

# “What’s Your Name?”

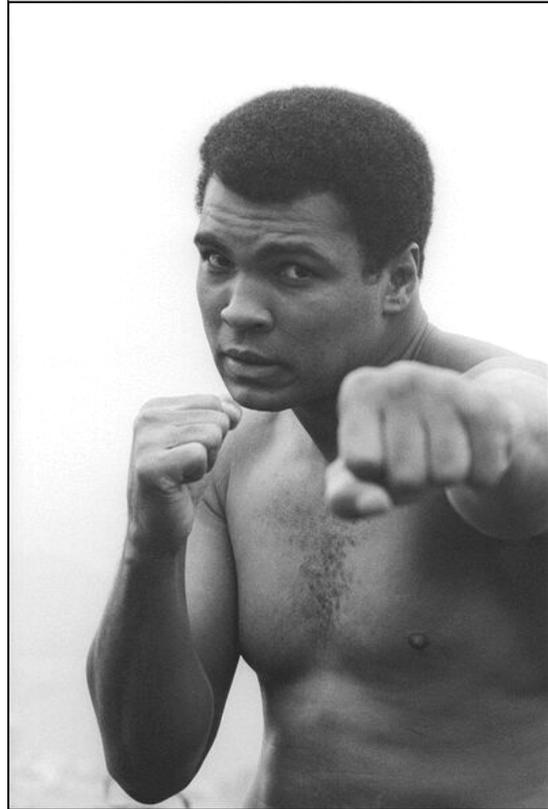
John August, Director Healthcare Labor Relations

Cornell University- ILR School

June 21, 2016, Albany, NY

All-PPS Meeting: Strategies for Addressing the Emerging  
Workforce

What's Your Name?



# The Great Unifying Social Movement of our time

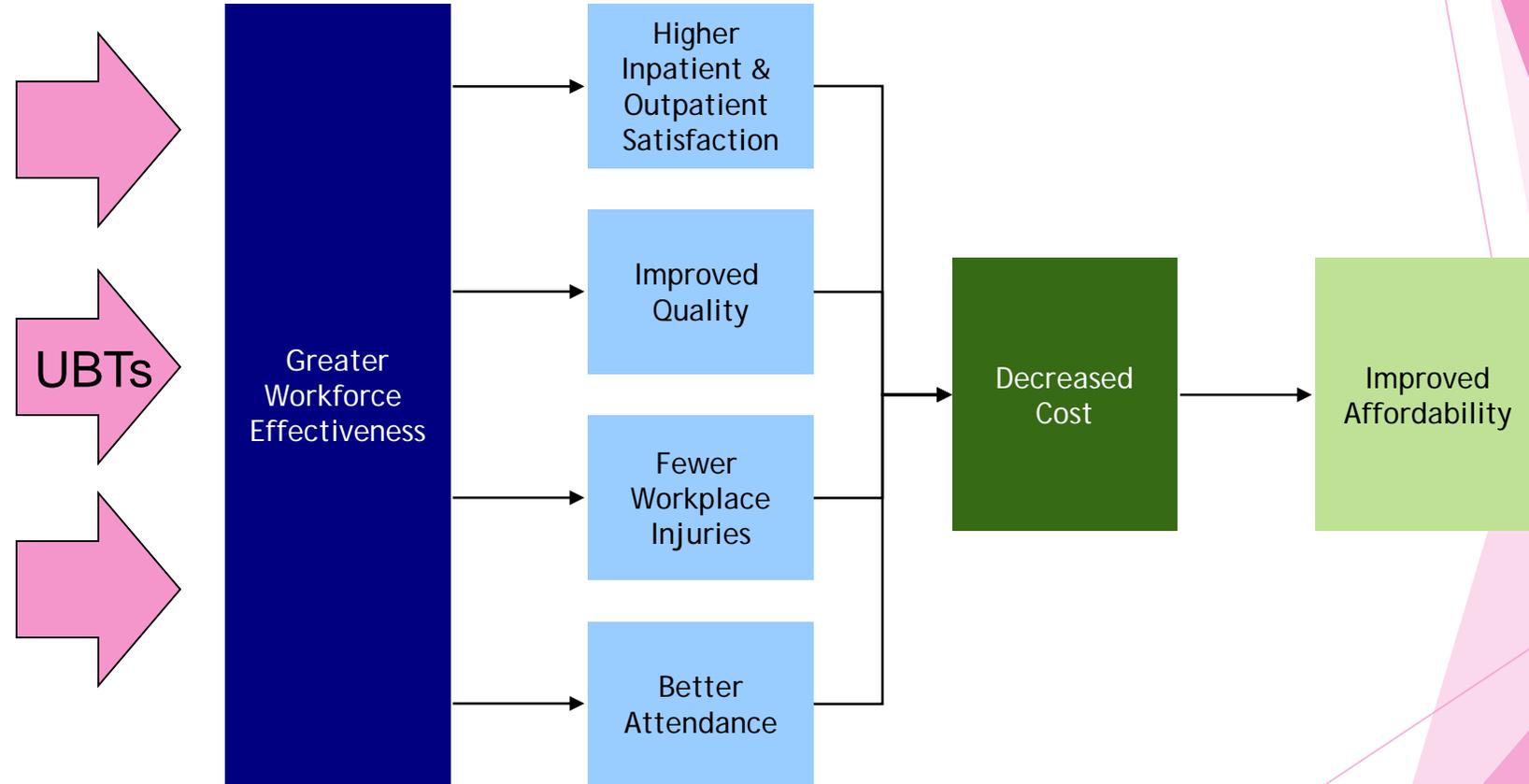


- ▶ The Triple Aim is the strategy designed to replace WASTE with VALUE

# Low employee engagement may be the largest barrier to improvement...and solving to the Triple Aim

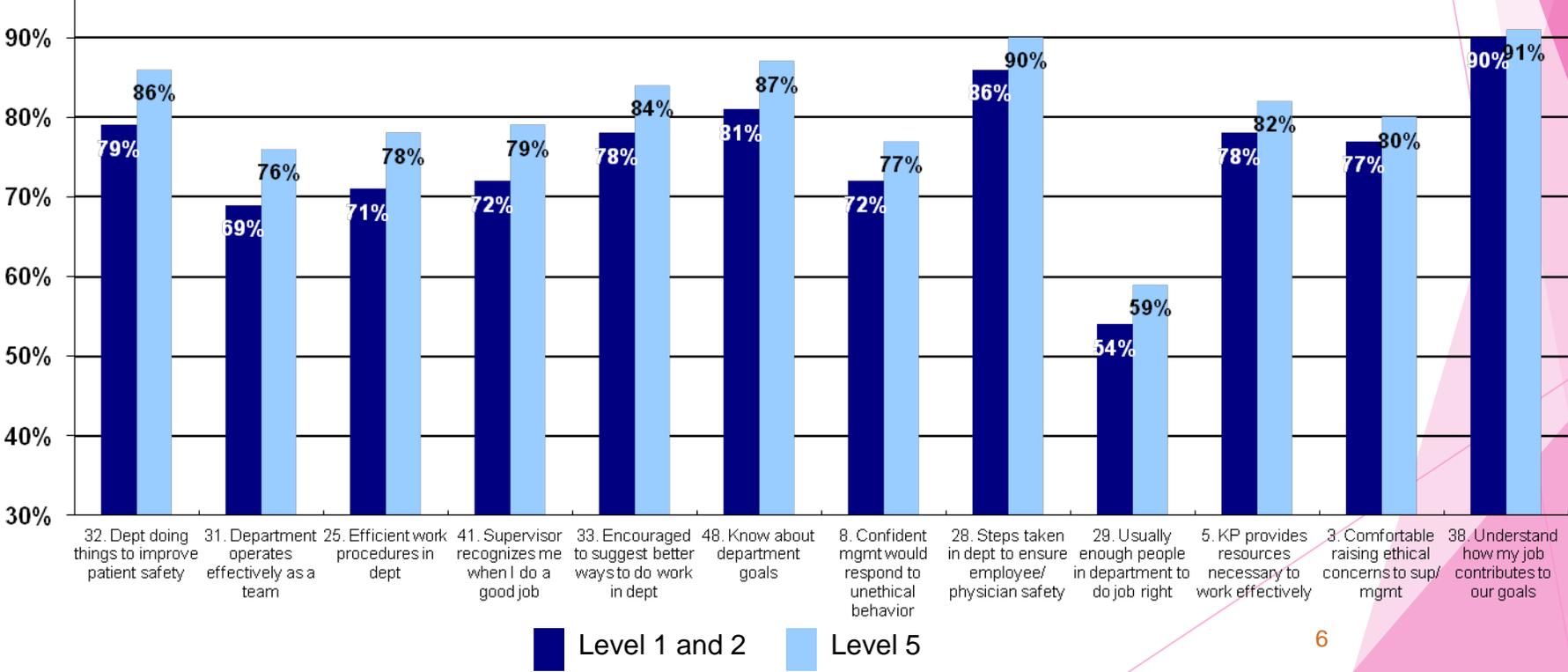
- ▶ Towers Watson, Gallup, and other mainstream analysts place employee engagement scores in healthcare at between 35-44%
- ▶ At a recent IHI forum, executives and leaders agreed that low employee engagement was a key factor in hindering improvement efforts

# The Theory



# UBTs Impact Culture

**UBTs with higher Path to Performance scores also have higher scores on the 12 People Pulse items related to performance.**



Source: People Pulse 2011 Survey; UBT Tracker

# A leader in quality and service



## J.D. Power and Associates

- Highest in 2012 Member Satisfaction in Health Plans
- California, Colorado, Northwest, Mid-Atlantic: Market Leaders in Consumer Satisfaction

## Medicare Quality Rankings



Medicare 5 Stars in California, Northwest, Hawaii, Colorado, Mid-Atlantic, Ohio  
4.5 Stars in Georgia



29 number one scores



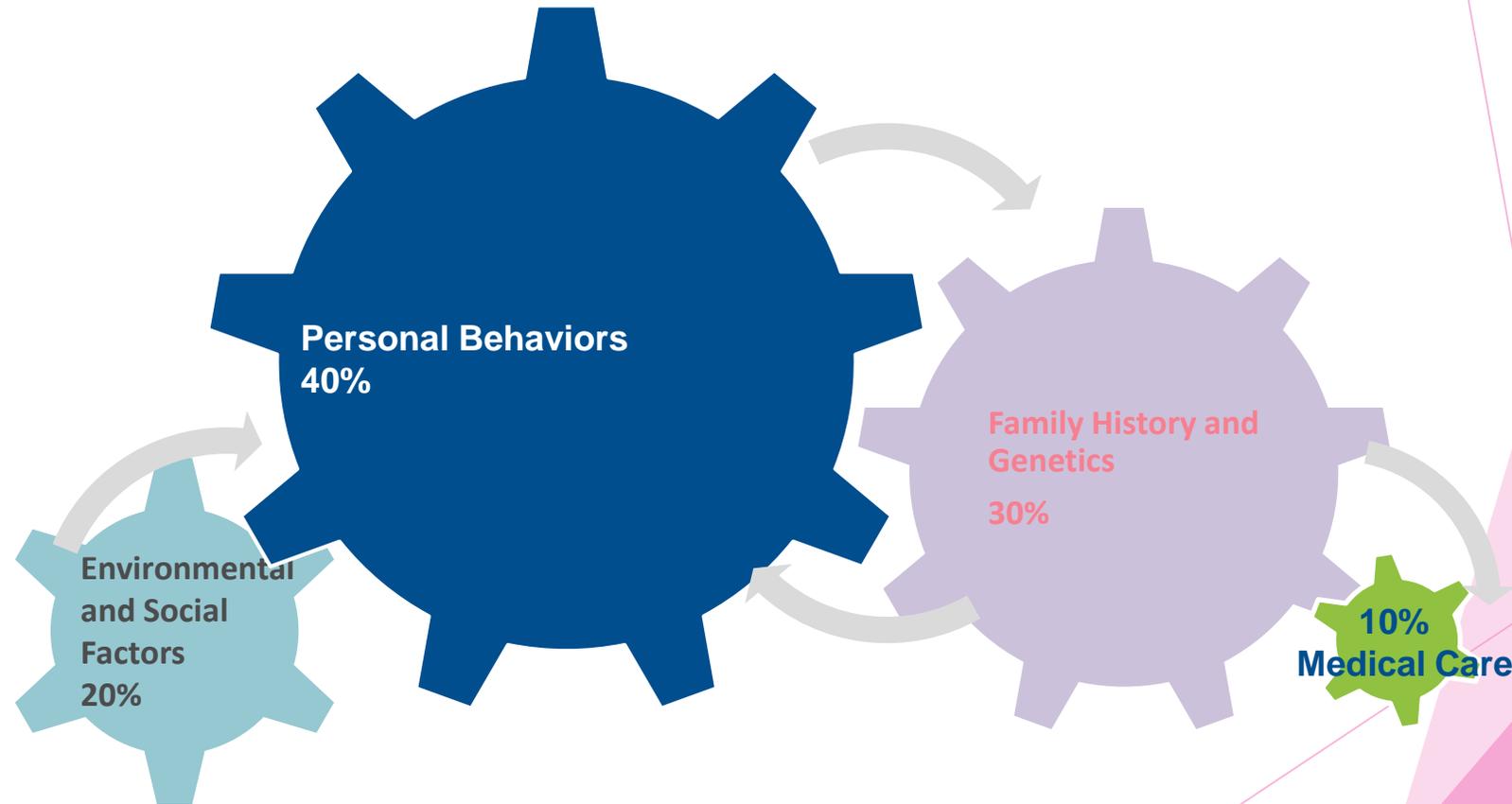
Top Hospitals in Nation:  
16 of 53 are KP

# Elements of successful team development

- ▶ Joint leadership
  - ▶ *Line of Sight*
  - ▶ Team Cohesion
  - ▶ Transparency
  - ▶ Sponsorship
- 
- ▶ Source: Adam Seth Litwin, Johns Hopkins, Adrienne Eaton, Rutgers, Deborah Konitsky and Nicole Vanderhorst, Kaiser Permanente, Dept. Organizational Research

*Health is driven by multiple factors that are intricately linked – of which medical care is one component. Total Health is a comprehensive solution that addresses all components*

**Drivers of Health**

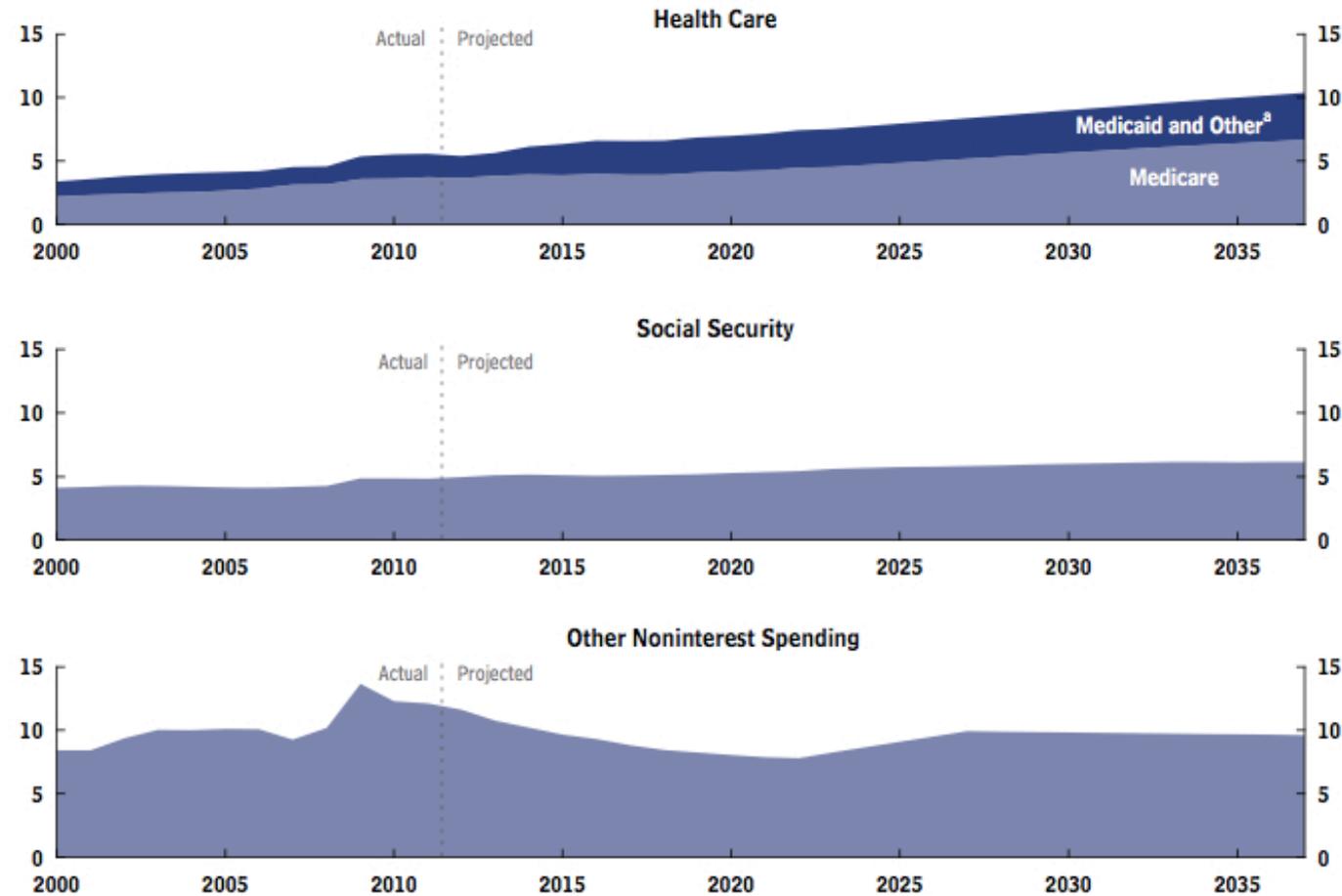


Source: Determinants of Health and Their Contribution to Premature Death, JAMA 1993

# Deficit is about health care

## Components of Noninterest Spending Under the Extended Alternative Fiscal Scenario

(Percentage of gross domestic product)

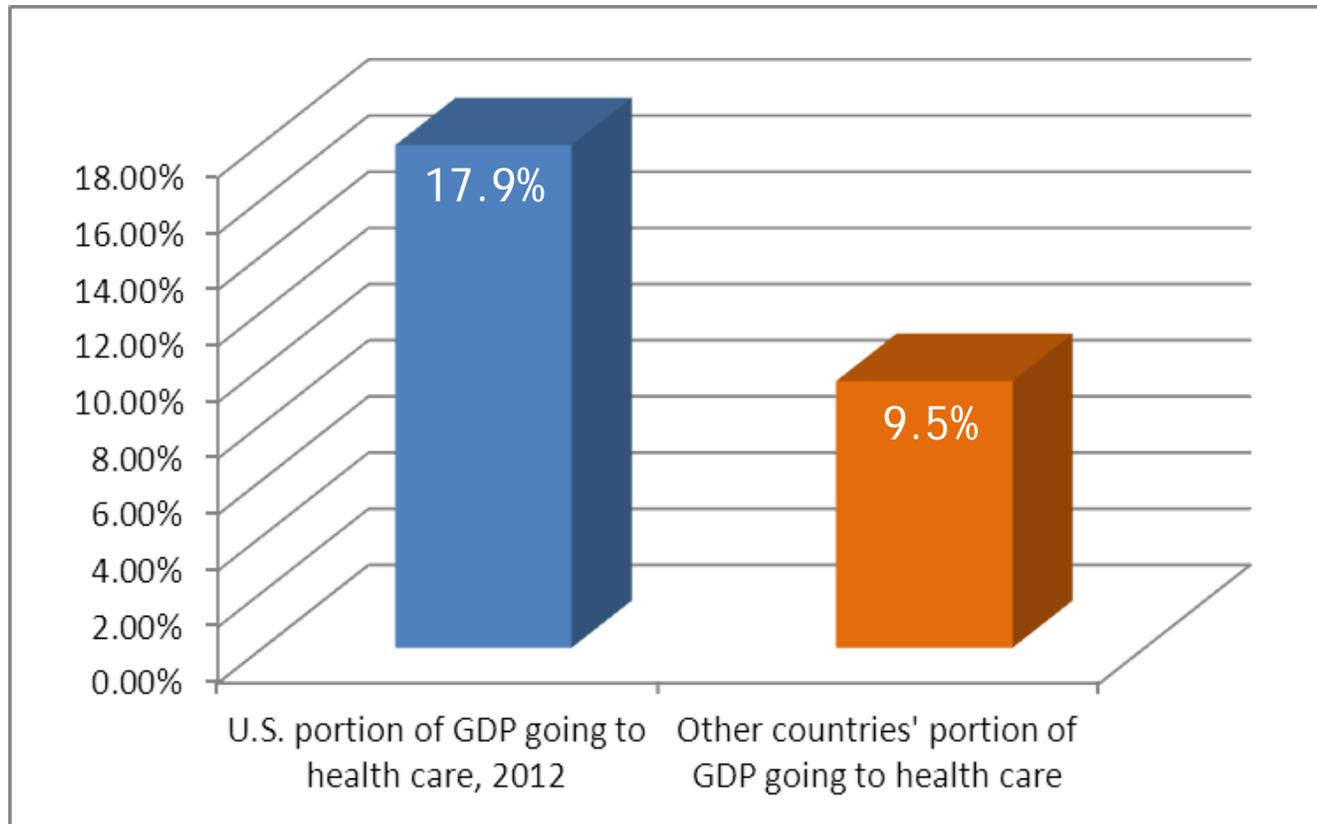


Source: Congressional Budget Office, *The 2012 Long-Term Budget Outlook* (June 2012).

# Waste in healthcare

- ▶ Unnecessary services.....\$210 Billion
  - ▶ Unnecessary administrative cost.....\$190 Billion
  - ▶ Prices that are too high.....\$105 Billion
  - ▶ Preventative Missed Opportunity.....\$55 Billion
  - ▶ Inefficiency.....\$130 Billion
  - ▶ Fraud..... \$75 Billion
- 
- ▶ Source: Donald Berwick, MD and Andrew Hackbarth, MPhil, Journal of the American Medical Association, May 14, 2012, 307 (1513-1516)

We spend almost twice as much on health care as other countries - with less favorable outcomes.



# Not getting what we're paying for

## Health Care System Performance

World Health Organization, 2000

1 France	13 Monaco	27 United Arab Emirates
2 Italy	14 Greece	28 Israel
3 San Marino	15 Iceland	29 Morocco
4 Andorra	16 Luxembourg	30 Canada
5 Malta	17 Netherlands	31 Finland
6 Singapore	18 United Kingdom	32 Australia
7 Spain	19 Ireland	33 Chile
8 Oman	20 Switzerland	34 Denmark
9 Austria	21 Belgium	35 Dominica
10 Japan	22 Colombia	36 Costa Rica
11 Norway	23 Sweden	<b>37 United States of America</b>
12 Portugal	24 Cyprus	38 Slovenia
	25 Germany	39 Cuba
	26 Saudi Arabia	40 Brunei

## Our stark choice: chop or improve

“If we permit chopping, I assure you that the chopping block will get very full - first with cuts to the most voiceless and poorest of us, but, soon after, to more and more of us. Fewer health insurance benefits, declining access, more out-of-pocket burdens, and growing delays.

“If we don’ t improve, the cynics win.”

- Don Berwick, past administrator,  
Centers for Medicare and Medicaid Services



# Our journey requires the courage to:

- ▶ Aim high
- ▶ Search outside
- ▶ Compare
- ▶ Trust the workforce
- ▶ Trust the patient
- ▶ Test change and make mid-course correction
- ▶ **Ask: “What am I a part of”?**



**Donald Berwick, MD**

# Culture Shift After Developing the UBT

- ▶ "Before the staff tended to put all the work on management to do and now we see we need to have a part in solving the problems in the department" - *Thanh Thach*
- ▶ "Getting feedback from the UBT representatives to the staff about the importance of timely follow-up has definitely helped staff have the information they need to show we follow up on their concerns" - *Elizabeth Bailey*

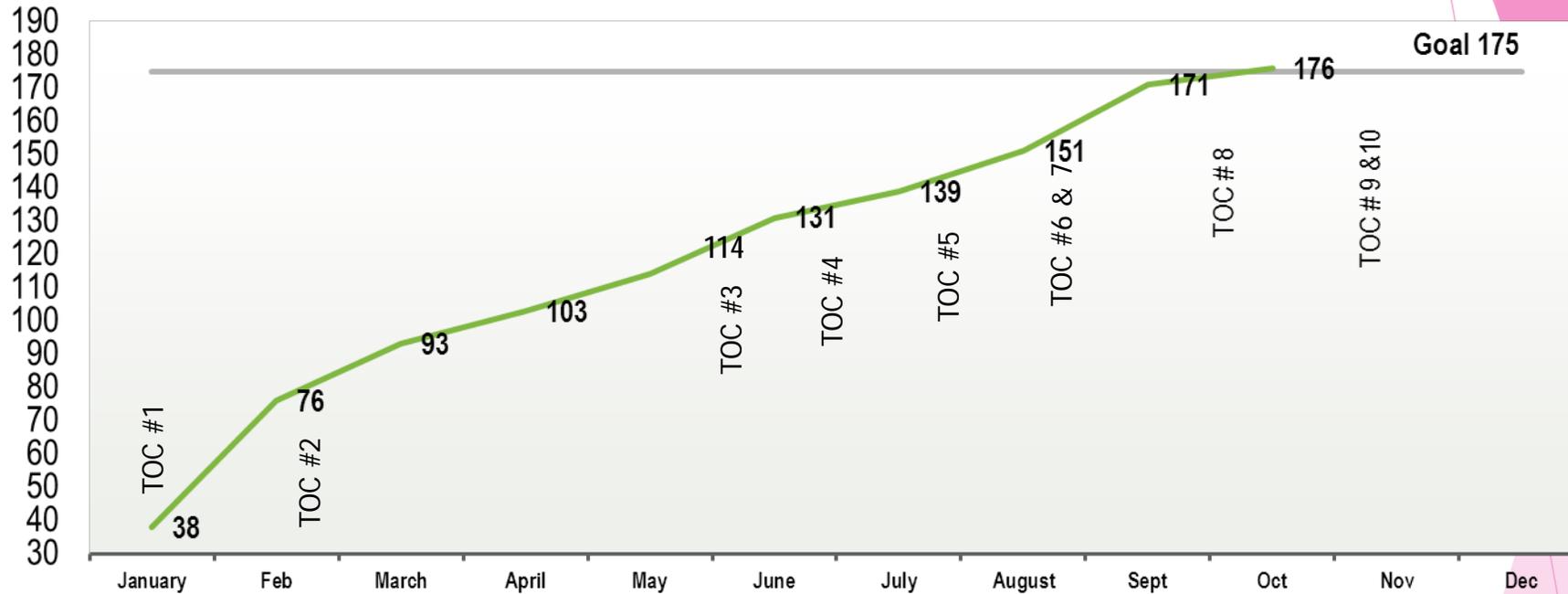


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# SMART Goal #2 - Annotated Run Chart

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## SJO Patient Calorie Malnutrition Patients Diagnosed - 2012



### Tests of Change

- #1: PCM Committee initiated
- #2: Conducted HBS In-service
- #3: Outpatient (OP) RDs PCM subgroup initiated
- #4: PCM KPHC report initiated
- #5: OP PCM subgroup process flow drafted
- #6: Conducted Ortho doctor In-service
- #7: Worked with Adult Services team to develop process for documenting accurate patient weights. Posted PCM posters on floors.
- #8: Conducted ED inservice
- #9: Trained trainer on PCM in ICU
- #10: Home Health inservice to Nursing on PCM

- Each Medicare Patient Diagnosed = \$6,500 reimbursement payment to KP
- Total Return on Investment for this project is \$1,144,000

“I Must Do This” .

