Lean: The Method for Improving the Patient Experience

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CEO ThedaCare Center for Healthcare Value

Patient Experience Summit:
Empathy and Innovation
May 20th 2014
• Founded in 2008 as a 501(c)3 not-for-profit
• Independent board includes:
  – Paul O’Neill, former Treasury Secretary
  – Maureen Bisognano, IHI, CEO
  – Arnold Milstein M.D., Stanford School of Medicine
  – Steve Shortell PHD, U.C. Berkeley
  – Jeff Thompson M.D. Gundersen Lutheran CEO
• Goals:
  – Redesign care to improve value
  – Develop payment systems that reward value
  – Publicly report health outcomes

• Connect: createvalue.org
Healthcare Value Network Member Lean Improvement Results

• Since redesigning outpatient clinic care in 2008, 48,764 days of wait time have been eliminated — Akron Children’s Hospital

• E.R. Press Ganey patient satisfaction scores for question the “Likelihood To Recommend” improved from 51st all PG data base percentile to the 78th percentile and the number of patients who left without being seen dropped from the industry standard of 2% to 0.65% - Stanford University Hospital

• Outpatient cancer treatment improvement teams at Taussig Cancer Institute reduced average patient wait times for chemotherapy treatments from approximately 2 hours to 20 minutes — Cleveland Clinic
Bellin-ThedaCare Healthcare Partners in northern Wisconsin lowered costs for its 20,000 Medicare ACO patients by an average of 4.6% compared with the baseline population the program used for comparison. It stands to share in several million dollars in savings.
How the Pioneer ACO Model Needs to Change Lessons From Its Best-Performing ACO

On July 16, 2013, the Center for Medicare & Medicaid Innovation released results from the first performance year of its Pioneer Accountable Care Organization (ACO) Model. The Pioneer program is the first ACO pilot administered by the government and the first to report results. This important experiment may offer lessons for how to avoid Medicare’s predicted fiscal crisis. Even short of that, however, the findings demonstrate that, for the experiment to ultimately succeed, value-based payment and patient incentives to reward clinicians and health care organizations that offer more real value to patients must spread rapidly to other payers. Otherwise, the very delivery systems that are improving cost and quality may drop out of these important experiments.

Pioneer’s First-Year Results
Each of the 32 Medicare Pioneer ACOs has improved quality and patient satisfaction, and the overall Pioneer program generated a total savings of $87.6 million. However, 12 of the 32 ACOs did not achieve significant sav-

How the Best Baseline Performer Continues to Improve
ThedaCare and Bellin have previously been recognized for delivering high-quality care at a low cost, compared with their peers. More recently, ThedaCare’s physician group was ranked first in Wisconsin on a set of clinical outcome measures tracked by Wisconsin’s nationally recognized clinical outcomes database. Examples of measures publicly reported include hemoglobin A1c lower than 7% and breast cancer screening.

This success surprised few observers. More than 10 years earlier, ThedaCare had launched a nationally recognized management system, using principles and practices from Lean Manufacturing, to improve quality and slow growth in per-capita health care spending. Key components include value-stream mapping of processes contributing to high-quality patient care such as patient flow in the emergency department or in an inpatient unit; the application of PDSA (plan, do, study, act) problem-solving cycles; and widespread use of continuous im-
ThedaCare’s Results

• Feb 2014 CMS Recognizes Bellin Thedacare ACO as “best in the nation” for Diabetes Management
• Feb 2014 CDC recognizes ThedaCare as one of nine best practices in the nation for “2013 Hypertension Control Champions”
• Consumer Reports ranks ThedaCare Physicians No. 1 in Wisconsin for Quality in 2013
• Doubled operating margin over 5 years (2004-2009)
• Improved from an A- to Aa- Bond rating
An organization’s cultural commitment to applying the scientific method to designing, performing, and continuously improving the work delivered by teams of people leading to measurably better value for patients and other stakeholders.

Mayo Clinic Proceedings
January 2013; 88(1):74-82
Lean Healthcare is an Operating System Comprised of Six Principles

1. Value creation for patients (Value Stream Analysis)
2. Unity of purpose (True North)
3. Continuous improvement (Pursuing Perfection)
4. Visual management to see and understand patient flow
5. Respect for people
6. Standard work for administrative and clinical care processes

*Excerpted from “The Promise of Lean in Healthcare” Mayo Clinic Proceedings, January 2013;88(1)74-82
ThedaCare True North Metrics

- Safety
  - System Patient Safety Bundle
  - D.A.R.T
- Quality
  - Preventable Mortality
  - 30 Day Readmission

Customer “Lori”
  - Customer Loyalty Score

- People
  - Engagement Index
  - Health Assessment Score
- Financial Stewardship
  - Operating Margin
  - Productivity

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Mayo Clinic HSMR

Risk-Adjusted Mortality Rates

- Arizona
- Florida
- Minnesota
- US Overall

* Rolling 12 month
Sept 12-Aug 13

Appleton Medical Center-49*
Unity of Purpose: A3
What Are You Talking About?

**Background**
Why are you talking about it?

**Current Situation**
Where do we stand?

→ What’s the problem?

**Goal**
Where we need to be?
What is the specific change you want to accomplish now?

**Analysis**
- What is the root cause(s) of the problem?
- What requirements, constraints and alternatives need to be considered?

**Recommendations**
What is your proposed countermeasure(s)?

**Plan**
What activities will be required for implementation and who will be responsible for what and when?

**Follow-up**
How we will know if the actions have the impact needed? What remaining issues can be anticipated?
North Appleton Ambulatory Care Center Future State

**BUSINESS CASE:**
There are limited options for creating a WOW experience for our customers and physicians. We need to achieve a greater financial alignment between the health system and physicians and develop a strategy for shared success. We are focused on exceeding the market based on outcomes and patient satisfaction and need to become more strategic and competitive in the market place through growth and partnerships.

**VALUE STATEMENT:**
Creating a healthier value for our patient and physician customers (value = Quality/Cost)

**MUTUAL:**
Single-payer registration on Epic for all visits and services online; all physicians on Epic; same day access for all disciplines, PCP, communication by end of week - increase patient satisfaction survey results facility designed for patient-centered care.

**METRICS:**
Number of registrations per episode Target = 100%

**REALSTATE:**
Single point registration, same day access, 100% satisfaction.

**Start Here:**
Start Here: EMR...
The purpose of going to Gemba is to see waste and eliminate waste

- Waiting
- Defects
- Transportation
- Overproduction

- Motion
- Unused human talent
- Over-processing
- Inventory
Can you say “Yes” to these three questions every day?

- Are my staff and doctors treated with dignity and respect by everyone in our organization?
- Do my staff and doctors have the training and encouragement to do work that gives their life meaning?
- Have I recognized my staff and doctors for what they do?
## Exhibit 2: White Coat Leadership Characteristics Versus Improvement Leadership Characteristics

<table>
<thead>
<tr>
<th>White Coat Leadership</th>
<th>Improvement Leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exhibits an “all knowing” attitude</td>
<td>Demonstrates humility</td>
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<tr>
<td>Adopts an “in charge” posture</td>
<td>Exhibits curiosity</td>
</tr>
<tr>
<td>Demonstrates autocratic tendencies</td>
<td>Facilitates improvement efforts</td>
</tr>
<tr>
<td>Adopts a “buck stops here” approach</td>
<td>Teaches others</td>
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<tr>
<td>Shows impatience</td>
<td>Learns from others</td>
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<tr>
<td>Blames others</td>
<td>Communicates effectively</td>
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<tr>
<td>Controls others</td>
<td>Perseveres</td>
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</tbody>
</table>
"Most of what we call management consists of making it difficult for people to get their work done."

-Peter Drucker
Management by Objective:

“It nourishes short term performance, annihilates long term planning, builds fear, and demolishes teamwork...
...it leaves people bitter, crushed, bruised, battered, desolate, and despondent.“

- W. Edwards Deming
Management Process

Status of the Business:
- Information
- Continuous Improvement
- Metrics
- Escalation

Executive Functions
- Strategic
- Innovative
- Weekly/Monthly Assessment
- 10-25% Standard Work

Goals
- Tactical Management
- Control
- Daily assessment
- 50-75% Standard Work

Strategy
- Purpose
  - Mentoring
  - Teaching
  - Barrier Removal
  - Strategy
  - True North

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Management by Process

- Andons
- A3 thinking
- Daily patient and business status sheet
- Daily performance-and-defect review huddle
- Unit-based leadership teams focused on achieving results
- Standard work for leaders and supervisors
- Standard work audits
- Visual progress tracking
“The No Meeting Zone”
<table>
<thead>
<tr>
<th>Major Steps</th>
<th>Details (if applicable)</th>
<th>Time</th>
<th>Diagram, Work Flow, Picture, Time Grid</th>
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</thead>
<tbody>
<tr>
<td>1. Manager, supervisor, leads and staff gather at Improvement Center</td>
<td>Based on stat sheet what are the lead, supervisor and manager working on today?</td>
<td>1-2 min</td>
<td>General Questions to Ask About Any Issue</td>
</tr>
<tr>
<td>2. Manager or Supervisor shares learnings from morning stat sheet.</td>
<td>Based on stat sheet what are the lead, supervisor and manager working on today?</td>
<td>1-2 min</td>
<td>Did the process perform as expected?</td>
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<td>Did any new defects surface?</td>
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<td>Were any process changes implemented since last huddle?</td>
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<tr>
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<td>Any new changes to standard work?</td>
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<td>What is working in the process or not working based on the tracking?</td>
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<td>What additional information might be helpful to understand defect(s)?</td>
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<td></td>
<td>Can we get that information?</td>
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<td>Do you anticipate any potential defects?</td>
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<td>What could go wrong today?</td>
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<td>Any barriers today?</td>
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<td>Are we ready to have a good day today?</td>
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<tr>
<td>3. Briefly review with team the previous day’s performance. This discussion should center around both the driver metrics and daily key processes being performed by the staff.</td>
<td>Ask the team these questions:</td>
<td>5 min</td>
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<td></td>
<td>&quot;What happened yesterday in your work that was a defect that we could improve to make your work flow better today?&quot;</td>
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<tr>
<td></td>
<td>&quot;What happened yesterday that we could improve on to make the patient experience better today?&quot;</td>
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<tr>
<td>4. Based on above discussion, add possible solutions, “just do its”, or agreed upon experiments to actionable items log or wait work board with assignments for follow through</td>
<td>Involve the team in ownership and experimentation.</td>
<td>5 min</td>
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<td>Use a PICK chart to prioritize solutions or experiments.</td>
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<td>Develop a problem statement, gap analysis and countermeasure to experiment with in the next 2-3 days. (This should be a rapid cycle improvement using PDSA thinking)</td>
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<td>Document using a PDSA template; don’t worry about using it perfectly.</td>
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<td>Study the defects you are already working on, do not have more than 2-4 in play at one time.</td>
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<td></td>
<td>Use prioritization and work wait board to capture defects waiting to be worked on.</td>
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</table>
A Community of Problem Solvers
Delivering MBV

100% of employees are problem solvers improving something every day!!!