I receive royalties from sales of the book I will be talking about today.

I have no other conflicts of interest to report.
Penicillin

**Double Win**

Better Outcomes  
AND  
Lower Costs
What if I told you that there is, right in front of us, 

an entire class of innovations 

that can deliver 

double wins? 

What if I told you that these innovations were based on 

familiar, common-sense principles?
What if I told you that these innovations had the potential to

*reinvigorate the careers of burned out physicians?*

What if I told you that these innovations required only *modest risks*

and

*modest size investments?*
What if I told you that such opportunities exist:

in every health system,
in every medical condition,
and in every corner of the country?

What if I told you that we’ve been overlooking these innovations, quite literally,

for decades?
How is this possible?

How is This Possible?

1. Fee-For-Service Medicine

... more to come ...
What do these innovations look like?

Primary Children’s Hospital (Salt Lake City)

The Patients
Children with Complex Medical Conditions

The Innovation
More care planning, more care coordination, and more close contact with families.

The Results: A Double Win
Better Outcomes
Fewer Hospitalizations, Fewer ER Visits
Higher Satisfaction
Costs down >10%.
Tens of Thousands Of Similar Innovation Initiatives

Small, Full Time*, Clinical Teams
For Single, Low-Tech, Initiatives
To Redesign Care From Scratch
AND Deliver Better Care
For A Selected Patient Population
Small Full Time Clinical Team → Redesigns Care

Delivers Better Care → Particular Patient Population
A Cheap and Curative Pill

Innovation in Aggregate
Biosciences-Driven Innovation

The Cost Wall
What Now?

Cost

Outcomes

Cost Constraint

Biosciences Driven Innovation

1940
1950
1960
1970
1980
1990
2000
2010

1940
1950
1960
1970
1980
1990
2000
2010

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How is This Possible?

1. Fee-For-Service Medicine
Innovation and the Madness of Fee for Service Payments

1. You get paid ZERO for services you invent

2. You get PENALIZED for keeping patients healthy
Innovation is a two-part challenge:

IDEAS

EXECUTION
The EXECUTION challenge:
Underestimated
Underinvested

An Exception to the Rule

<table>
<thead>
<tr>
<th>IDEAS</th>
<th>EXECUTION</th>
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</thead>
<tbody>
<tr>
<td>Biosciences</td>
<td>HARD</td>
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<tr>
<td>Driven Innovation</td>
<td>REALLY HARD</td>
</tr>
<tr>
<td>Innovation in</td>
<td>HARD</td>
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<td>Health Care</td>
<td>REALLY EASY</td>
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<tr>
<td>Delivery</td>
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Innovation in Health Care Delivery
Four Categories, Four Simple Ideas

1. Standardization
2. Coordination
3. Prevention
4. Improved Medical Decisions

How is This Possible?

1. Fee-For-Service Medicine
2. They Seem Kind of Boring
A Simple Innovation Map
Where is the Opportunity?

Physics of Innovation

$$R_{tot} = R_{ops} + R_{inn}$$
The Critical Resource: TIME

Ongoing Operations

Part Time Contributions from All

Innovation

Ongoing Operations
The Fundamental Limitation

Project Size

Full Time Contribution from a Few

Fraction of Time

Ongoing Operations
Innovation with Full Timers

- Bigger Projects
- Resources are More Reliably Available
- Ability to Practice Clean Slate Team Design (Without Breaking Anything)

This Approach Does Not Enable Clean Slate Team Design

Ongoing Operations

Fraction of Time

People

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A ‘Lab’ or ‘Innovation Center’ May Not Be the Answer
Team Redesign ...
...lies at the very core of innovation in health care delivery.

Team Based Medicine

Step One:
*Build New Teams From Scratch*
A Simple Innovation Map
Where is the Opportunity?

How is This Possible?

1. Fee-For-Service Medicine

2. They Seem Kind of Boring

3. They Fall Into A Giant Hole in Innovation Investment Patterns
How is This Possible?

1. Fee-For-Service Medicine
2. They Seem Kind of Boring
3. They Fall Into A Giant Hole in Innovation Investment Patterns

Small Full Time Clinical Team → Redesigns Care → Particular Patient Population

Delivers Better Care
Providence Health & Services

1. The Population

Frail and homebound elders

2. The Intervention

Appointments in the patient’s residence.
Care planning, care coordination, decision support.
24x7 nursing availability.

3. Anticipated Results

Avoidance of unwanted and unneeded care.
Savings > 2-3x investment in additional care.

Your Turn

For Quiet Reflection

1. Choose a Patient Population that You Care About Deeply

2. Think: How Does the System Fail These Patients?

3. Imagine You Could Build a Small, Full Time Clinical Team To Better Serve These Patients
   
   • Who is on the team?
   • What do they do?

Now, share your idea with a neighbor.
What Innovation Leaders Do

1. Choose a Patient Population
2. Understand the Needs of the Population
3. Design and Build Teams From Scratch
4. Invent Operating Routines From Scratch
5. Measure Costs and Outcomes

Greater Autonomy

*Plus*

Greater Accountability
Tens of Thousands
Of Innovation Initiatives

Tens of Thousands
Of Physician Innovators

Action Steps for Senior Leaders

1. Accelerate Payment Reform
2. Invest in Innovation in Health Care Delivery
3. Do Not Invest in a “Big Idea Hunt.” (Simple Ideas Will Do.)
4. Invest in Small Full-Time Clinical Teams that Redesign and Deliver Better Care for Particular Patient Populations
5. Recruit Physician Innovators
6. Spread Success Stories
The Physician Innovator
Step Forward

The Opportunity
Right now, not far from where you sit, there is an opportunity for a dramatic double-win—an innovation is core delivery that improves outcomes and simultaneously lowers costs. Sound too good to be true? It’s not. Thanks to the tremendous incentives built into fee-for-service medicine, these opportunities have been overlooked for decades. Now, thanks to the ongoing transition to value-based care.

What Do Physician Innovators Do?
It will take innovators from all health professions to fix the system. There will be little progress on the largest opportunities, however, without the essential ingredient, physician leadership. A growing number of thousands of physician innovators is exactly what the system needs.

What physician innovators do? They choose a specific and local patient population that are about ready to walk in their office. They go about understanding how today’s care fails short of these patients’ needs. Then, they reengineer care from scratch. They build multidisciplinary teams, they deploy providers in novel ways. They sometimes even create new jobs. Finally, they prove that their innovation works. They demonstrate the double win: better outcomes, lower costs.

An American Association for Physician Leadership® publication
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Presented by:
Chris Trimble
Adjunct Professor
Dartmouth College

Leading Innovation in Health Care Delivery
How Physicians Can Fix Health Care:
One Innovation at a Time

Chris Trimble
Forward by
Donald M. Berwick, MD