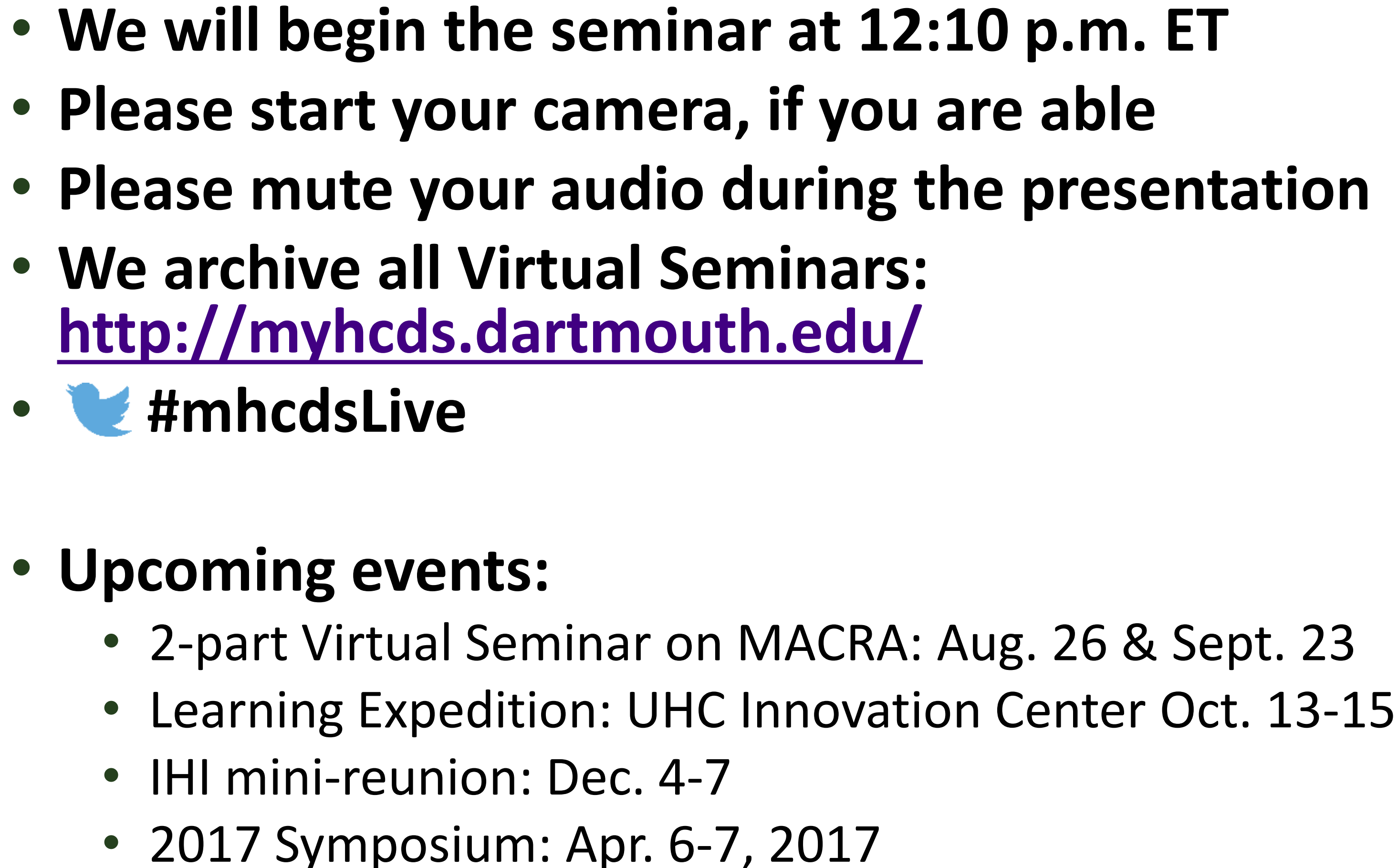
Welcome to “The IPU Playbook”



Master of Health Care Delivery Science
Dartmouth College

The IPU Playbook: Challenges & Implementation

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WESTMED Spine Center

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The IPU Playbook

Implementation & Challenges

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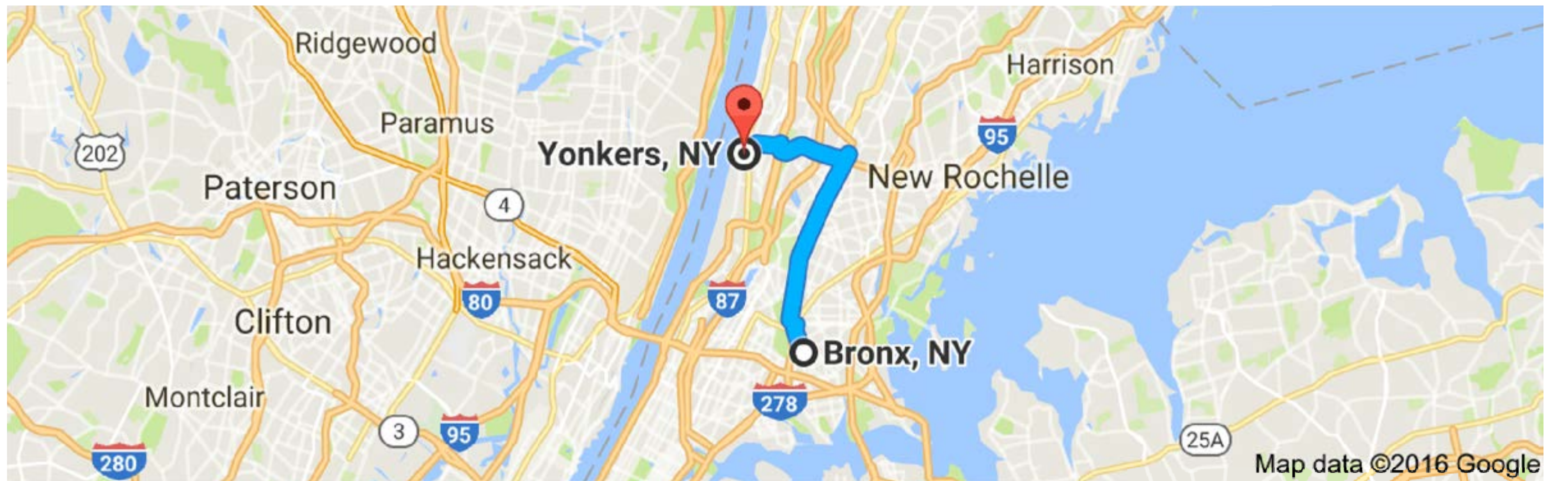
BACKGROUND



WESTMED

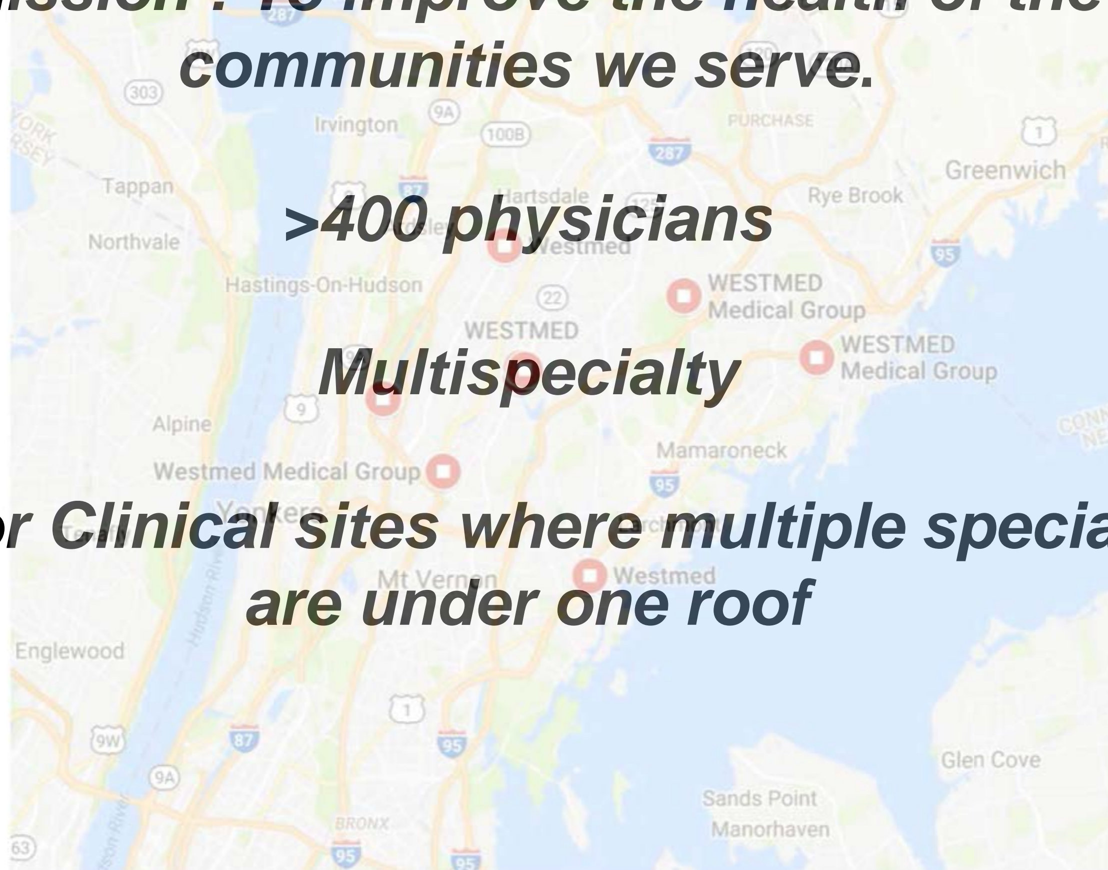
WESTMED

Connecticut

New York City

WESTMED

Mission : To improve the health of the communities we serve.



>400 physicians

Multispecialty

6 Major Clinical sites where multiple specialties are under one roof

WESTMED
Organizational Design
"One Stop Shop"

WESTMED

WESTMED

Quality

WESTMED Earns National Recognition from the CDC for BP Control

/2016

share with you that the Centers for Disease Control and Prevention (CDC) have recognized WESTMED Medical Group as a N
Control Champion. The award is given to medical practices that have helped their adult patients achieve blood pressure con
target of 70 percent.

ne of only 18 medical providers and health systems throughout the country recognized with this prestigious award! In addit
Westchester and Rockland counties in New York and Fairfield County in Connecticut. Hypertension Control Champions were
approaches to achieve BP control rates of 70% or better in their practices.

WESTMED Economics/Culture

1.2 millions patient visits/year
~300,000 unique lives

4 ACO contracts (35,000 lives)
3 Commercial
1 Medicare (MSSP)

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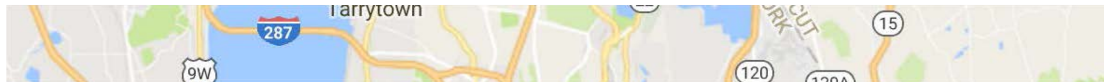
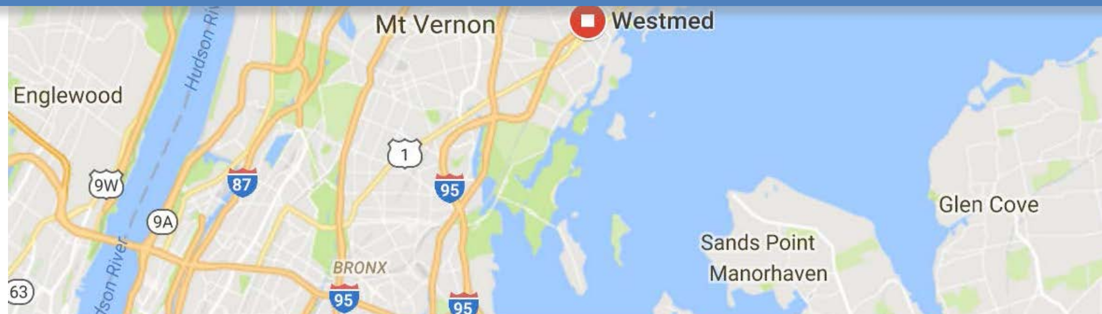
The Start of IPUs



WESTMED Announces a New Comprehensive Weight Loss Center

ces the rollout of its new Comprehensive Weight Loss Center, looking at weight from a scientific standpoint, not simply as a beh
ge of services for patients. Since there a number of factors that lead to weight gain, WESTMED has assembled a comprehensive
n to help each patient meet his/her weight loss goal.

together specialists in obesity medicine, nutrition, weight management, bariatric surgery, sleep medicine, gynecology, behavior
said Dr. Nitya Sharma, the Center's director, who is double board certified in internal medicine and obesity medicine. "By conso
ation—at our 3030 Westchester Avenue, Purchase, office—patients seeking to lose weight can more easily get the care they nee
the services necessary to achieve the best results.



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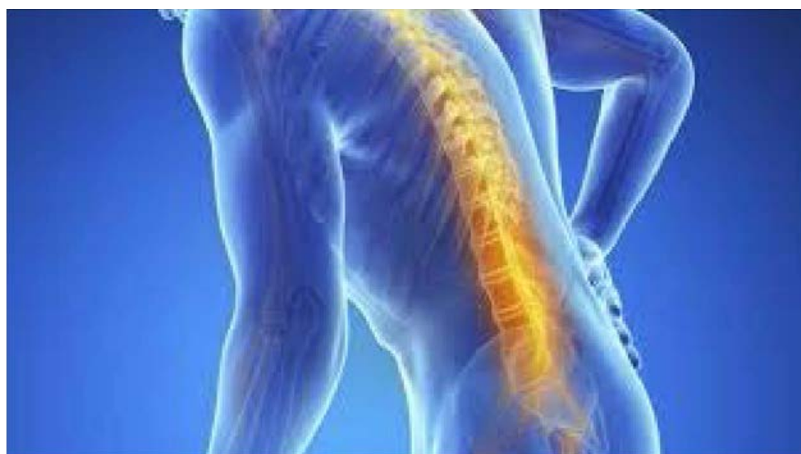
Spine Care at WESTMED



WESTMED

Providers
Dedicated Team

- Spine Surgeon
- Pain Management
- Physiatrist
- Physical Therapist
- Mind-Body Medicine
- Yoga
- Tai-Chi
- Chiropractor
- Psychologist
- Neurologist

WESTMED

Spine Care at WESTMED -Resources

- Common IT platform
  - Helps with communication
- Physical therapy space
- CT Scanner, MRI
- Pain Management Suites
- Affiliations with local hospitals

- 30,000 spine visits/year

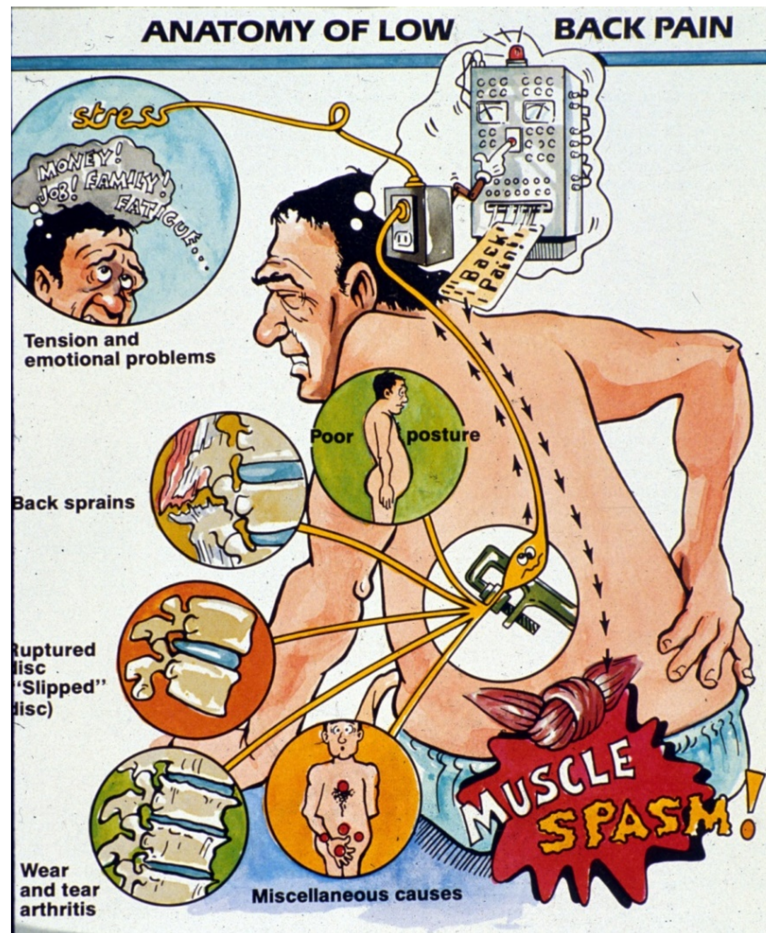
WESTMED

Challenges

Why we are here

Challenges of Spine Care

- Psychologists/ Psychiatrist
- Physical Therapists
- Chiropractor
- Pain Management
- Orthopedic/Physiatry
- Spine Surgeon



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Challenges of Spine Care

Psychologists/ Psychiatirst

Physical Therapists

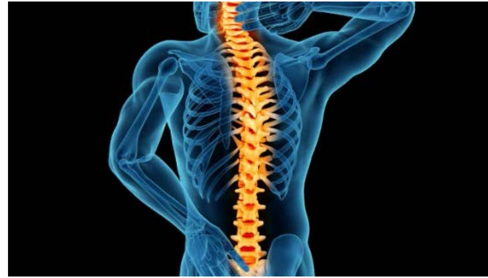
Chiropractor

Pain Management

Orthopedic/Physiatry

Spine Surgeon

Challenges of Spine Care



Psychologists/ Psychiatirst

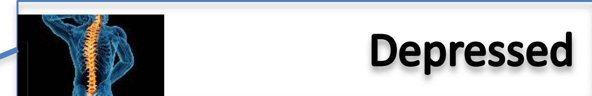
Physical Therapists

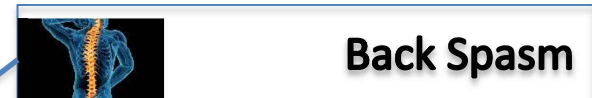
Chiropractor

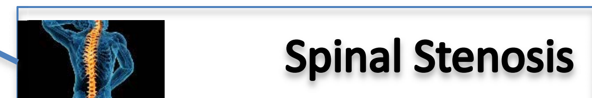
Pain Management

Orthopedic/Physiatry

Spine Surgeon







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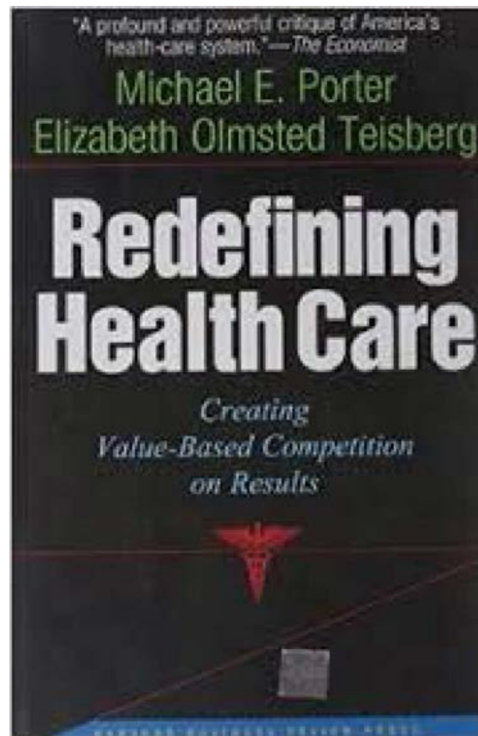
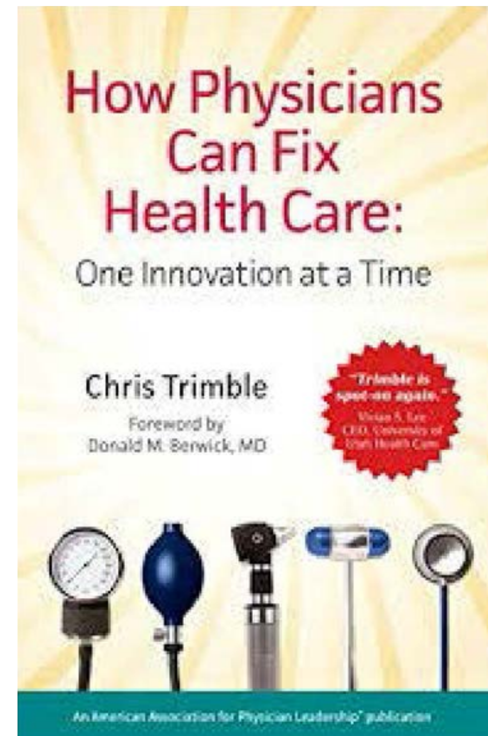
Challenges of Spine Care @ WESTMED

- Geographically spread out among 6 offices
  - No central location
- Call Center is in North Carolina
  - Tougher to audit conversations
- Major competitors in the area
  - Leads to leakage (quality problem)

IPU TRANSFORMATION





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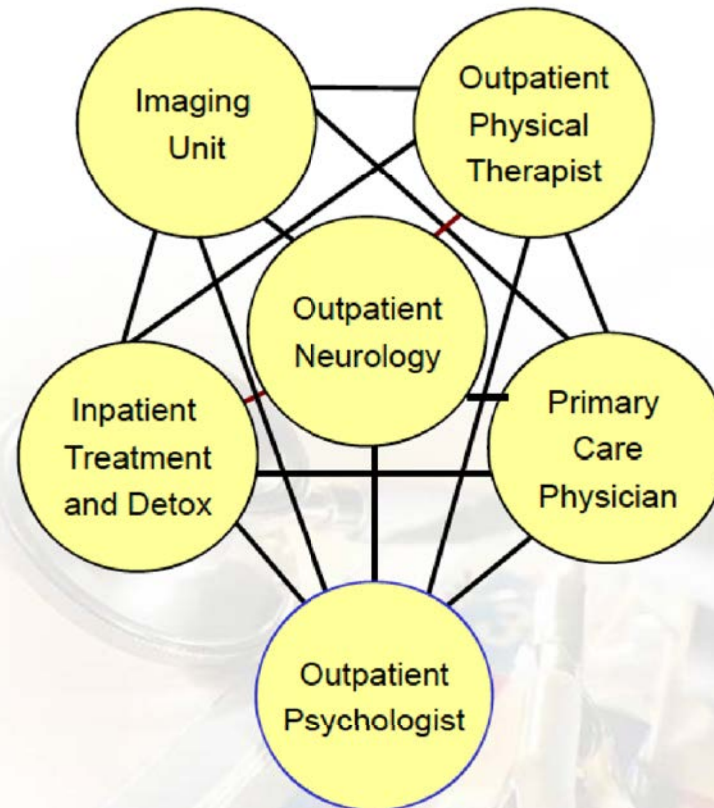
Migraine Care in Germany
Old model

Organized by specialty in discrete, fragmented services.

Most patients were not getting effective or appropriate care for migraines.



Source: KKH, Westdeutsches Kopfschmerzzentrum

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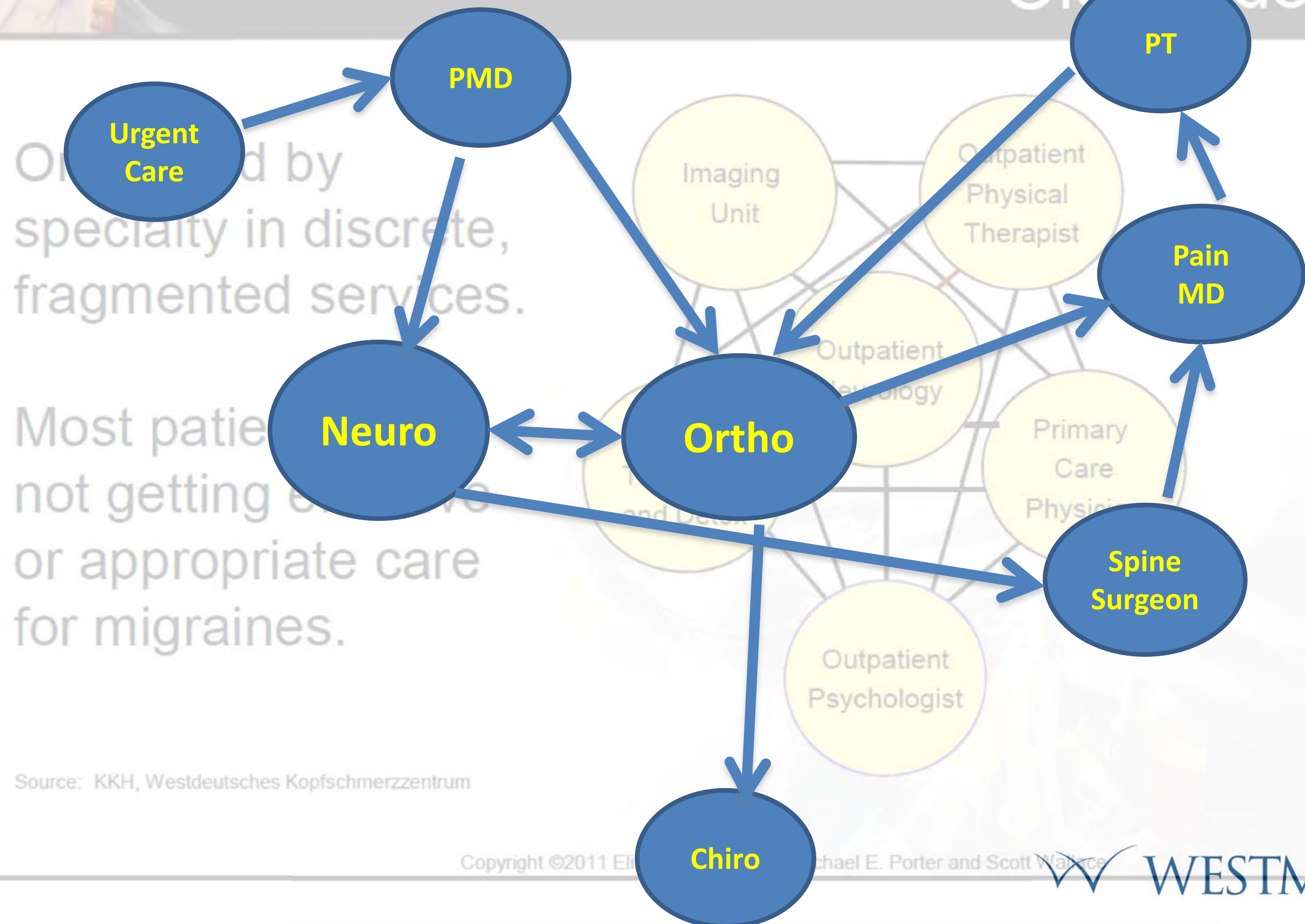
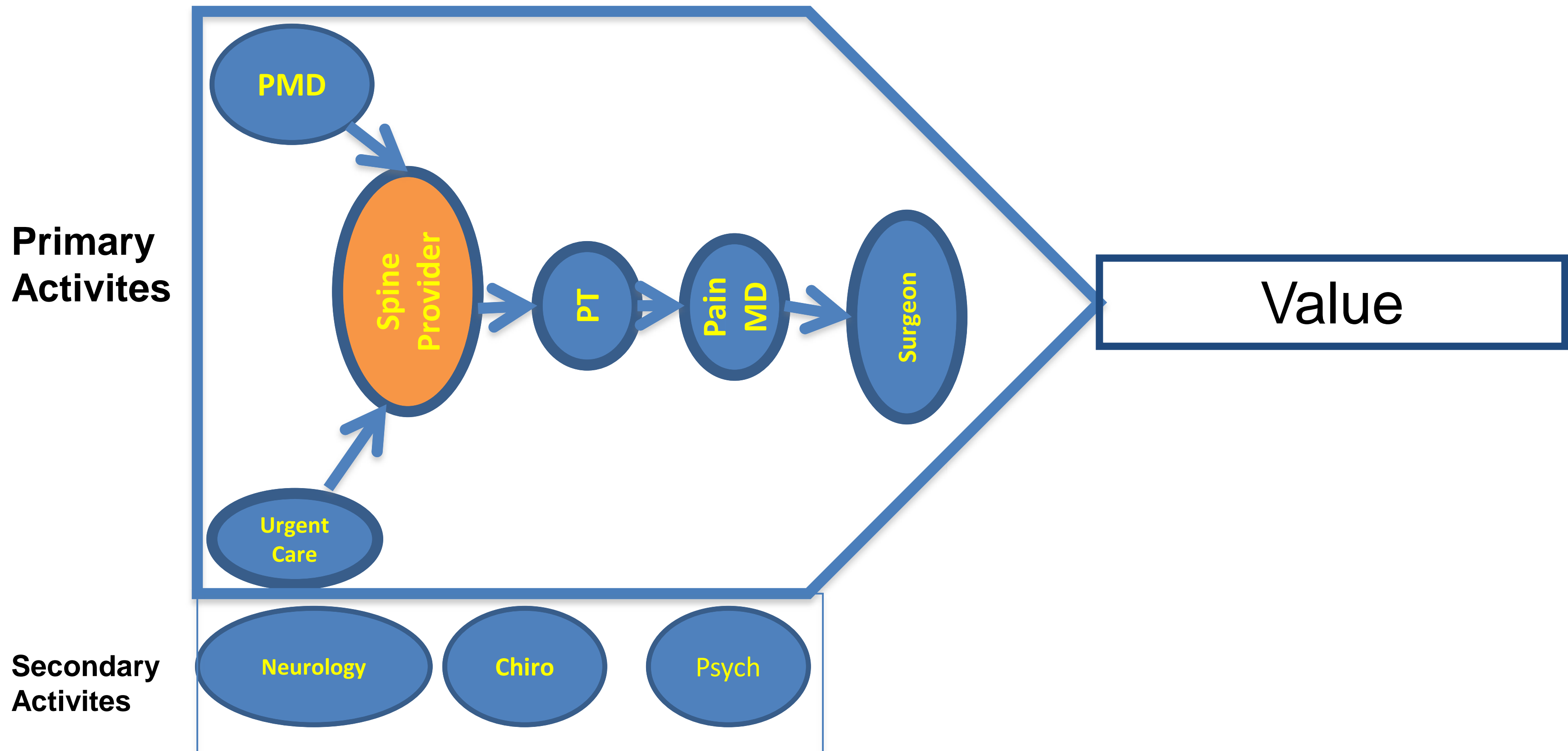
Current State of Spine Care



Value Chain



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Unique Needs
Value Proposition

- Access
  - *Acute spine pain leads to anxiety and fear*
    - *"Do I have cancer?"*
    - *"Am I going to be paralyzed?"*
- Minimize # of providers seen
- Minimize time period they are in pain
  - *Improperly treated acute spine pain leads to chronic pain*
    - *Narcotics*
    - *Inappropriate imaging*

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Problem to be Solved

1) Quick Access
2) Coordinated Care among Providers
3) Efficient and Effective treatment

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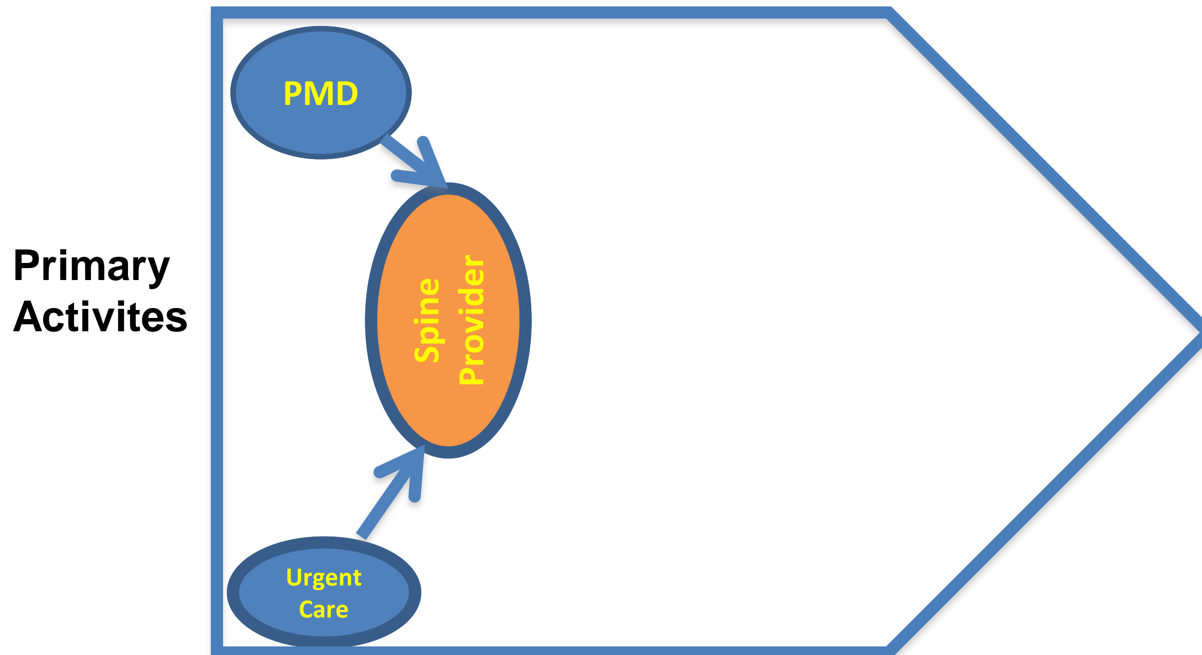
Value Chain Problem #1



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WESTMED Spine IPU *Design*

- Problem #1 : Achieve better access
  - Brought together providers who would be willing to see same day or next day appts
  - Created phone number
    - **914-43-SPINE** (Same-day or Next-day access)
  - Within our call center created a phone tree to get patients to the right type of provider
  - Created an internal referral button within the EMR

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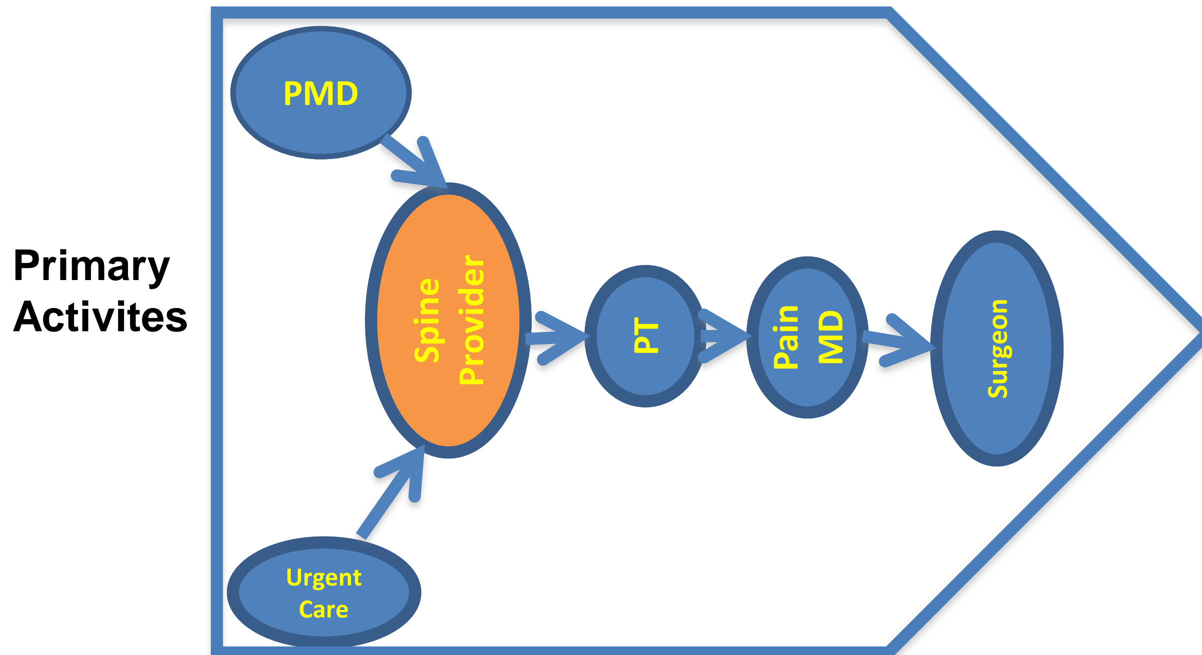
Value Chain Problem #2



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Spine IPU Design

- Problem #2: Using the evidence
  - » Created a Spine Center Pathway

ffice Visit at Ortho-RH on 08/15/2016 6:16 AM by Alok Sharan, MD

Alerts(0)/Flags(0)

Ambulatory Clinical Pathways: GENERAL TEST

Spine Center Pathway	GI Bleeding, Upper
Cellulitis	Hypertension
Community-Acquired Pneumonia	Pulmonary Nodule Tracking
Diabetic Foot Ulcer	Renal Colic
Diverticulitis, Acute	TIA
Rhinosinusitis	GI Bleeding, Lower

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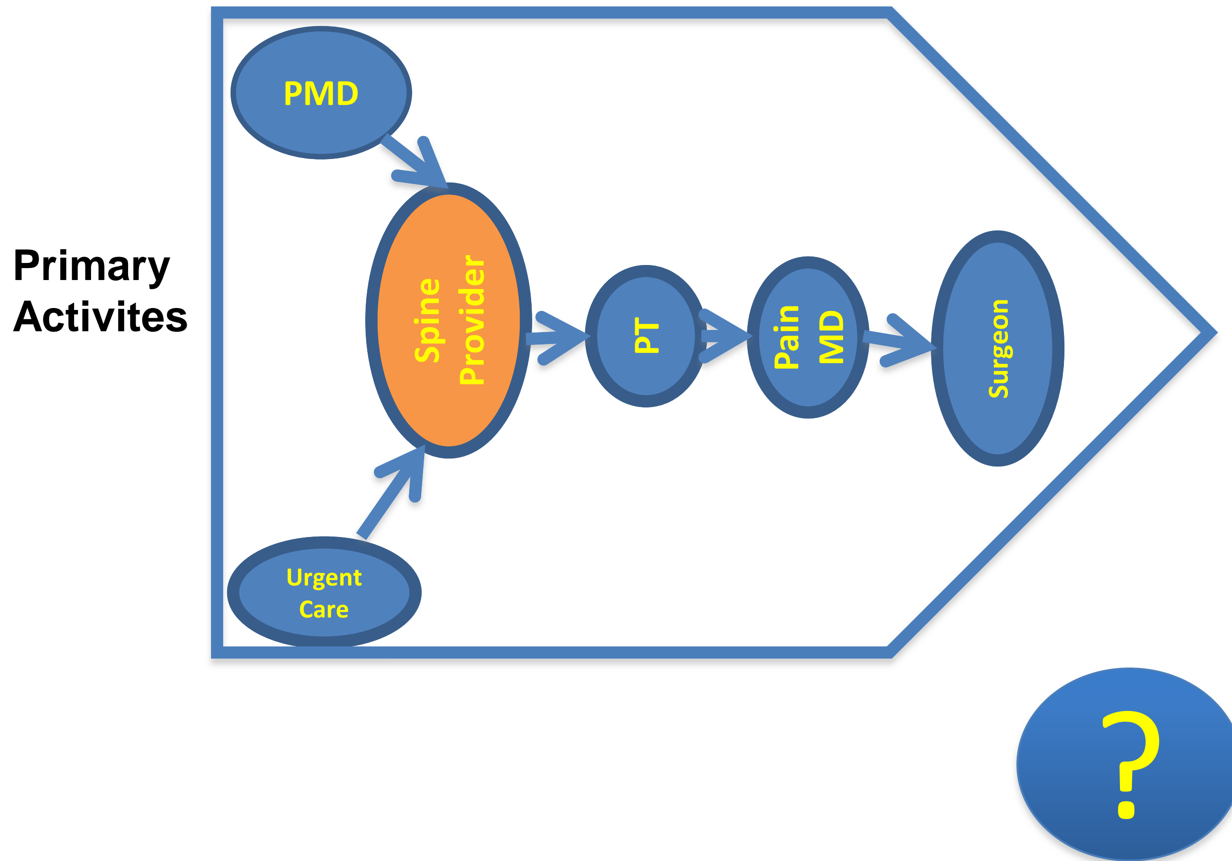
Value Chain Problem #3



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Spine IPU Design

- Problem #3: Advanced Learning (New Knowledge)
  - » Multi-disciplinary spine conference
  - » Performed over a Webex
    - Bring providers together over a wide geographic boundary
    - Discussion of complex cases

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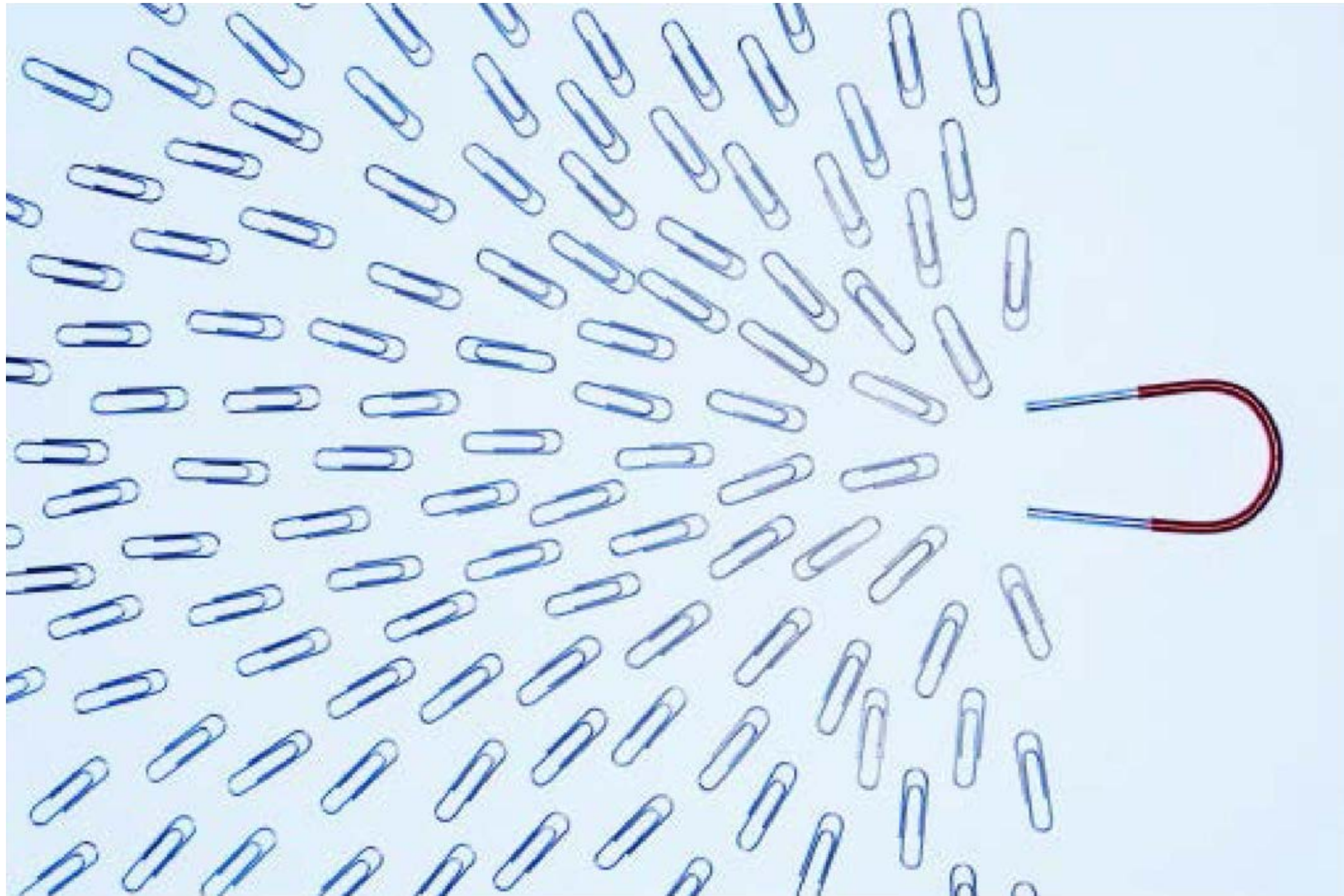
MEASUREMENT



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What do you Measure?

- What you measure matters
  - Go after something that you can fix
- Waste in Spine Care
  - Spine xray on 1st visit *(Goal: no xray within 28 days)*
  - Narcotics as 1st line treatment*(Goal: no narcotics on 1st visit)*
  - MRI before trying PT or within 4-6 weeks of pain
  - *(Goal: no MRI till after trying PT or time)*
  - Inappropriate surgery*(Goal: achieve high satisfaction)*

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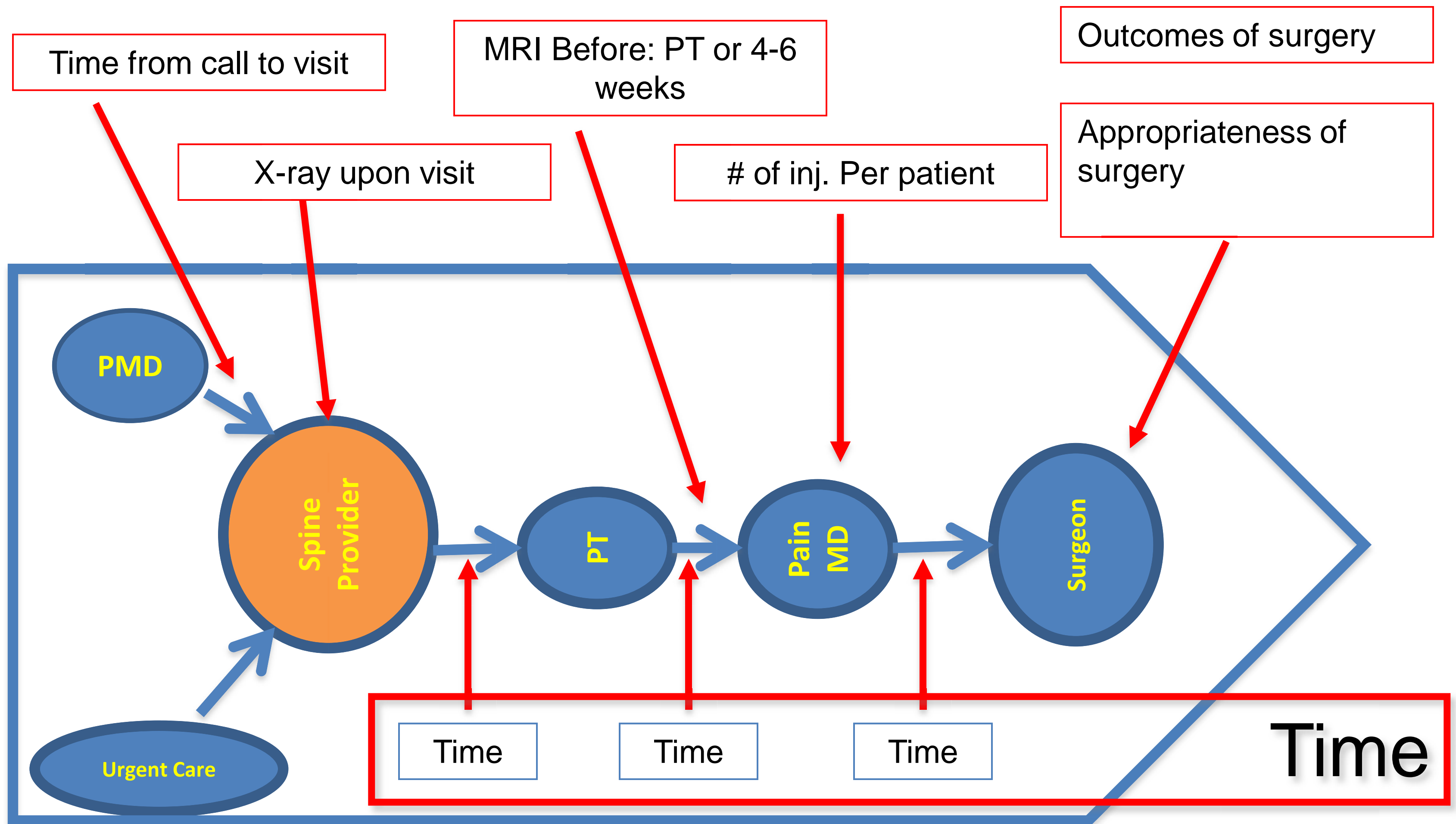
Measurement



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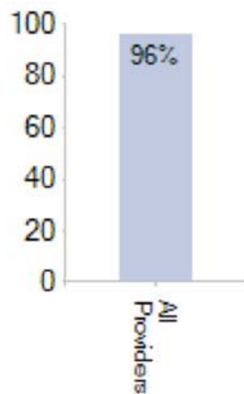
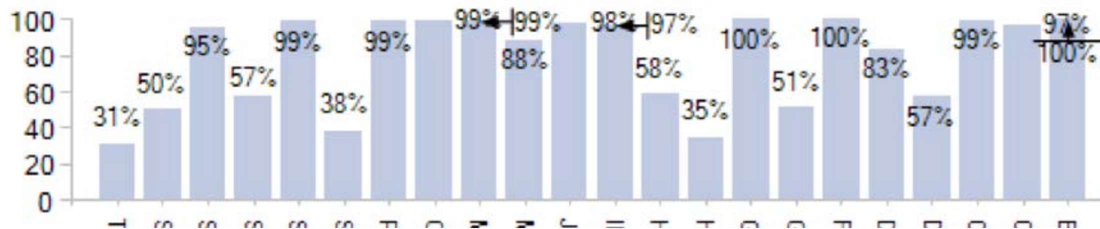
Data

No x-ray within 28 days of diagnosis

MRI | CT | X-Ray

Percent of Patients with a diagnosis of Low Back Pain at an Orthopedic Surgery visit in the past year, but haven't had a X-Ray (within 28 days of diagnosis)





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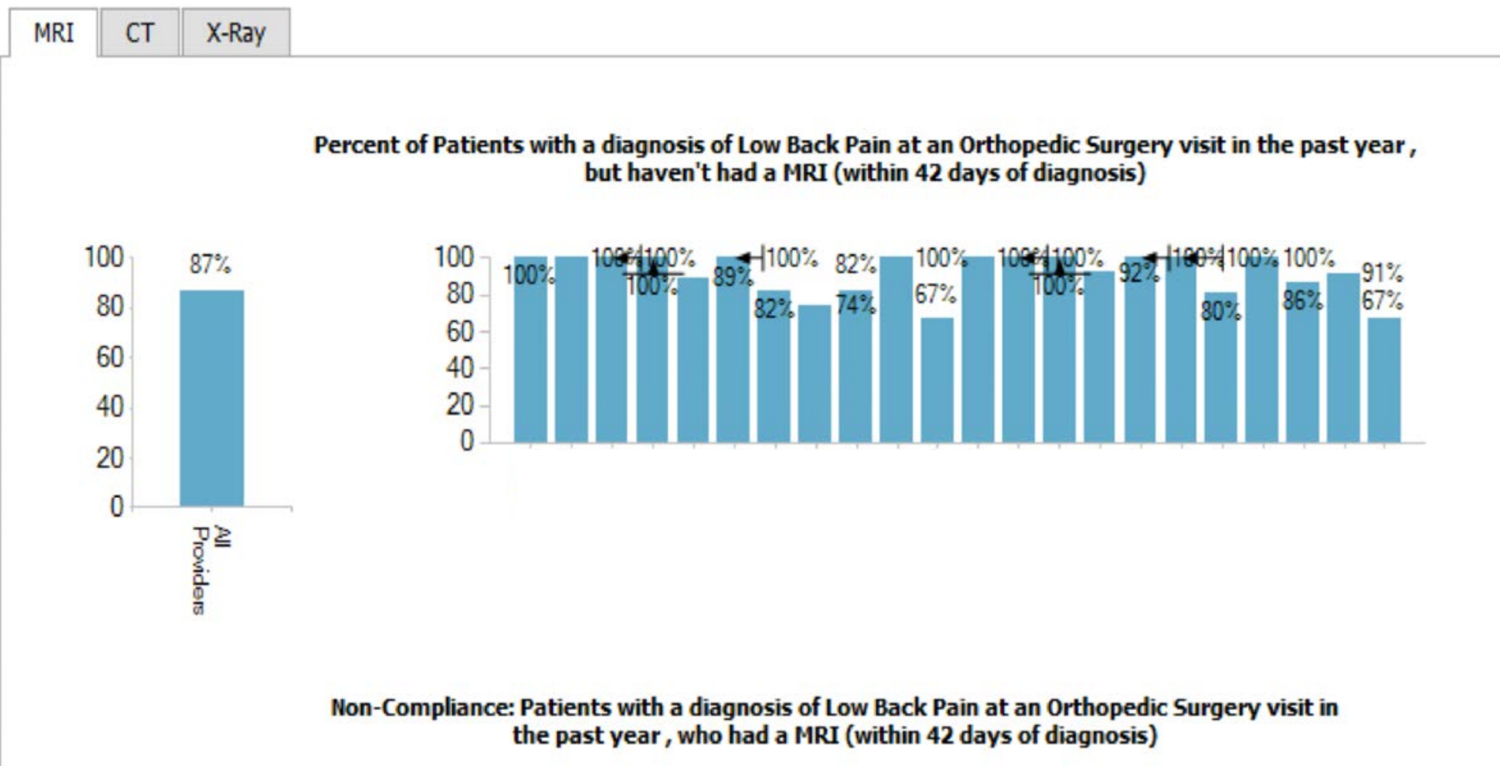
Data
No MRI within 42 days of diagnosis



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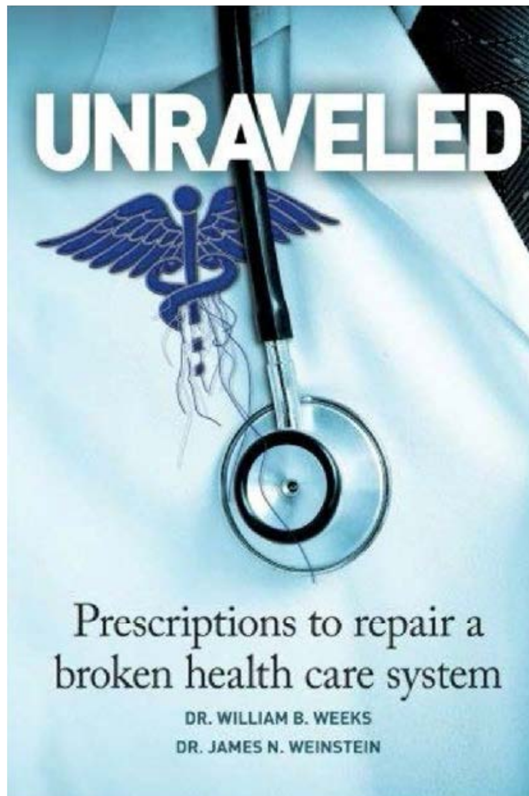
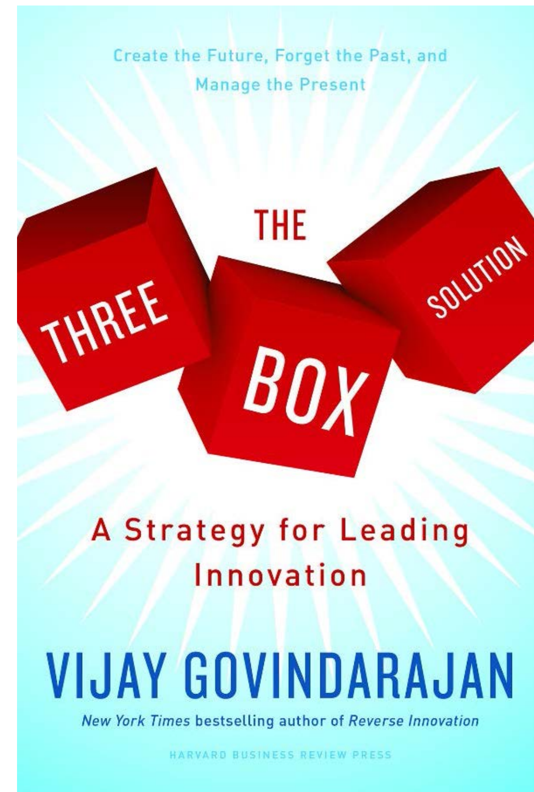
FUTURE

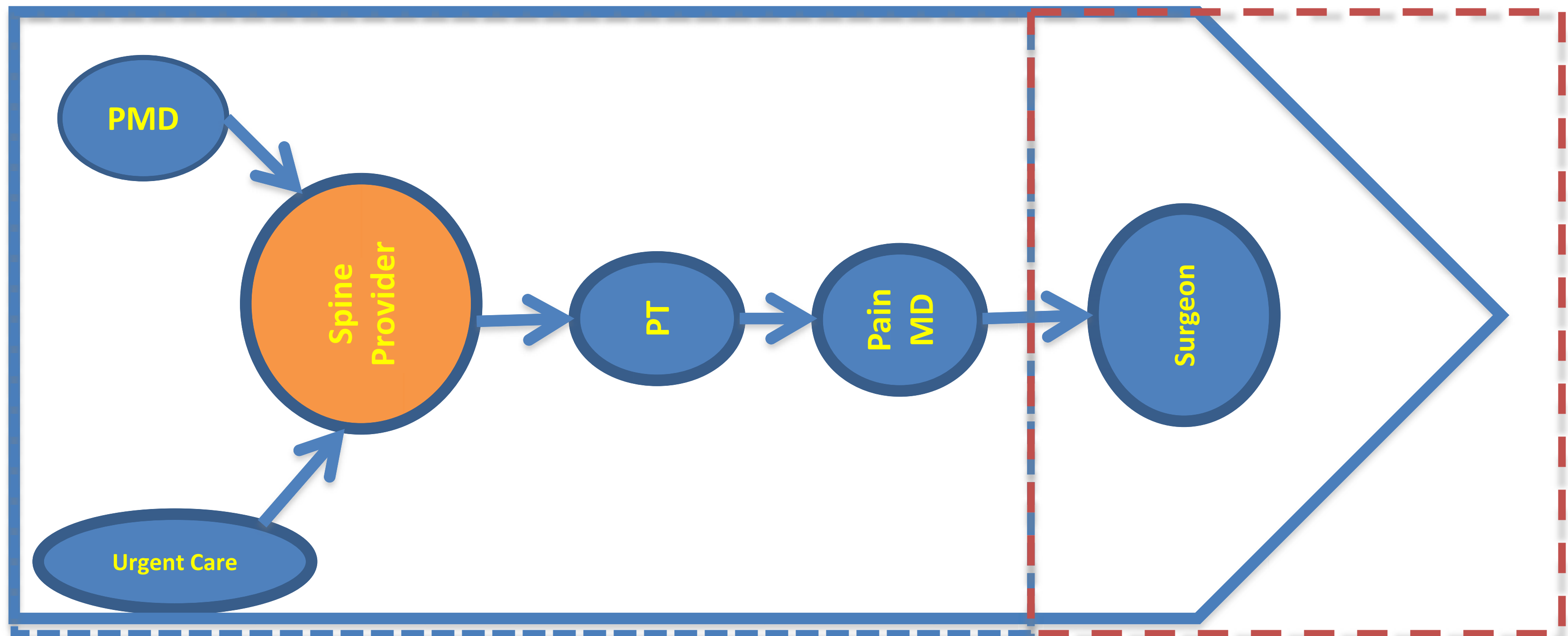




Future
Value Based Contract

Episode-of-care

Bundled Payment



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Conclusion

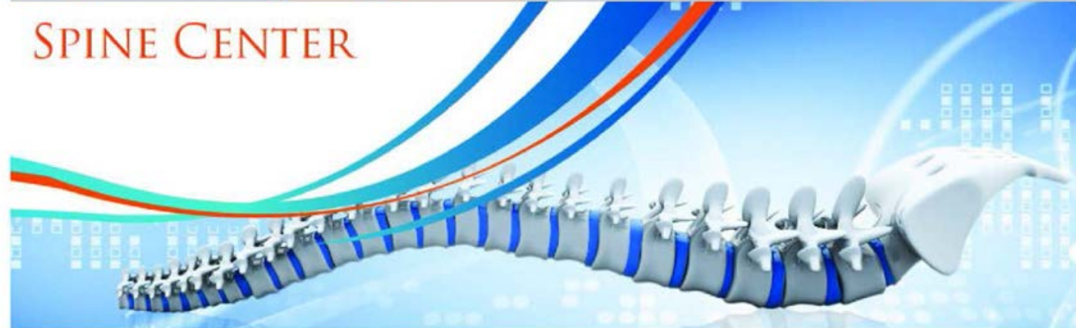
- Wholesale changes are challenging
  - Incremental improvements are more practical
- Choose the right "magnet" to align interests
- Leadership is critical in the move to value

My WESTMED Login
Register a New Account I Forgot Username/Password

WESTMED MEDICAL GROUP

HOME NEWS EVENTS HEALTHY LIVING PATIENT INFORMATION

Find Provider | Services | Locations | Make an Appointment



- SPINE CENTER
- PHYSICAL MEDICINE & REHAB - INTERVENTIONAL SPINE
- SPINE SURGERY
- PAIN MANAGEMENT
- PHYSICAL THERAPY
- BEHAVIORAL HEALTH
- NEUROLOGY
- ALTERNATIVE MEDICINE
- MEET THE TEAM

Provider(s) for this Specialty:

Andrus, Stephen G., MD

Blanco, Cy R., MD

Brandoff, Jared F., MD

Chinitz, Noah B., MD

We understand that back pain affects every aspect of your *life*.That's why we created the **WESTMED Spine Center**.

Our experts take a team approach to spine care, collaborating to solve the reason for your back or neck pain – and providing you with the treatment plan that will have you feeling better fast. You won't be going from doctor to doctor, trying to figure out whose advice makes the most sense. Instead, you'll be evaluated by a team that includes specialists in orthopedic spine surgery, physical medicine and rehabilitation, neurology, behavioral health, pain medicine and chiropractic care.

Our goal is to make your life better. *And we'll work together to get you there.*

Why We Are Unique

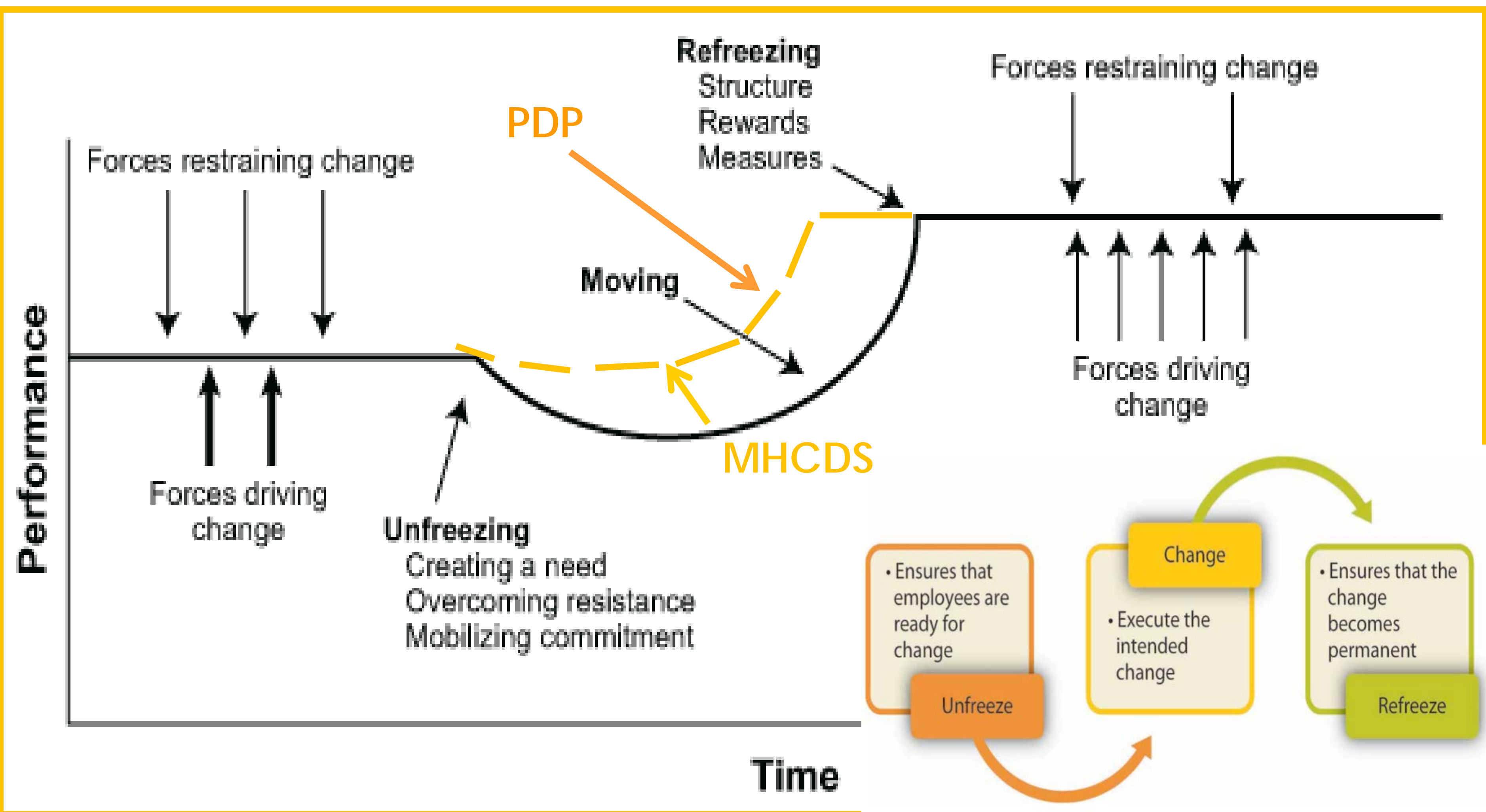
- We'll get you in to see our spine specialists quickly. You won't have to wait weeks to get the care you need.
- We stress a nonsurgical approach to back and neck pain. Unless it's an emergency, we always use conservative measures first.
- We work together as a team and collaborate to develop a treatment plan best suited to your unique condition.

http://bit.ly/29RtJt3

The IPU Playbook
Challenges and Implementation
…Minimizing Pain, Maximizing Success

Craig Syrop, MD, MHCDS
craig-syrop@uiowa.edu

Minimize the "Pain Gap"



http://www.web-books.com/eLibrary/NC/B0/B58/047MB58.html

Overview of Session

IPU Reminder--You Know It When You See It

Change, Transformation and IPUs

- An “Organic” v “External” Transformation?
- A “Clean Slate” v “Remodeling” Project?

Theory to Reality: Perinatal Diabetes Program

Integrated Practice Unit Reminder

Organized around the patient medical condition

Dedicated, multidisciplinary team devoting a significant portion of their time

Providers are members of a common organizational and aligned management structure

Providers function as a team

- Meeting to discuss patients, processes and results
- Accountable for outcomes and costs

Implementation Truisms

- “If you fail to plan, you’re planning to fail”
- “Everybody has a plan ‘til they get punched in the mouth”
- “Ideals are peaceful, history is violent”

Choosing and Evaluating the Team: Building the Culture

BOX 1

Manage the Present

BOX 2

Selectively Abandon the Past

BOX 3

Create the Future

Vijay Govindarajan's 3-Box Strategy

Choosing and Evaluating the Team: Building the Culture

BOX 1

Manage the Present

BOX 2

Selectively Abandon the Past

BOX 3

Create the Future

Vijay Govindarajan's 3-Box Strategy

Conversation : How do you know what you're doing well…

- What is important?
- How do you measure it?
- What does or would success look like?

Creating Buy In: IHI New Rules for Radical Redesign

IHI Leadership Alliance

Care better than we've ever seen, health better than we've ever known, cost we can all afford... for every person, every time.

New Rules for Radical Redesign in Health Care

- Change the balance of power
- Standardize what makes sense
- Customize to the individual
- Promote wellbeing
- Create joy in work
- Make it easy
- Move knowledge, not people
- Cooperate and collaborate
- Assume abundance
- Return the money

Building the Case For PDP:
Framing a different value stream produces a new or different mission

Perinatal Diabetes Program Aim:

"Minimize the occurrence of adverse pregnancy and neonatal outcomes associated with diabetes during pregnancy"

Creating Buy In: Building the Case

- Problem definition, recognition and ownership
- Build the business *and* quality* case with data in a metric driven proposal
- Define an evaluative and exit strategy
- Require alignment and sustainability—project > program>scaling

*STEEEP—**S**afe, **T**imely, **E**fficient, **E**ffective, **E**quitable, **P**atient-Centered

Building the Case For PDP

Status	FY	Patient	Total Visits	Avg Charge\Visit	Avg Net Revenue/Visit	Avg Variable Cost\Visit	Avg Cont Margin\Visit	Avg Overhead \Visit	Avg P\(L) \Visit	Avg ALOS \Visit	Avg ELOS \Visit
IP	FY13-FY15	Baby	142	$ 63,301	$ 28,456	$ 16,451	$ 12,005	$ 5,822	$ 6,183	11.17	6.26
OP	FY13-FY15	Baby	235	$ 1,452	$ 564	$ 414	$ 151	$ 239	$ (89)	-	-
IP	FY13-FY15	Mother	414	$ 8,869	$ 3,794	$ 2,769	$ 1,025	$ 1,156	$ (130)	1.61	1.39
OP	FY13-FY15	Mother	670	$ 402	$ 126	$ 148	$ (22)	$ 73	$ (95)	-	-

*FY13 & FY14 is full fiscal year, but FY15 data is Jul 2014 through Feb 2015

1. The savings opportunity for LOS reduction on the neonatal patient is 4.91 days with an avg variable cost per day of $1,472.78 on 142 visits equates to $1,026,852
2. Additionally, by improved management of glucose levels the mother's OP visits represent a savings opportunity of $148/visit on 670 visits for a total $99,160
3. There is also an opportunity to lower the cost to obtain results by having the patient results electronically uploadsed into the patients EPIC record.
4. Please notice the dramatic increase in diabetic diagnoses in FY15 and that data is only Jul-Feb. This is a huge underserved medical population.
5. Additional utilization opportunities are already being discussed as well as expansion of this system to our outside clinics and community based clinics.

A combination of the above savings will easily offset the required expense outlay for the service of $99,195 in labor and approximately $90,000 in hardware.

Main concept is with better management of diabetes glucose levels, the overall patient quality of care will improve by minimizing the negative outcomes.

Implementation: Project Charter

- Project Charter: project plan--details for execution
  - **M**ission, **V**ision, **V**alues (MVV) “roll-up”
- Defines population, problem and scope
  - Deliverables + milestones timeline
  - Executive steering committee
  - Change-order process
  - Risk and risk mitigation plan

Implementation: Team Charter

"Rules" for team expectations:

- –Standing meeting times
- –Meeting roles and responsibilities
- –Team conduct
- –Parking lot for non-agenda items
- –Issues log

Implementation: Current and Ideal State Mapping

- All stakeholders
- Neutral facilitator
- White board/winked wall/etc.
- Set expectation that it is iterative!
- Coordinate with clinic/process observation(s)
- IT, frontline, scheduling, data—who else from the organization should be present (pain-points, buy-in and barrier-busting)

Implementation: Metrics and Measurement

- Baseline data to ongoing measurement
- Stakeholder-specific dashboards
- Quarterly reports
  - Metrics
  - Successes
  - Lessons learned
  - Barriers
  - Next steps
  - Budget v actual
- Follow up with team- what additional items should be or should no longer be measured (exnovate)?

Perinatal Diabetes Program Q1Results: Reducing NICU Length of Stay

Patient Groups	Deliveries	Deliveries w/ EPSI data available	Weight in Grams	Gestinational Age in Weeks	BLOOD LOSS
NON-PDP Diabetics	43	20	2527	37 3/7	602
PDP Diabetics	55	24	2690	37 2/7	587

Patient Groups	Total Mom Net Revenue	Total Mom Cost Estimate	Avg Variable Cost/Delivery	Total Mom Cost Contribution	Avg Contribution/ Delivery	Mom ALOS	Mom ELOS	Mom ALOS:ELOS Ratio
NON-PDP Diabetics	$ 178,171	$ 104,054	$ 5,202.69	$ 74,117	$ 3,705.85	3.0	3.0	1.03
PDP Diabetics	$ 258,031	$ 200,273	$ 8,344.69	$ 57,759	$ 2,406.60	4.3	3.1	1.39

Patient Groups	Total Net Baby Revenue	Total Baby Cost Estimate	Avg Variable Cost/Delivery	Total Baby Cost Contribution	Avg Contribution/ Delivery	BABY ALOS	Baby ELOS	Baby ALOS:ELOS Ratio
NON-PDP Diabetics	$ 204,347	$ 190,545	$ 4,431.28	$ 13,802	$ 320.97	8.5	4.7	1.82
PDP Diabetics	$ 245,481	$ 198,391	$ 3,607.11	$ 47,090	$ 856.17	7.4	4.8	1.54

The **NON-PDP group is a** ***lower acuity*** **pregnant diabetic population**

Implementation: Results

PDP Only :

Q1 :54% of babies to NICU

Q2: 33% of babies to NICU

PDP + Telcare:

Q1 :81% of babies to NICU

Q2: 39% of babies to NICU

Implementation: It's Iterative

Establishing processes and expectations

- Identify the team
- Team meeting purpose, charter
- Standardize protocols
- Data collection
- Generate pushed reports
- Commitment to reporting sponsors
- Partner's Promise (engagement)
- Legal
- Device provisioning

Implementation: It's Iterative

Establishing processes and expectations

- Identify the team
- Team charter
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Priorities—big challenges + easy wins

- Epic integration
- Physician Epic training
- Dashboard builds
- Mapping current v future states
- Clinic observation
- Clarifying R + R
- Patient video
- Building quarterly reports

Implementation: It's Iterative

Establishing processes and expectations

- Identify the team
- Establish team meeting purpose, charter
- Standardize protocols
- Data collection
- Welcome Tablets
- Generate pushed reports
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Priorities—big challenges + easy wins

- Epic integration
- Dashboard builds
- Mapping current v future states
- Clinic observation
- Physician Epic training
- Clarifying R + R
- Patient video
- Building quarterly reports

Optimization + scaling

- Program expansion to future state
- Gestational workflow
- Improving Epic UX
- Reinforcing ownership
- Financial sustainability
- Registry ,Research and education
- Develop outward-facing business model

Suggestions and Lessons Learned

- Use conversations, NOT accusations
- Solve problems, don't create them
- Clean-slate vs. remodel approaches differ
- Do the charter
- Embrace the power of "facilitated" mapping
- Easy to outstrip resources, so focus
- Continually communicate – issues and success
- *Never* underestimate the drag of "the matrix"

Lessons Learned: Navigating the Matrix

Clarity

- Roles and responsibilities
- MOUs
- Explicit reporting and coverage protocols

Alignment

- Dual-reporting and evaluation relationships
- Funds flow

Communication

- Address issues quickly before they hurt morale
- Celebrate success
- Own performance, good and bad

Contact info and link to video

https://www.youtube.com/watch?v=dXXmCpPgH34

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Six Ways Leaders Sink a Growth Initiative

- Failing to provide the right kind of oversight
- Not putting the best, most experienced talent in charge
- Assembling the wrong team and staffing up prematurely
- Taking the wrong approach to performance assessment
- Not knowing how to fund and govern a start-up
- Failing to leverage the organization's core capabilities

Resource: Integrated Practice Unit

- Organized around the patient medical condition or set of closely related conditions (or patient segment in primary care)
- Involves a dedicated, multidisciplinary team who devotes a significant portion of their time to the condition
- Providers involved are members of or affiliated with a common organizational unit
- Takes responsibility for the full cycle of care for the condition, encompassing outpatient, inpatient, and rehabilitative care as well as supporting services (e.g. nutrition, social work, behavioral health)
- Incorporates patient education, engagement, and follow-up as integral to care
- Utilizes a single administrative and scheduling structure
- Co-located in dedicated facilities
- Care is led by a physician team captain and a care manager who oversee each patient's care process
- Measures outcomes, costs, and processes for each patient using a common information platform
- Providers function as a team, meeting formally and informally on a regular basis to discuss patients, processes and results
- Accepts joint accountability for outcomes and costs

Integrated Practice Unit Reminder

Organized around the patient medical condition

Dedicated, multidisciplinary team devoting a significant portion of their time

Providers are members of a common organizational and management unit

- Utilizing a common administrative , decision support , scheduling structure
- Co-located *or* virtual practice
- Measuring outcomes, costs, and processes for each patient using a common information platform

Providers function as a team

- Meeting formally and informally on a regular basis to discuss patients, processes and results
- Led by a team captain and a care manager who oversee each patient's care process
- Responsible for the full cycle of care for the condition
- Accepts joint accountability for outcomes and costs
- Incorporates patient education, engagement, and follow-up

Resource : IPU Process Checklist

EXECUTION

- ❑ Identify significant problem to solve and stakeholders (for/ against)
- ❑ Letter to staff—communicate the why and need for their help
- ❑ Start Issues Log
- ❑ Baseline quantitative data pull--don't forget "hidden" costs
- ❑ Qualitative data (stakeholder interviews--staff + patients)
- ❑ Clinic observations with IT, Nursing, Frontline, Scheduling, Pharmacy, Social Work
- ❑ Financial analysis
- ❑ Focus group interviews 4-5 groups (6-8 in group) of patients
- ❑ Current , Future and Ideal state mapping
- ❑ Identify opportunities to "exnovate " and eliminate waste--what can you stop doing?
- ❑ Identify early opportunities for improvement--"quick wins" and communication
- ❑ Identify additional data needs and how to get them--discrete fields in EMR? Registry? Surveys?
- ❑ Develop exit strategy
- ❑ Project plan w/ pro forma to executive committee
- ❑ Approved plan
- ❑ Draft team and project charter
- ❑ Data report built for hand-off
- ❑ Team Charter completed and signed
- ❑ Project Charter completed and signed
- ❑ Go live (celebrate!)
- ❑ Daily huddles, weekly team meetings--frequent early check ins
- ❑ Share successes and leverage positive feedback loop
- ❑ Issues log + PDSA cycles
- ❑ Review data early and often
- ❑ Monthly brief status updates and quarterly reports to executive team
- ❑ Year 1 Report to executive team w/ recommendation for program future
- ❑ Succession plan + hand-off