

Title Slide: Overview: Multilevel Interventions Across the Health Care Continuum

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Slide 2: Within healthcare an array of interventions

List interventions:

- VBI
- DRGs
- CQI
- JCAHO: Agenda for Change"
- CHOPs
Supple Chain Management
- Disease Management

Slide 3: Interventions targeting quality, cost & health

[image]

Large circle with 3 small circles intersecting each other inside. The intersection circles say "Quality, Health and Cost". On the outside circle is has the following:

- National Health Policy Environment
- State Health Policy Environment
- Providers
- Patients/Family
- Organization/Management

- Local Community
 - Emerging Science
- [end image]

Slide 4: How well are we doing?

Quality/Safety remain a challenge

- 10 years after the IOM “To Err is Human”
- Recent NEJM study 2002-2007 MR audit study of 10 NC hospitals
- Why NC - NC highly engaged in efforts to improve patient safety ..96% hospitals enrolled in program compared to other states have 78% enrolled
 - Quality/Safety
 - Despite efforts – Quality remains variable
 - “little evidence of improvement in safety “
 - EX- Recent Study NC Hospitals (Landrigan et.al., NEJM,Nov,2010)
 - Cost
 - Ranked #1 in cost/capita
 - Health (Despite Claims-Evidence)
 - World Health Report 2000 ranked
 - U.S health care system 37th in the world
 - Life expectancy 36 in the world
 - -Evidence of a declining trend each year
 - Murry&Frank, NEJM,2010

Slide 5: Bottom Line: "We Have Run Out of Miracles"

[image]

Two men at chalk board that show formulas and then text that says 'Then a Miracle Occurs'. One man points at the text and says "I think you should be more explicit here in step two"

[end image]

Slide 6: No Title

[quote]

“You can always count on *Americans* to do the right thing - after they've tried everything else”...

Winston Churchill

[end quote]

Slide 7: How we define the problem is important

[image]

Two birds flying across the runway. One bird says to the other "This is a tricky runway. It's 50 feet long and 5,000 feet wide"

Copyright 1996

Word Wright International

[end image]

Slide 8: Opportunities are at the Intersection

As Don Berwick (Director of CMS)...has said ... and if he were at this meeting ... would say"

“ The US will not achieve high value health care unless improvement initiatives (interventions) pursue a broader system of linked goals.---The Triple Aim”

- Improving the individual experience of care
- Improving the health of the population
- Reducing the per capita cost of care for populations

Berwick,Nolan,Whittington, 2008

Slide 9: "Triple Aim" Requires some re-thinking

[image]

Two dogs standing at a bar, in suits, and one dog says to the other dog "First of all, forget everything you learned in obedience school."

[end image]

Slide 10: Requiring the recognition that:

Let me just say a word about each of these ...since these are pervasive themes of the papers
/// and will be central to our discussion and comments

- Health care is a complex/interactive/non-recursive process
 - multi points of intervention

- From risk assessment–end of life
- Intervention involves multiple levels
 - Federal/State/Local/Organizational Provider/Family/ Individual
- Interventions involve a translational process...
 - aka ...one of the “T” formulations

Slide 11: Intervention Involves a "Translational Process"

“Translational research transforms scientific/programmatic discoveries arising from laboratory, clinical or populations studies into clinical applications to improve care & reduce cancer incidence, morbidity and mortality”

(TRWG, NCI,2009)

Slide 12: We need to accelerate research translation

Implementing interventions is a process at whatever level. The concept of “Translational Research”... so well captured by words (Bench to Bedside) equally appropriate when thinking about “programmatic interventions”, e.g. CHECKLIST

[image]

Descending blocks showing process, starting with the top block.

- Discoveries (e.g. genetic risk factors)
 - T1: Epi, Cohorts, Biobanks
- Candidate Application (e.g. test)
 - T2: Clinical studies, randomized Clinical Trial
 - Trials:
 - Phase 1
 - Phase II
 - Phase III
 - Phase IV
 - Checklists
- Evidence based Guideline/Policy
 - T3: Implementation Research
- Practice & Control Programs in Communities
 - T4: Outcomes Research
- Reducing the Burden of Disease in Communities

[end image]

Slide 13: Our Mission—Focus of the MLI Papers/MLI Discussion

- WHAT WE KNOW-ABOUT MLIs–“Consensus”
- WHAT WE THINK WE KNOW–Hypothesis testing
- WHAT WE NEED TO KNOW
 - Identify CROSS CUTTING ISSUES

- ACROSS THE CONTINUUM
- ACROSS THE LEVELS
- WITHIN A TRANSLATIONAL FRAMEWORK
 - Basic–Applied–Improved Performance/Health

Slide 14: Agenda for MLI

- Introduction: Conceptualization
 - Issues of Levels/Continuum/SOA
- Challenges/Opportunities
 - Issues of /Synergy/Timing/Design
- Applications/Future Directions
 - Within Context HCR/Org Reality/ Science

Slide 15: This not going to be easy

“There is nothing more difficult to take in hand, more perilous to conduct, or more uncertain in its success, than to take the lead in the introduction of a new order of things, because the innovator has for enemies all those who have done well under the old conditions, and lukewarm defenders in those who may do well under the new”

Machiavelli, The Prince

Slide 16: MLI Challenges

Within the spirit of “FULL DISCLOSURE”... SOME MAJOR CHALLENGES

- Conceptualization of the problem/link to appropriate theory/competing theories
- Adequacy of research designs/approaches
 - Size/Qualitative Methods/Simulations
- Identifying appropriate metrics at
 - Various levels
 - Various phases of the care process

Slide 17; MLI Challenges (cont.)

- Risk of “politicization” as interventions move to National/State/Community level
 - EG, Fluoridation/HCR
 - EG, Wendell Potter .. *Deadly Spin*

- Involving the relevant stakeholders
 - Managing partnerships–research/practice
 - Communication: research/practice/disciplines

Slide 18: The communication challenge is paramount

[image]

Two dogs across from a cat. One dog is sitting in a chair and the other is standing. The cat is sitting in a chair. All the characters are in suits. The dog standing says to the dog sitting "You'll have to phrase it another way. They have no word for 'fetch'".

[end image]

(We don't have a lot of practice)

Slide 19: Cartoon

With that as an overview and context

[image]

Doctor walks into the patient room with the patient sitting on the examining table. The doctor says " Let the dialogue begin".

[end image]

Slide 20: THANK YOU !

[end slide presentation]