ED CARE

Colorado's premier network, Denver Health, reduced its rates of deep vein thromboses and pulmonary embolisms by 50 percent with a similar approach: convening a multidisciplinary group of providers to tackle the problem together.

"Cardiologists, surgeons and pharmacists all see different parts of the elephant," Denver Health CEO Patricia Gabow, MD, said. "They all have different ideas. That's one of the problems. We locked them — figuratively, of course — in a room together and they came out with a clear algorithm that reduced DVT incidence and reduced costs by demonstrating that a highly expensive drug we were using wasn't needed in many cases."

Integrating processes and providers has also enabled Denver Health to dramatically reduce its post-op infection rates and streamline patient flow in its maternity ward. "So much of health-

care is extremely silo-ed," Gabow observed. "You have multiple silos of physicians in small offices, silos of physicians in hospitals. Then you have health plans in another silo."

The most promising antidote to silos, short of mental telepathy, is information technology. "Healthcare, by and large, is a knowledge business," Gabow said. "We have an EMR in which a patient's information is there for all providers to access, in real time. If you don't have integration of information, it's very hard to have integrated care."

### INNOSIGHT'S INSIGHTS

What worked in the past is fast becoming unserviceable, but the defining template for 21st century medicine has yet to appear, policy analysts say.

"The days of just paying for sick care are gone," said Jason Hwang, MD, executive director of healthcare at Innosight Institute, a think tank funded by the Robert Wood Johnson Foundation. "But what does the new model of care look like?"

To find out, Innosight examined several innovative networks in detail, seeking to extract, like a prospector panning for gold, glittering insights into the future of care delivery.

Here are a few flecks of wisdom from Innosight's paper:

Use care teams to prevent the costliest episodes of care. "Teams may need new types of professionals," Hwang said. These might include "navigators" who, like travel agents, arrange a patient's journey through the system, and "peer educators" who volunteer to counsel fellow patients suffering from the same infirmities, and who share the same language/culture.

Empower nurses to dispense prescriptions and allow primary care physicians to perform some specialty care. "Physicians can now perform cardiac stress tests themselves, read EKGs, and decide whether to send a patient to a cardiologist," Hwang noted.

Teach patients more sophisticated processes to keep themselves healthy. "Patients represent the greatest untapped resource in healthcare," Hwang declared. "To prevent costly doctors' visits, diabetics could monitor their disease with personal blood glucose meters and adjust their insulin doses as needed."

Innosight isn't done shaking things up. "We plan on ranking the top 50 networks most likely to disrupt the healthcare system," Hwang said.

*Michael Gibbons is an editor with Executive Insight.*

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