The Transformation of Healthcare

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The Economics and the Outcomes

UC Project for Global Inequality
Healthcare Trends in the last Decade

From 2000-2009 in the US:

• Heart Disease: 25% increase
• Diabetes: 32% increase
• Stroke: 27% increase

Obesity Trends in VA by Geographic Area

Prevalence of Body Mass Index (BMI) $\geq 30$ by region

- 30-34%
- 35-39%
- $\geq 40\%$
The Outcomes: Heart Disease

- Heart disease remains the #1 killer of Americans
  - 1.3 m angioplasties, $48k each, $60B in 2006
  - 448,000 bypass, $100k each, $44B in 2006
  - Angioplasties and stents do not prolong life or prevent heart attacks in stable patients (95% of those who receive them) N Engl J Med 2007
  - Bypass surgery prolongs life in less than 3%
  - AND changing lifestyle could prevent at least 90% of all heart disease  Lancet. 2004 Sep
The Take Home Lesson:
Doing more of the same,
Even if we do it better,
will NOT fix this problem.

Not for our Veterans,
and not for the country.
The U.S. is in a **REAL** crisis

**The Financial Imperative:**

- Budget deficit and debt
- Healthcare consumes 18% of our GNP, with unsatisfactory results
- If it continues to rise 5% annually, in 2021 it will consume 31% of our GNP
- This is unarguably unsustainable. The United States will lose its ability to compete in the global market and the consequences are significant.
This confluence of factors creates the perfect storm, and calls for nothing short of a true transformation in Health Care.
How did we get here??
1900s -- Reductionism: Single Factor = Find It/ Fix It

Causative Factor → Disease

2000s -- Complexity: Multiple Factors = Predict It/Personalize It

Baseline Risk

Health Enhancement

Environmental Factors

Preclinical Disease Progression → Disease Initiation

Disease Progression → Irreversible Damage
IOM Rules for the 21st Century Health Care System

Crossing the Quality Chasm, Institute of Medicine, 2001

Current Approach

- Care based on visits
- Professional autonomy drives variability
- Professionals control care

New Approach

- Care based on continuous healing relationships
- Care is customized according to patient needs and values
- Patient is source of control
The Institute of Medicine
Summit on Integrative Medicine and
the Health of the Public, Feb 2009

“The disease-driven approach to care has resulted in spiraling costs as well as a fragmented health system that is reactive and episodic as well as inefficient and impersonal.”
The Role of the Veterans Health Administration
The Role of the VHA

The VA leads the country in:
– Quality and Safety
– Innovations and Advancements
– Health care that extends far beyond the treatment of disease

Where are we headed?
– We are guided by the needs of our Veterans and of our Country
– We need to do what others cannot or should not
– Again, the Veterans are serving their country
Honor America’s Veterans by providing exceptional health care that improves their health and well-being.

It is time to look at how the system can do this better.
The root cause of the crisis is that we have put the disease at the center, not the person.
Diagnoses Associated with Suicide Attempts

• PTSD, Depression, Sleep-disorders, Pain, Substance Abuse

• All areas where the find it-fix it model fails

• We did the clinical reminders, we met the measures, but missed their suffering
THE ASPIRATIONS MODEL

“I am…”  “We are…”

ASPIRATIONS

Positive Feedback

Say Do Think Feel

BEHAVIORS

Corrective Feedback

CIRCUMSTANCES

Rationalization
Explanation
Blame
Justification

EXHAUST CLOUD

Overwhelmed Helpless

BEHAVIORS

CIRCUMSTANCES

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Model developed by Roger Fritz of Leadership by Design
The Path to Implementation

- To go from the “As Is” to the “Will Be” we must:
  - Align resources with desired outcomes. Review and prioritize initiatives, and if appropriate eliminate.
  - No longer measure, value and reward episodic application of diagnostics, pharmaceuticals and procedures as if that is success. They are just transactions.
  - Develop measures of life-long health and well-being. This is what we must value and reward. This is success.
  - Expand and constantly innovate our repertoire of prevention, intervention, conventional and complementary approaches to healthcare.
  - Remember that the Veteran is the Captain of the Team and the healthcare professionals are some of the invited players.
1. Provide Veterans personalized, proactive, and patient driven health care.

2. Incentivize measurable improvements in health outcomes.

3. Align resources to deliver sustained value to Veterans.
Personalized, Proactive, Patient-Driven

• **Personalized**: tailoring a person’s healthcare to their individual characteristics, medical conditions, genes, circumstances, values, etc.

• **Proactive**: using strategies that strengthen the person’s innate capacity for health and healing (salutogenesis), such as mind-body approaches and nutritional strategies prior to surgery or chemotherapy.

• **Patient-driven**: health care that is based in and driven by what really matters to the person in their life, and aligns their health care and goals accordingly. This requires that we change the conversation and start from a different place.
Elements of Personalized, Proactive, Patient-Driven Care

Experience → ME → Practice

Experience:
- Healing Environments
- Healing Relationships

Practice:
- Components of Proactive Health & Well-Being
- Personalized Health Approach

Integrity • Commitment • Advocacy • Respect • Excellence
A proactive approach to optimize health and healing addresses all aspects of life that can influence outcomes.

Many of the strategies that may be of benefit extend beyond what is conventionally addressed or provided by the health system.
The HOW Expands

Mission for Life and Health

A Personalized Health Plan

Training and Skill building

Support to succeed
The Values and Culture of Veterans

**MISSION:** You commit to goals and outcomes with tremendous self-discipline and self-sacrifice.

**PLAN:** You wouldn’t fight a war or go into battle without a plan.

**TRAINING:** You wouldn’t send your troops in without training and skill building.

**TEAM, TRUST, AND SUPPORT:** You rely on your team and live or die by your fellow Soldiers, Sailors, Airmen, and Marines.
What REALLY matters to you in your life?

What brings you a sense of joy and happiness?

What brings you a sense of sadness or sorrow?

What is your vision of your best possible health? How would you like to feel and look? What activities would you like to be able to do?
Changing the Conversation: the PHI

On the following scales, place an “X” showing where you feel you are on the scale.

**Physical Scale:**
0 ___________________________ 10
Miserable (pain, weak, drained)  Great (high-energy, strong, fit)

**Mental/Emotional Scale:**
0 ___________________________ 10
Miserable (anxious, angry, hopeless, alone)  Great (happy, hopeful, connected, content)

**Life Scale: How is it to live your day to day life?**
0 ___________________________ 10
Miserable (very hard, exhausting)  Great (easy, fulfilling)
Modern medicine starts with the body, rather than the soul; The mind, rather than the heart.

The soul and heart are the doorways to healing and health of the body and mind.

Now we can design for this approach and lead the way.
If we get the **content** of health care right, we will get the **outcomes** and the **cost** right
“To oversee VHA’s cultural transformation to Patient Centered Care. This undertaking represents one of the most massive changes in the philosophy and process for healthcare delivery ever undertaken by an organized healthcare system. The Office will create a structure, employing and training staff, establishing Centers of Excellence and guide and support the transformation of every VHA Network and healthcare facility.”
INNOVATION ENGINE MODEL

Basic & Clinical & Health Systems Research

Outcomes & Analysis

CLINICAL EXPERIENCE & INNOVATION

Voice of the Veteran

Education & Training

DEPLOYMENT ACROSS VHA
Clinical Experience and Innovation
Patient Centered Care Innovation Grants

* FY 10, 11, 12, 13 – Sites Funded for Innovation Grants
* Note that sites may have multiple projects funded

[Map of the United States showing locations of innovation grants.]
Outcomes and Analysis
Compendium of Research Related to Patient Centered Care

New Patient Centered Care Metrics

Evidence Mapping for Integrative Therapies

Personal Health Inventory Pilots

Working with the Bravewell Clinical Network, exploring Primier for common patient reported outcomes across health systems

Two Funded National Research Centers
Education and Training
Resources and Tools

A robust SharePoint site of resources and information for the field

– Clinical Toolkits  (*e.g.* Personal Health Inventory, Personal Health Plan Staff Guide)

– Communications

– Graphical Models

– Presentations

– Video Library

– Photos
Education

- Scope: >100,000 Clinicians plus learners
- In Partnership with PIRE
- National Integration Team
- Current State Report (>30 interviews)
- Develop comprehensive curricula
  - Foundation Program (all employees)
  - Clinician Core Course
  - Whole Health Coaching Training
- Develop aligned Veteran curriculum
Deployment across VHA
Field Based Implementation

Scope: 153 Health Systems, >1500 points of care

Overarching Healthcare Facility Strategy:

– Launch and/or Support PCC Cultural Transformation process with facilities
– Foster Innovation and Dissemination of Practices
– Provide a robust array of field Supportive Services to meet evolving needs

We are currently engaged with >50% of facilities
**Executive Leadership Readiness, Commitment and Practice Structures/Integration**

**Information Sessions**

- **Duration:** 1 day (1/2 day ERLC, 1/2 day interviews)
- **Audience:** Quadrad and POC
- **Goal:** To help senior leaders create both an individual and organizational vision of PCC, and to identify individual and organizational commitments to bring their vision to reality. Then, to collect information to enrich and inform future steps in this cycle.

**Organizational Assessments**

- **Duration:** 3-4 days
- **Audience:** Various stakeholder groups
- **Goal:** To introduce the VHA model of Patient-Centered Care to as many Staff, Volunteers, and Veterans as possible; to learn more about PCC initiatives already underway, to share other examples of PCC to aspire to, and to inspire staff to get involved.

**Setting:** Auditorium or other large space that can hold 50-100 people per session is ideal

**Equipment:** Projector, screen, microphone & speakers

**Leadership Engagement Sessions**

- **Duration:** 1 day
- **Audience:** Leadership at all levels (max of 40 ppl/session)
- **Goal:** To immerse leaders in a learning process that defines leading in a PCC environment and to prepare leaders to lead the initiative by engaging them as champions for the cause.

**Setting:** Large conference or meeting room (off-site preferred)

**Equipment:** Projector, screen, speakers, microphone

**Staff Engagement Sessions and Facilitator Workshop**

- **Duration:** 1 day Engagement Session and 2 day Facilitator Workshop
- **Audience:** Select staff from all levels, then staff chosen to facilitate continue on for the Workshop
- **Goal:** To create awareness of PCC and unity among staff members by sharing the patient perspective and inspiring staff to engage in the journey as facilitators.

**Setting:** Large meeting room (offsite preferred) with moveable tables & chairs, access to nature and/or a welcoming, healing environment.

**Equipment:** Projector, screen, speakers
The Magnitude of Change

- The Undersecretary’s Priorities
- The VHA CAM-IH Directive/Policy
- Integrative Health Coordinating Division
- The Mental Health Innovations Taskforce
- The Proposed Legislation, S.944
- The White House Modernization Study
- The President’s Planning-Budget-Execution (PPBE) for 2016-2021
Whole Health: A well developed national infrastructure for provision of a proactive integrative health approach for Veterans, which is inclusive of a relationship based approach, self care strategies, complementary and alternative approaches, and integrative health coaching. When implemented, Veterans will have the guidance to address the broad aspects of their life that affect their health, will have education and training to build new self care skills, will have the opportunity to incorporate more holistic and integrative approaches into their health care, and will have ongoing support to help them make the changes they identify as priorities.
Veterans committed their lives, health, and well-being to Mission Success in defense of our country.
Now, we can help them be mission ready for their lives, optimizing their health in service of what matters to them.

How Will We Identify Success?

When Veterans achieve outcomes they never even imagined.
The Synergies and Opportunities

• Demands seamless integration with community and nonVA resources and approaches

• Tremendous synergy with your organizations

• How can we best leverage this?