Value, Suffering, and Patient Loyalty: Strategy and Tactics for the Era of Health Reform

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Chief Medical Officer, Press Ganey
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At the end of this lecture, attendees should be able to:

1. Describe the rationale for using “value” from the perspective of patients as the overarching strategic goal for health care providers.
2. Describe the drivers of patient loyalty, and what clinicians can do to improve it.
3. Describe the potential use of transparency as a driver of improvement in performance.
Health Care Reform Unfolds in Three Phases

1. Insurance reform – Who gets covered, where the money comes from
2. Payment reform – How that money is paid to providers
3. Delivery system reform – How the care is delivered

The Affordable Care Act was Phase 1.

Phase 2 and 3 are now getting underway, creating turmoil and stress.

Boards, leadership, and front-line clinicians stepping back to examine what they do, and how they do it.
A Moment of Discontinuity 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?
Focus on Value Addresses Provider Success Factors

- We will probably live with mixed payment models forever.
  → We need strategies that transcend payment model

- Improvement of value (outcomes/experience vs costs) is robust strategy for all four of the major provider levers for success
  1. What we get paid
  2. What it costs us
  3. Market share of patients
  4. Market share of personnel
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

1. IPUs — Real Teams v. Pick-up Teams

- Traditional management structure aimed at optimizing efficiency of use of resources (e.g., Hospital beds, MD time)
- Need: *Real* teams focused on improvement of outcomes/efficiency for segments of patients
  - Actionable: Patients with similar shared needs, so that teams can meet most of them
    - *Not* focused factories
    - Palliative care service with oncology clinicians
- Focus: Full cycle of care
- Personnel: Multidisciplinary, meet regularly, co-located
- Data: Outcomes and costs

IPU Example: 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
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)
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.
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>
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</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>
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<tr>
<td>During this hospital stay, how often was your pain well controlled? (HCAHPS)</td>
<td>64%</td>
<td>36%</td>
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<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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<td>How well did staff address your emotional needs? (PG)</td>
<td>57.5%</td>
<td>42.5%</td>
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<th>Measure Description</th>
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<th>% Sub-optimal</th>
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</thead>
<tbody>
<tr>
<td>How often did nurses treat you with courtesy and respect? (HCAHPS)</td>
<td>85.8%</td>
<td>14.2%</td>
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<tr>
<td>How well staff worked together to care for you (PG)</td>
<td>70%</td>
<td>30%</td>
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<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 their ACO
■ 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

19% of patients
Low: Confidence in Provider 74.6% Fail to Recommend

14% of patients
Low: Worked Together 90% Fail to Recommend

5% of patients
High: Worked Together 28% Fail to Recommend

81% of patients
High: Confidence in Provider 1.9% Fail to Recommend

8% of patients
Low: Worked Together 11% Fail to Recommend

72% of patients
High: Worked Together 1% Fail to Recommend

11.4% of patients
Low: Courtesy 92.8% Fail

2.5% of patients
High: Courtesy 78.2% Fail

0.8% of patients
Low: Listens Carefully 45.7% Fail

3.4% of patients
High: Listens Carefully 24.7% Fail

2.4% of patients
Low: Concern for Worries 22.3% Fail

5.9% of patients
High: Concern for Worries 6.3% Fail

3% of patients
Low: Concern for Worries 5.6% Fail

68.4% of patients
High: Concern for Worries 0.6% Fail
How Are You Doing?

- The bottom line is very well.
- Peak performance a year ago, with a little flattening since, but still in superb range.
## Patient Loyalty Determinants

<table>
<thead>
<tr>
<th>Press Ganey Question</th>
<th>Mean</th>
<th>n</th>
<th>All Facilities Rank</th>
<th>AHA Region 1 Rank</th>
<th>State of MA Rank</th>
</tr>
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<tbody>
<tr>
<td>Friendliness/courtesy of CP</td>
<td>98</td>
<td>1162</td>
<td>99</td>
<td>99</td>
<td>98</td>
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<tr>
<td>CP concern for questions/worries</td>
<td>97.3</td>
<td>1150</td>
<td>99</td>
<td>99</td>
<td>99</td>
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<tr>
<td>Patients' confidence in CP</td>
<td>97.9</td>
<td>1161</td>
<td>99</td>
<td>99</td>
<td>99</td>
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<tr>
<td>Staff worked together</td>
<td>97.7</td>
<td>1156</td>
<td>99</td>
<td>99</td>
<td>99</td>
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<tr>
<td>QUESTION</td>
<td>PATIENT COMMENTS</td>
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<td>Confidence in the care provider</td>
<td>I felt safe, received excellent care from the doctor and staff, and they were very helpful in setting future for me.</td>
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<td></td>
<td>*Dr. Ducko is a highly skilled surgeon who cares deeply for his patients and their families. I am very grateful to have his expertise.</td>
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<td>Informative, compassionate, thorough, outstanding, and intelligent all describe *Dr. Calvillo.</td>
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<td>Coordination of care</td>
<td>Excellent experience. *Dr. Lyons &amp; staff were very thorough polite and explained in detail my treatment options.</td>
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<td></td>
<td>*Leslie and her staff were awesome, confident and made me feel calm and safe. *Leslie is down to earth and rational. You are lucky to have her on staff.</td>
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<td>Concern care provider show for patients’</td>
<td>I have colon cancer w/a spot on my liver. *Dr. C took (1) hr. of time to discuss. It was complete, informative, excellent.</td>
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<td>questions and worries</td>
<td>I think *Dr. Katie Wakeley is an excellent doctor who cares about her patients &amp; in a good-natured, down-to-earth manner.</td>
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<td>I cannot say enough about the compassionate care I have received from everyone.</td>
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<td>Listening</td>
<td>*Dr. Corwin is awesome! Patient, friendly &amp; knowledgeable. Never made me feel rushed.</td>
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<td>*Dr. Limke is outstanding. I have never had a doctor spend so much time with me that I felt she understood my problems and was genuinely interested in finding a cure. I have already recommended her to 3 people.</td>
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<td>*Dr. Kent was amazing! She put both my daughter &amp; myself at ease and helped us understand about concussions and treatment.</td>
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<td>Courtesy of care providers</td>
<td>*Dr. Locke is an excellent physician. He is kind, caring and sensitive to my medical issues.</td>
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<td>*Dr. Wakeley &amp; her staff are always kind, professional wonderful caring people!</td>
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<td>Polite, efficient people. Pleasure to go to office.</td>
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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
3. Affection – e.g., Peer pressure
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

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

- Likelihood of recommending doctor: 4.9
- Doctor spoke using clear language: 4.8
- Doctor's explanation of condition/problem: 4.8
- Wait time at clinic: 4.4
- Doctor's effort to include me in decisions: 4.8
- Doctor's concern for questions & worries: 4.8
- Doctor's friendliness and courtesy: 4.9

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!
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.

#GIA14
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.
DISCUSSION