

LEADING CHANGE DURING HEALTH CARE TRANSFORMATION

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The time is now. Over the past decade, health care providers have heard about the unprecedented redesign of the health care system. With the presidential election fast approaching, waves of uncertainty are swirling around the Affordable Care Act. No matter the outcomes of the November elections and their impact to the health care reform bill, there are sustainable aspects that will continue to shape the transformation of the health care system. It's really happening...the time is now.

Currently, the system is broken with unsustainable rising health care costs and reimbursement mechanisms that are based on *quantity* of care, as opposed to *quality* of care. With the Centers for Medicare and Medicaid Services (CMS) implementing provider reimbursement changes beginning in 2013, the U.S. government – the nation's largest health care payer – is launching a series of initiatives to prepare providers for what lies ahead.

Nine months ago, CMS awarded 26 organizations across the country Hospital Engagement Network (HEN) contracts constructed around the Partnership for Patients campaign, with the aim of reducing preventable readmissions by 40 percent and hospital-acquired conditions by 20 percent by 2014. Partnership for Patients focuses on the Department of Health and Human Services' (HHS) list of most pressing and costly health care mistakes highlighted in the Affordable Care Act. This work brings together leaders of major hospitals, employers, physicians, nurses and patient advocates in a shared effort to make care safer, more reliable and less costly.

While the campaign highlights eliminating costly clinical errors, the premise of the initiative is to drive process improvement efforts among health

care providers and entities serving the local communities. The Iowa Healthcare Collaborative (IHC) leads Iowa's only awarded HEN contract. Since the Partnership for Patients campaign launched, Iowa's communities have been eager to engage the project, with a total of 127 hospitals pledging their alignment with IHC. The project includes 116 Iowa hospitals, with the remaining hospitals comprised of Alegen Creighton Health and Genesis Healthy System affiliates in neighboring states.

Hospitals are leading their local improvement efforts by tracking monthly process and outcome measures associated with the Partnership for Patients campaign and using those metrics to drive quality improvement initiatives. Hospital leaders, their supporting teams, and medical staff have attended quarterly learning communities to learn from local and national best practice leaders.

After months of intense engagement and capability development, health care organizations are beginning to implement successful improvement initiatives and create a network of shared best practices. In scanning the recent work plan projects, a common theme has emerged across implemented initiatives: the projects with the quickest, most widespread success have included an engaged physician leader driving the improvement efforts. Like nearly all aspects of health care reform, it is clear that prominent physician engagement is critical to the transformation of organizations. Success of improvement efforts will be greatly determined by the level of physician engagement in new initiatives.

In an effort to spread the successful strategies to Iowa's health providers and highlight the latest



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national trends, IHC convened its Ninth Annual Conference on August 28. The record turnout was highlighted by prominent national leaders discussing and dissecting components of health care reform.

The two keynoters presented their message, shining a flashlight on the strategies needed to effectively drive best practices at the community level. Joe McCannon, senior advisor to the administrator at CMS, shared the new frontiers in innovation,

quality and safety at HHS and CMS.

Renowned Lean process improvement expert John Toussaint, MD, of ThedaCare,

followed McCannon and explored effective transformational methods to improve hospital and clinic operations. Both of these distinguished speakers were drawn to Iowa after news spread of the successful local improvement efforts under way from the IHC Hospital Engagement Network (HEN).

McCannon shared that CMS' key strategies to improving health care begin with providing incentives, building infrastructure, driving innovation and incentivizing the implementation and execution of best practices. He went on to suggest that while there is no silver bullet, change must be cooperative and collaborative, with intensive support during implementation.

Dr. Toussaint built off McCannon's message, suggesting that process improvement methods

can strengthen an organization's ability to implement best practice efforts; creating a cultural commitment and unity of purpose will deliver the greatest value to the organization and patients served. Dr. Toussaint shared examples of an ideal culture at ThedaCare where physicians and nurses work together to deliver safer patient care through the creation of standard work.

As McCannon and Dr. Toussaint shared their

insights, it became clear that successful change is currently under way in communities across the country and in Iowa.

While the future of health care reform is uncertain, change of the system to improve the quality of health care is imminent and organizations cannot let the transformation pass them by. Successful health care transformation should empower active participation from all community health care stakeholders.

How do we translate this increased physician engagement to success in Iowa?

The Iowa Medical Society (IMS) and IHC spent the last six months creating a physician engagement strategy to strengthen the opportunities for success in Iowa. In the strategy created by physician peers and organization leaders, four objectives were recognized as keys to driving change:

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Alignment with State Health Care Stakeholders

This strategy includes ownership and promotion of Partnership for Patients goals by the IMS Board and in the society's strategic plan. IMS and IHC will strive to align promotional and awareness efforts regarding physician issues in health care reform which place a burden on providers to decipher the critical information. IHC will lead a committee comprised of Iowa-based physicians to build engagement through regular communication and education resources, including Web-based recordings and downloadable on-demand podcasts. In addition, IMS and IHC will develop physician meeting venues targeting health care reform and spreading best practices.

Promote Physician Engagement and Leadership in Local Communities

As part of the physician engagement strategy, IMS and IHC will develop medical staff level strategies and standard content for delivery through medical staff mechanisms. One of the tactics needed to advance physician engagement in local communities is involvement in national strategies to improve care coordination at the local level.

As Joe McCannon alluded to in his keynote, the most visible health care issue CMS is looking to improve is preventable hospital readmissions. Preventable readmissions, however, are merely a metric to track the larger issue of care coordination. Patients touch multiple health care providers (hospital, specialist, medical home, home health, etc.) during an episode of care, creating opportunities for confusion and errors to occur with each handoff. The transition of

a patient's care is a process that requires the commitment from a variety of health care providers throughout local communities for best outcomes.

Physicians are a key component of community care coordination discussions and will provide the sustainable changes needed for success. Physician leadership and oversight is critical to community discussions as teams work to improve the coordination process.

Development of Physician Leaders in Health Care Transformation

Performance improvement efforts are under way in Iowa's communities through a variety of initiatives. Physicians must not only participate in the discussions but be leaders of the health care transformation affecting Iowa's patients. As part of the strategy, IMS and IHC will identify, inspire and equip physicians who aspire to provide leadership to innovative health care approaches. Physician leaders will need to become comfortable with health care reform topics such as the implementation and use of health information technology, promotion of the Patient-centered Medical Home model, increased community care coordination to reduce readmissions, and techniques for rapid cycle process change through Lean improvement methods.

Michael Kitchell, MD, a McFarland Clinic neurologist and past president of IMS, told IHC that "Iowa's physicians have historically been leaders in health care value, but we need to develop more physician leadership for these quality initiatives in every medical neighborhood." Physicians have the opportunity to effect sustainable reform by leading the

transformational change and partnering with providers in their local communities.

Explore Development and Use of Performance Data for Physicians

In the coming years, CMS is implementing reimbursement changes related to quality and performance-based care. With our history of high provider engagement and driven innovation, Iowa is uniquely advantaged to explore CMS-sponsored efforts to measure performance. Based on national reporting trends, there is heightened interest in the use of performance improvement data to track organization quality outcomes. Physician data tracking will become a reality.

Dr. Kitchell stated, “Our national health care problems of increasing costs and gaps in quality have resulted in a focus on accountability of physicians to purchasers and patients for health care value. As physicians who deliver care, we need to help by engaging in quality measurement and improving our medical neighborhood's processes of care to bring about the best results for our patients.”

While tracking quality data can be of great benefit, providers and patients will experience

the biggest impact through the use of data to drive improvement efforts. “We need to become engaged with clinical decision support tools, patient data and quality measures that are facilitated by meaningfully using our electronic health systems, and with feedback and analysis of data to give every patient the best care and outcomes possible,” Dr. Kitchell concluded.

The time is now. Physician leadership has never been more important. New leaders will

need to equip themselves with the tools of the future...patient safety, care coordination, use of data. We are being called upon by our communities to lead these efforts locally; to provide context and clarity to new clinical demands and initiatives. IMS and IHC

are developing programming to help physicians meet these challenges.

For more information, check out the Iowa Healthcare Collaborative at www.ihconline.org.



John Toussaint, MD, Tom Evans, MD and Joe McCannon take a break for a photo at the Iowa Healthcare Collaborative's Ninth Annual Conference.