PATIENT-CENTERED Health Care Systems

11.8.12 (4)

THE TRIPLE AIM

Dr. Schoomaker MD, PhD. Ret.

the BLOB

THE SYSTEM

WHAT SHOULD IT LOOK LIKE?

MHS

- OVERSEAS FACILITIES
- PUBLIC HEALTH

IN VITRO → CENTURIANS

EXPERIENCE OF CARE — READINESS — POPULATION HEALTH — PER CAPITA CARE

MHS QUADRUPLE AIM

Are you Optimal?

WIDGETS OF CARE

Health

FEE FOR SERVICES HARD TO KICK

BUSINESS MODEL UNDERMINES ALL

TURNSTILE

Medicine

FRAGMENTATION & DECONSTRUCTION OF PATIENTS & FAMILIES

BIOMED/RESEARCH

STOVEPIPES &

MISSISSIPPIAN... IED VICTIM ... WHEELCHAIR

WALTER REED

A SAD, SAD SYMBOL...

7:00 AM DISCHARGE..... HYPEREXTENDED LEG...

.... NON-COMPLIANT ROOM ... MAJOR INFLECTION..

WHY DO WE ASPIRE TO DO WHAT WE DO WELL IN THE CRACKS OF THE SYSTEM?

HELP ME, SON.

SUPER TROOPER...

MY WIFE Audrey...

(HIGH PAIN THRESHOLD)

HISTORY OF LOWER BACK PAIN

ACCU-PUNCTURE OFFERED Real Relief

yoga

TURNED OUT TO BE THE Best Medicine.

WHAT HAVE WE DONE TO CHANGE THE CULTURE?

NO ONE'S Thriving ALL are suffering

COMPREHENSIVE SOLAR FITNESS

TOTAL FORCE FITNESS

- INNER PROFESSIONAL HEALTH & WELL BEING
- Structure: VETTING PROCESS METRICS

Wayne Jonas MD

SOCIAL INTEGRATION

HOW YA DOIN'?

HEALTH CAUSING

NOT NEUTRAL OR NEGATIVE

+ POSITIVE CONSULTATION

Speak to an EXPANDED Audience

CureModel

ENV BEH INTER SOC PSYCH SPIRITUAL

MIND BODY

SPIRIT

CANCER OBESITY DIABETES IMPERT PAIN

TREATMENT

DIAG TYPES

WE'RE SUFFERING FROM THE SUCCESS OF OUR Health Care System

THE ENVY OF THE WORLD

(NOW A DISEASE-TREATMENT SYSTEM)

Pathogenesis ← ILLNESS + DISEASE

Salutogenesis → HEALTH + WELL BEING

REALITY WELL

KISS IT GOOD BYE

WE NEED A THINK TANK

- RESILIENCE
- SOCIAL INTEGRAT
- PHYSICAL EXERCISE + REST
- OPTIMAL NUTRITION

HOW TO WE ENCORPORATE (INTO A SYSTEM)?

HEALTH & WELLNESS CULTURE

Trust.

LIFE EXPECTANCY 78 YEARS

LIFE STYLE RELATED MULTIPLE CHRONIC ILLNESSES

REDUCTIONS IN VALUE

Evidence HIERARCHY

POLICY — REVIEWS — CONTROLLED TRIALS — OBSERVATIONAL OUTCOMES — CASE REPORTS, QUANT OPINION

SCIENCE — PRACTICE

RANKED 37TH IN THE WORLD

70% PATIENTS MAKE IT GO AWAY. FOR GOOD.

ACUPUNCTURE — SHAM PUNCTURE — SAME EFFECT

WHITE WELL EDUCATED Os — 14 YEARS — BLACK POORLY EDUCATED Os

FLOURISH!

- REDUCED MORTALITY
- IMPROVED FUNCT. HEALTH

Gregg Gorsch evebeam

Fish Bowl II

Patients Perspective on COURAGEOUS Leadership

11-8-12

HOW DO WE GET EFFECTIVE PATIENT INPUT?

Meeting ATTN → TO → RELATIONSHIP-BASED CARE

the DISCONNECT

COMMITTED

SAFE ENVIRONMENT

EARS OPEN

RELATIONSHIP-BASED

PATIENTS PULLED INTO PROCESS IN BEGINNING — THEY HAVE THE ANSWERS

BRONZE SILVER

MOST PREVALENT

Health System Models & Policy Priorities

The Threat of the 100 MONOLITHIC SYSTEMS...

PATIENTS MUST BE AT THE TABLE

CLINICIAN

LONGTERM CARE GIVER

TO REDESIGN THE SYSTEM

STORYS TOLD FIRSTHAND

DO IT RIGHT, FROM THE BEGINNING

SHARE YOUR FEEDBACK WITH YOUR PATIENTS

Everyone HAS THE EXPERIENCE... IS/WAS A Patient

GOVERNANCE STRUCTURE: TRUST BUILDING INDEX

LISTEN & BE COMPASSIONATE

K.I.S.S.

COMPLETE TRANSPARENCY

EMBED PATIENT IN PROCESS(ES)

TRUST-BUILDING

COURAGE

FOSTER COURAGEOUS LEADERS WHO EMPOWER STAFF, FAMILIES & PATIENTS

the WILL & COMMITMENT TO LISTEN — ESPECIALLY FUNDERS

NOT THE OMBUDSMAN SYSTEM

Positivism

LENGTH OF STAY...

EXTREME BURNS & AMPUTEES

CAPTURE INDIVIDUAL MERIT & ASPIRATIONS

SCORECARD

WE PUNISH NURSING HOMES FOR PATIENTS WHO WANT TO DIE

Start w/ OUTCOMES ...THROUGHOUT THE PROCESS

IN COLD BLOOD

WHOLISTIC VIEW

MUST ELIMINATE

COST OF CARE ↔ DEMAND FOR CARE

EVIDENCE-BASED

WE'RE NOT CAPTURING MEANINGFUL EVIDENCE THAT CAN INFLUENCE COMPLEX SYSTEMS

Mushy

We love it when Doctors apologize

THINKING INSIDE THE BIGGER BOX

Must reads

FROM QUARK TO TIGER — GELLMAN

DESIGN IN NATURE — BAHAN

the POWER OF NARRATIVE

IT'S ABOUT HANDOFFS & COMMUNICATIONS

NOT DOCTORS & NURSES

PNPs (PROFESSIONAL NICE PEOPLE) CAN HANDLE IT.

HOW CAN WE IMPROVE TRUST IN MINORITY COMMUNITIES?

→ LOOK TO THE CONGREGATIONAL HEALTH NETWORK — MEMPHIS, TN

TRANSLATING INTO ACTIONS

IF [HE] CAN, I CAN

HAVE YOU PASSED GAS YET?

FEAR OF MEDICALIZING Social CARE

MEDICAL NEMESIS

IT'S TOUGH (SINCE HIPPA) TO SHARE, CANDIDLY, WITH PATIENTS

GREG GERSCH eyebeam CREATIVE.COM