Promises to Patients
Will, Ideas and Execution

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Brief intro
IHI Is Here To…

- Improve the lives of patients, the health of communities, and the joy of the health care workforce
- Accelerate health care improvement by translating innovative ideas into practical results that are truly meaningful to patients

→ Close the Quality Gap as fast as possible
IHI’s Values

• Boundarilessness
• Speed and Agility
• Focus on Subject Matter
• Valuing Volunteers
• Customer Focus
• Honesty
• Orderliness
• Celebration and Thankfulness
IHI’s Blueprint: the IOM’s Six Aims

• **Safe** – no needless deaths
• **Effective** – no needless pain or suffering
• **Patient-Centered** – no helplessness in those served or serving
• **Timely** – no unwanted waiting
• **Efficient** – no waste
• **Equitable** – for all
How We Change the World
Introducing Lola
Lola and Alex
The choice that made all the difference

“The program at Fox Hill Village has been created by experts in the field of health care and retirement living. The underlying basis of the program is to maximize independence, enhance security and provide long term stability.”

www.foxhillvillage.com, accessed 11.3.10
Why is Lola important?

- Although not unique, her story is not typical for most seniors, especially those without financial means.
- Able to stay in own home until age 86 then afford high quality life care center, 24 hour home care when needed, and full fee nursing home care for almost 2 years.
- Can we imagine this scenario for all seniors?
What’s the fuss about?

• Demographics - Baby Boomers
  – Living longer, expectations and need for care

• Rising costs –
  – In Netherlands, impending expense leading to privatization and pulling back of government social programs

• Need for innovation –
  – Housing, services, technology, community
Current use of Long Term Care
(Netherlands, 2004)

- 330 nursing homes/61K beds; ~6% of population older than 75
- 1400 residential homes/106K spots; ~11.5% of population older than 75
  - Average age at entry: 83
  - Average length of residence – 3.5-4 years
  - Most residents are lower income
- 130 homecare organizations serving 680K people, 80% of whom are elderly

The aging population

The Grey Wave

- Approaching 25% of NL population over 65, of which more than a third are over 80 (Zwijnenburg)
- 3.6% of the population uses long term care (Zwijnenburg)
- Will there be a sufficient workforce to provide care? (van de Kasteele)
- Costs and demand for services may double by 2040 (van de Kasteele)

“To ensure that for persons with a long-term or chronic disorder of a physical, intellectual or psychological nature, care of good quality is available and that the cost level of this care is acceptable to society.”

Shifting Responsibility

• Traditionally, the state has provided LTC in the Netherlands
  – “While informal unpaid care given by family members and others does play a role, there is no obligation to provide this care—save for the usual care that members of a household give each other.” (Mot)

• Government “will not try to give some care to everyone but to concentrate on giving good quality care to the most needed” (van de Kasteele)
Examples of changes in social insurance policy

• Since 2003, triggered by soaring costs for LTC, efforts to decrease spending have led to reconsideration of what are considered to be “healthcare services”
  – shifts in some responsibilities to municipalities (such as use of means testing for welfare services)
  – changes in payment systems (client-based budgeting)
  – Moving housing costs for elders out of healthcare budgets
Additional policy changes since 2009

1. Deregulation of the planning of institutional care capacity;
2. Measures to disconnect care decisions from housing decisions;
3. Development of a funding system that rewards quality of care;
4. Development of integrated care for specific diseases (e.g. dementia);
5. Shifting of some curative and rehabilitative care following hospital admissions to the health insurance system (ZVW);
Setting the stage for innovation

• Changes in policy and the social contract may add stress to cities and towns, add out-of-pocket expenses for families as well as...

...creating opportunities for innovation and redesign in the way long term care is structured and delivered

...providing the perfect moment to put patients and families into the center of care
Boomers in the house?
Disruptive Demographics

• **Global Aging, Technology & Innovation**
  - New thinking on the impacts of aging, social trends & technology on business innovation & public policy.
  - [MIT AgeLab Prof. Joe Coughlin's blog](http://agelab.mit.edu/about-agelab)

• **MIT AgeLab** — “created in 1999 to invent new ideas and creatively translate technologies into practical solutions that improve people’s health and enable them to “do things” throughout the lifespan. Equal to the need for ideas and new technologies is the belief that innovations in how products are designed, services are delivered, or policies are implemented are of critical importance to our quality of life tomorrow.”
How do we get there?

- Zal, ideeën, uitvoering
- Triple aim design principles
- Idealized Design (Moen)
- Designing for living as well as end-of-life
Think about your own aging

What do you want?

http://www.ihi.org/IHI/Programs/AudioAndWebPrograms/BerwickForumKeynote2009.htm
Think about your own aging

What do you really want?
Think about your own aging

What do you really, really want?
What would it take?
Framework for Strategic Improvement

- **Zal – (Will)** - *make a new way attractive* and the status quo uncomfortable – Top management

- **Ideeën – (Ideas)** – about *how* things will work and how patients/families/communities participate

- **Uitvoering - (Execution)** – designing, testing, implementing and spreading portfolio of projects aligned with strategy that produce and sustain desired results – *“getting it done”*
Five Practices of Leadership Plus One

• Model the way
• Inspire a shared vision
• Challenge the process
• Enable others to act
• Encourage the heart
• “Start before you are ready”

Adapted from Kouzes and Posner, *The Leadership Challenge, 4th ed.*, 2007 plus Jim Anderson, CEO, Cincinnati Children’s Hospital and Medical Center; IHI Board Member
“I intend to guide CMS toward the Triple Aim as our highest-level goal = better care, better health, and lower per capita costs.”

Donald Berwick, MD
Administrator Centers for Medicare and Medicaid
Address at America’s Health Insurance Plans – Medicare Conference, 9/13/10
The Triple Aim refers to three goals at once:

1. “Better care for individuals – as described by all six dimensions of quality in the Institute for Medicine report: safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity;

2. Better health for populations with respect to the upstream causes of so much of our ill health – like poor nutrition, physical inactivity, substance abuse and unwise behavioral choices, violence, and economic disparities; and

3. Reducing per capita costs by eliminating waste and needless hassles…and, hear me clearly, specifically not by withholding from us or our neighbors any care that helps then – specifically not by harming a hair on any patient’s head.”
A Design Paradox

• How would you design a long term care system that is truly patient-centered (giving people exactly the care they want and need exactly when and how they want and need it) AND that achieves the Triple Aim?
Moen/IHI Idealized Design

IDEO 5 Step Design

Step 1. Understand the market, the client, the technology and the perceived constraints.

Step 2. Observe real people in real life situations.

Step 3. Visualize new-to-the-world concepts and the customers who will use them.

Step 4. Evaluate and refine the prototypes in a series of quick iterations.

Step 5. Implement the new concept.
Ideeën

- Observation
- Looking outside healthcare
- R&D
- Involving Patients and Families
Keeping Seniors in their Homes

Primary Drivers

- Health Care Monitoring
- Community Support
- Manage Activities of Daily Living
- Reliable Caregiver

Secondary Drivers

- Easily available social activities
- Volunteer opportunities
- Support networks
- Interactions with multiple age groups
- Physical activity options
- Spiritual support

Keeping People (over age 65) in Their Homes

- Preventing or Delaying Readmissions to Hospital or Admission to Long-Term Care Facility
- Telephone/email access to providers
- Tools for monitoring health care conditions (scale, glucose monitor, blood pressure monitor, etc.)
- Strong relationship with provider that guarantee remote access will be available
- 24-7 access to health care provider (nurse able to be at the home within a few hours)
- Care plan including advance directives

Coordination

- Ability to perform the following either alone or aided:
  - Bathing
  - Dressing
  - Eating
  - Toileting
  - Continence
- Ability to recognize when level of need changes
- Modifications to home to allow individual to safety stay in the home
- Access to transportation for appointments, etc.

- Recognizes when level of care needed (either health care or ADL) has changed
- Coordinates appointments if necessary
- Provides or arranges for misc. services if necessary
- Trained to look for signs of decline
- Prepared to deal with urgent situations and rapid decline
- Respite care available
Seamless Advanced Illness Care

Drivers of Early Access and Seamless Care for People with Advanced Illness

- Trigger for Timely Addition of Supportive Care
  - Criteria for initiation of conversation-diagnosis, surprise question
  - Process for case finding and decision to initiate discussion, institution-wide

- Reliable process for initiating discussions
- Skilled people lead, drive discussions: Informing, Goal setting, Decision-making, Care Planning,
- Tools and Resources: Decision Making, Education
- Mechanism for making decisions/wishes visible at every point of care

- Continuous Shared Communication
- Guidance and Support for Patient & Family
  - Care Manager, Clinical Nurse Specialist Model-linked to primary physician, inpatient care
  - Community Resources model linked to medical care

- Core Services: Pain and Symptom, Emotional Support 24/7 Crisis Care
  - Palliative Care and Hospice Programs provide these using team care
  - Disease specific APN or team model
  - Alternatives to Hospital and ED visits using HHA, Nursing Homes, Board and Care or Foster Care

- Financing for Enhanced care
  - Capitated Models, Liberalized Hospice Benefit, other Benefit Structures, Special Contractual Agreements

IHI 90 day Palliative Care R&D, unpublished
Continuous Framework for Palliative Care

Framework for Early Access, Better Transitions

This framework for care can be provided in any setting for any patient

- Continuous Communication
- Shared Decision-Making
- Goal Setting
- Care Planning

Trigger

Patient and Family

- Treatment: Core Services, 24/7 according to shared plan, in Hospital, Long Term Care, Home
- Guidance and Support: Including coordination, case management

Shared Information
Lola’s Framework
Promises to Patients

• Pursuing Perfection Aim: to “show that system-wide quality improvement efforts are feasible and, through such efforts, set new benchmarks for health care quality and safety.” (The Robert Wood Johnson Foundation. Request for Proposals: Pursuing Perfection. Princeton, New Jersey 2001.)

• What will your organization promise, in terms of performance, to the patients and communities you serve?

• How will you design your care system to meet those promises?
Making and Keeping Promises

• In care of people with life-limiting illness, promising no defects & no excuses for:
  – Relief of pain and shortness of breath no matter what
  – No surprises from expected complications
  – Stay at home to die if desired
  – Minimize transitions and no unplanned changes in care
  – Clear preferences and choices honored
  – Full information and support to shape experience and pursue goals
  – Timely response by appropriately experienced staff
  – Honor treatment refusals and provide liberal symptom suppression/sedation

Adapted From Lynn, Schuster, & Kabcenell, Sourcebook for Improving Care at the End of Life
Promises to Lola – practically perfect
Uitvoering = Making it happen

94!

100!
“…successful aging,’ a simple, intuitive little phrase, is actually quite far-reaching and even threatening for the status quo. If taken seriously, successful aging requires substantial reorganization of health care systems, new and different outcome measures, and reconfigured funding strategies and priorities. In addition, if we are serious about promoting successful aging, we need to know considerably more about what older people value and how they define successful aging; we know next to nothing about these two subjects (9).
Beacon Hill Village

Welcome to the Village to Village Network

NATIONAL VILLAGE GATHERING

YOUR VOICE · YOUR VISION · YOUR VILLAGE

PHILADELPHIA, PA
Nov. 11-12, 2010

www.beaconhillvillage.org
vtvnetwork.clubexpress.com
In voor zorg! interview with artist Anne Rijnders:

“Ik zou met een aantal gelijkgestemde oudere vrouwen en mannen in een reeks kleine huisjes bij elkaar willen wonen. Met bijvoorbeeld een gemeenschappelijke tuin. Wellicht kan dat met een PGB voor de deelnemers. In zo'n situatie houden de bewoners elkaar in de gaten zonder hun vrijheid te verliezen. Ze versterken elkaar zelfs. Wat de één niet kan, kan de ander nog wel en vice versa. Als dat nodig is zouden we met elkaar een hulp in de huishouding kunnen regelen. Maar dat moet dan wel iemand zijn die wij mogen kiezen, want juist een goede klik is in deze opzet van belang.”

Omring 20/30 model

- Small scale housing with:
  - Residential care center – 4 group homes for 20 patients with Alzheimer’s dementia
  - 30+ surrounding senior housing units for purchase or rental, for folks who need varying amounts of assistance
  - Neighborhood support, health care and leisure services

http://www.omring.nl/index.php?id=7
Eden Principle

“The Three Plagues of loneliness, helplessness, and boredom account for the bulk of suffering among our Elders.”

http://www.edenalt.org/about-the-eden-alternative
Home-Like, Self-Directed Environment Provides Superior Quality of Life Than in Traditional Nursing Homes and Assisted Living Facilities

Summary

THE GREEN HOUSE® model provides elders with an alternative to nursing homes and traditional assisted living facilities. These communities provide groups of 7 to 10 elders a comfortable, warm, home environment and staff who provide the highest level of clinical care while nurturing relationships and elders’ autonomy. Evaluations suggest that GREEN HOUSE® elders receive equal or higher quality of care and report better quality of life than residents of nursing homes.
Green House Project – Doris Delanus
What do you really, really want?

• How will you get there?

• What promises will you make to the elders you serve?

• How will you find out what they want you to promise?
104! (and 74)