

More than ever, patients, families, providers, and communities are looking for bold and visionary health care leaders — leaders who believe that we must change the dialogue about health care from one that focuses on reimbursement and regulation to one that makes the pursuit of health and healing paramount. At this critical moment, health care needs leaders with the courage to develop, design, and test new models of innovation, collaboration, and governance that can push health care beyond its traditional limits.

WELCOME





National Forum Leadership Summit

*Return the Money:
What will it take to
truly return the
money from health
care savings to
other public and
private purposes?*



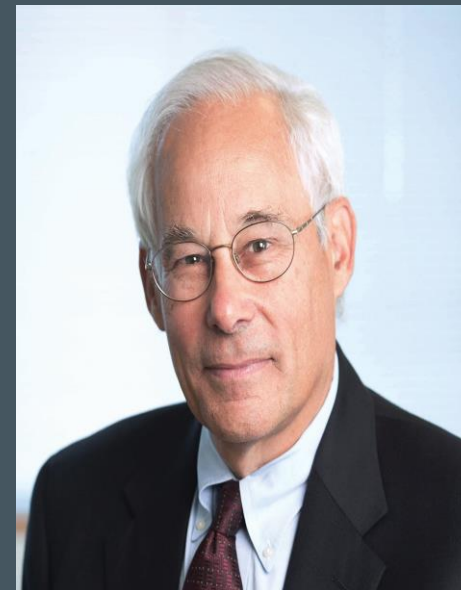
Hosts



Derek Feeley, DBA
IHI President and Chief Executive Officer



Chris Woleske, President and CEO, Bellin Health
Co-Chair, 2019 IHI National Forum



Don Berwick, MD, MPP, FRCP
IHI President Emeritus and Senior Fellow



Summit Objectives

- Foster connections and support networking across the Alliance.
- Surface key issues that are top of mind to Alliance leaders.
- Support capacity around personal, organizational, and industry leadership.
- Promoting discussion and activities that foster and advance courageous, creative, collaborative leadership across the Network.
- Inform and advance the direction of engagement, collaboration, and collective action opportunities across the Alliance network.



This year's IHI Forum Leadership Summit is proudly supported and facilitated by the [IHI Leadership Alliance](#)

The [IHI Leadership Alliance](#) is a dynamic collaboration of health care executives who share a goal to work with one another as well as in partnership with our patients, workforces, and communities to deliver on the full promise of the IHI Triple Aim.





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.

Year 6 Alliance Members

Adventist Health
Advocate Aurora Health
Bellin Health
Boston Medical Center
CareSouth Carolina
Carilion Clinic
Charleston Area Medical Center
Children's Hospital of the King's Daughters
CHRISTUS Health
Cincinnati Children's Hospital Medical Center
Coastal Medical
Cook County Health
DentaQuest
Dialysis Clinic, Inc.
Elevate Health (Pierce County ACH)
Fairview Health Services
First Choice Health Centers

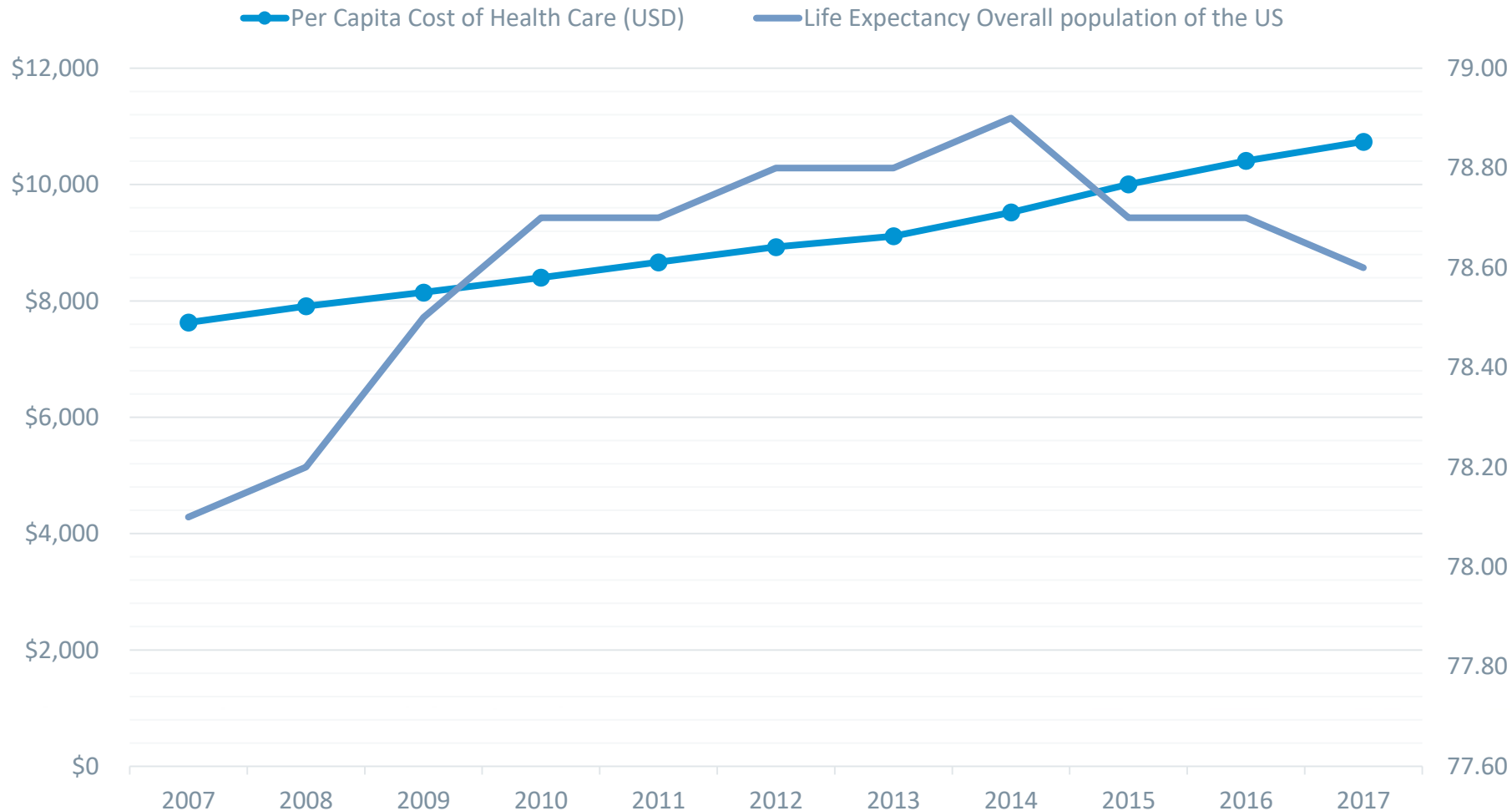
GBMC HealthCare
Geisinger/AtlantiCare
Genesis HealthCare
Grady Health System
Hackensack Meridian Health
HealthPartners
Henry Ford Health System
Humana
Inova Health System
Keck Medicine at USC
MemorialCare Health System
Memorial Hermann Health System
Memorial Sloan Kettering Cancer Center
Michigan Health & Hospital Association
Military Health System
New York-Presbyterian Hospital
Northwell Health
Northwest Community Healthcare

OCHIN
Oklahoma State University Center for Rural Health
Parkland Health and Hospital System
Parkview Health System
Penobscot Community Health Care / St Joseph
ProMedica
Providence Health & Services
Roanoke Chowan Community Health Center
SCAN Health Plan
Southcentral Foundation
SSM Health
Tampa General Hospital
Tanana Chiefs Conference
University of Arkansas for Medical Sciences
University of New Mexico Health Sciences Center
Vanderbilt University Medical Center
Virginia Mason Health System
WellSpan



US Triple Aim Measures since 2007

Overall Health (Life Expectancy) vs Cost per Capita (USD)



Mortality amenable to healthcare due to 33 specific clinical conditions has been flat since 2011 after falling for the past 3 decades



Summit Materials



IHI Leadership Alliance

The IHI Leadership Alliance is a dynamic collaboration of health care executives who share a goal to work with one another as well as in partnership with our patients, workforces, and communities to deliver on the full promise of the IHI Triple Aim. For more information: Jill Duncan (jduncan@ihi.org) Visit: ihi.org/LeadershipAlliance

Waste Publications and Resources

Call to Action: Reduce Waste in the US Health Care System

The IHI Leadership Alliance believes that eliminating "waste" in health care is essential to providing care at an affordable cost. To that end, the Alliance Waste Workgroup has developed an audacious aim: *"Systematically and proactively identify and eliminate 50 percent of non-value-added waste in the US health care system by 2025."* Chaired by MemorialCare Health System Chief Transformation Officer, Helen Macfie, and Chief Medical Officer, Dr. James Leo, this Alliance workgroup is calling on health systems and providers to commit to a Call to Action to do our part to reduce waste in the US health care system.

Call to Action: Reduce Waste in the US Health Care System and Return the Cost Savings to Patients and the Economy

Three key actions for health care leaders to reduce waste.

http://www.ihi.org/Engage/collaboratives/LeadershipAlliance/Documents/IHILeaderShipAlliance_CallToAction_ReduceWasteUSHealthCareSystem.pdf

Trillion Dollar Checkbook: Reduce Waste and Costs in the US Health Care System

An in-depth analysis of significant and in many cases complex opportunities to reduce waste and cost.

http://www.ihi.org/Engage/collaboratives/LeadershipAlliance/Documents/IHILeaderShipAlliance_TrillionDollarCheckbook_ReduceWaste.pdf

Driver Diagram

A Roadmap to Systematically and Proactively Identify and Eliminate Non-Value-Added Waste in the US Health Care System by 2025

http://www.ihi.org/Engage/collaboratives/LeadershipAlliance/Documents/IHILeaderShipAllianceWasteWorkgroup_DriverDiagram.pdf

Driver Diagram Template

A user-friendly template that can be adapted: A Roadmap to Systematically and Proactively Identify and Eliminate Non-Value-Added Waste in the US Health Care System by 2025

http://www.ihi.org/Engage/collaboratives/LeadershipAlliance/Documents/IHILeaderShipAllianceWasteWorkgroup_DriverDiagram_Template.docx

www.menti.com

Go to www.menti.com and use the code **57 85 25**



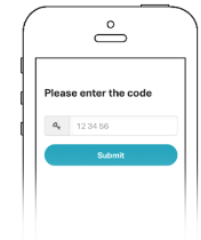
1

Grab your phone

www.menti.com

2

Go to www.menti.com



3

Enter the code 57 85 25 and vote!





The worst thing you've eaten out of politeness



One of your most gratifying moments from the past couple weeks . . .



IHI Forum Leadership Summit



Ideas
Worth
Spreading

*Chris Woleske, President and CEO, Bellin Health
Co-Chair, 2019 IHI National Forum*

*Ed McGookin, MD, MHCDS, FAAP
Chief Medical Officer, Coastal Medical*

*Fred Cerise, MD, MPH
President and CEO, Parkland*

*Navina Evans, MBBS, DCH, MRCPsych
CEO for the East London NHS Foundation Trust*

*Caroline Clarke
CEO at Royal Free London NHS Foundation Trust*



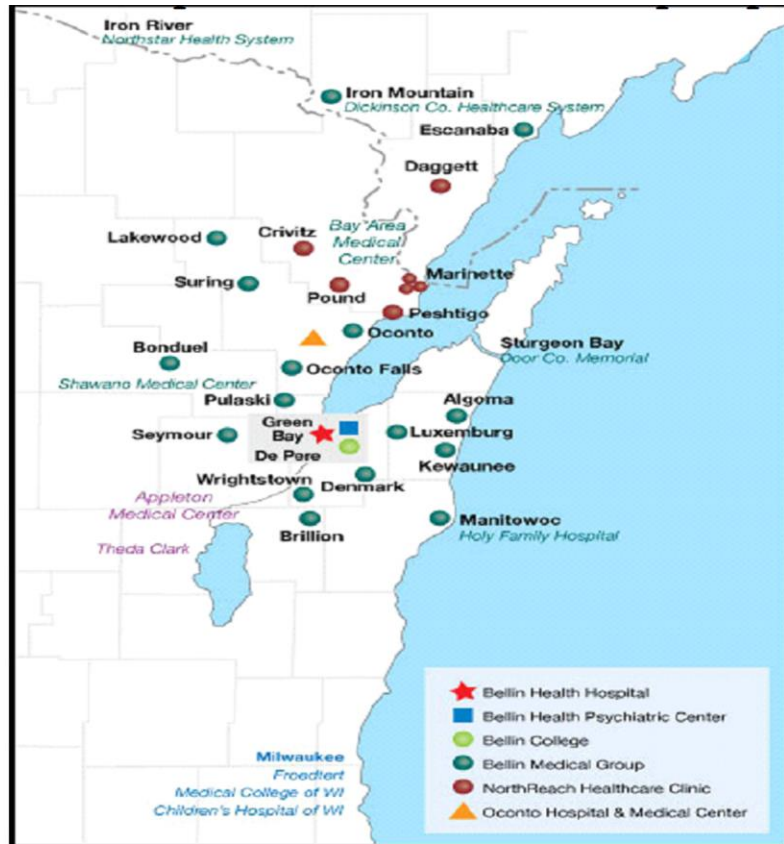
“BEYOND THE WALLS”

INNOVATIVE EMPLOYER SOLUTIONS

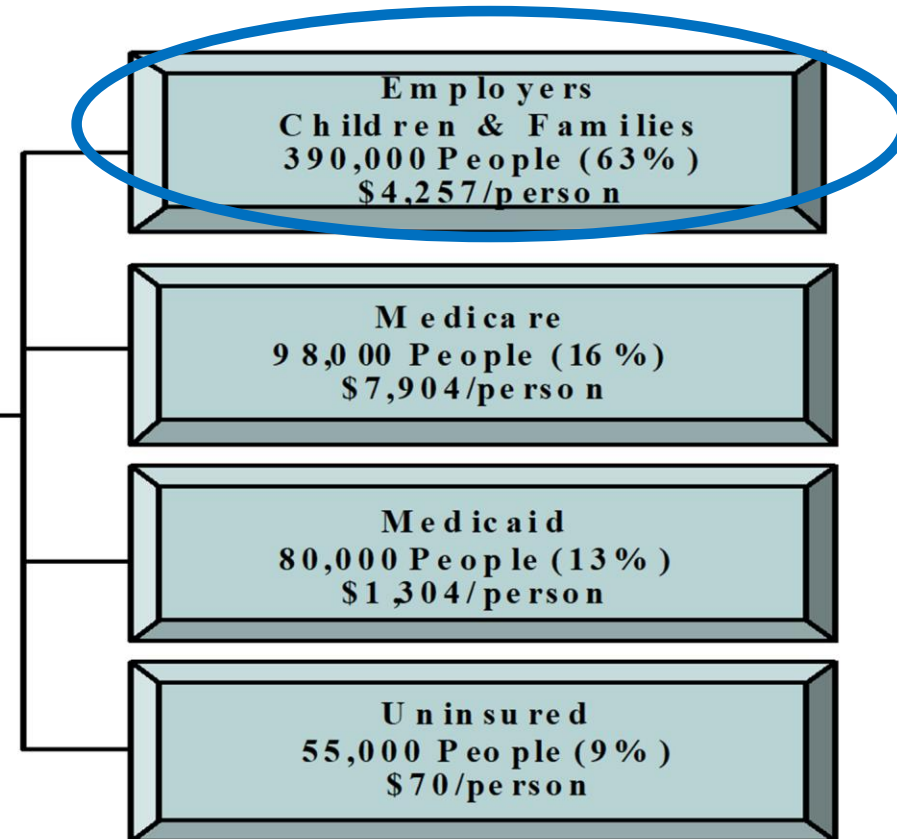
CHRIS WOLESKE, PRESIDENT/CEO

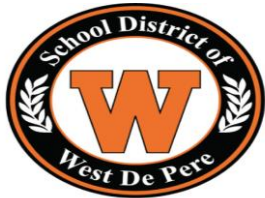
Vision: People in our region will be their healthiest during every stage of their lives and our communities will thrive

13



623,000 Total Lives





Providing solutions to over 2,500 employers

Establishing 175 employer clinics sites with over 70,000 visits



START IN THE WALLS

&

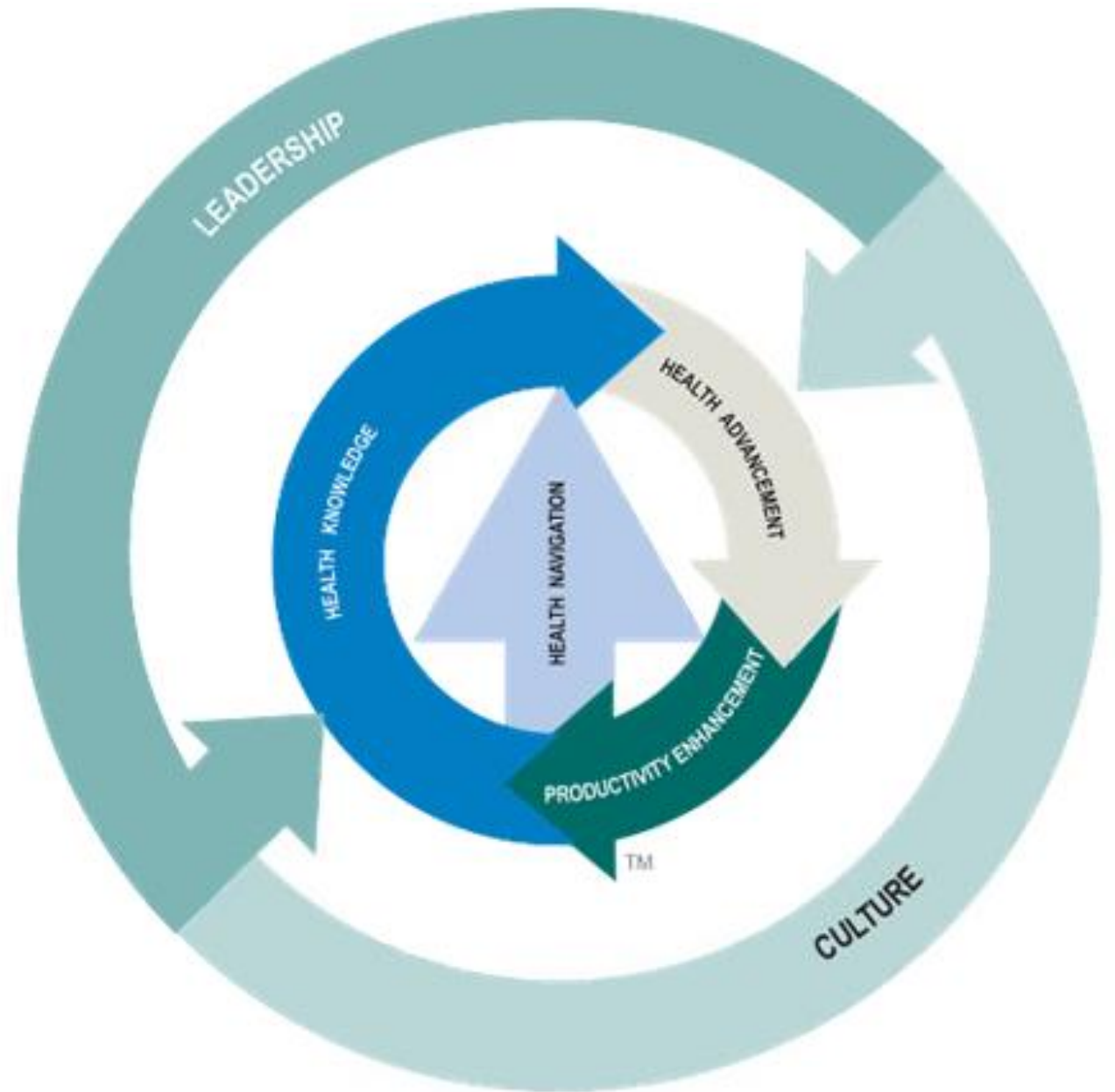
MOVE BEYOND THE WALLS



belinhealth

 Official Healthcare Partner of
the Green Bay Packers

Total Health Mode





Leadership & Culture



**Wellness Certificate (Age &
Gender Screening):**

\$600 per employee

\$600 per spouse

\$600 for biometrics

\$1,800 Total Annual Incentive



Dan Ariens, CEO

bellinhealth

**Official Healthcare Partner of
the Green Bay Packers**

Health Knowledge

Ariens Company

Date of Report: Aug 31, 2019

PARTICIPATION

Employees: 459 Males: 284
Spouses: 0 Females: 175
Retired/Other: 0

Average Age: 45.6



AVERAGE SCORE

	All Participants	Two Year Cohort
2019	70.5	71.5
2018	70.2	70.9

Breast Cancer
Screen (2 Year)



94.3%

Target: 85%



Desired

Cervical Cancer
Screen



85.9%

Target: 80.4%



Desired

Colon Cancer
Screen



87.5%

Target: 79.8%



Desired

Diabetes
Composite



48.5%

Target: 53.1%



Desired

belinhealth



Official Healthcare Partner of
the Green Bay Packers

Health Advancement

ONSITE NURSE SERVICES

FREE, CONFIDENTIAL APPOINTMENTS
Available to employees enrolled on the medical plan.



STACY ROSS, RN
Stacy.Ross@bellin.org

Mon. 5 am–Noon, Plant 1
Tues. 5 am–Noon, Plant 3
Wed. 11 am–4 pm, Plant 1
Thurs. 11 am–4 pm, Plant 3
Fri. 7–9 am, Plant 1
Fri. 9:30–11:30 am, Plant 3

“Saving lives before they know they need to be saved.”



bellinhealth



Official Healthcare Partner of
the Green Bay Packers

Productivity Enhancement



4 hours vs. 1 hour

ONSITE THERAPY SERVICES

Free appointments available to employees enrolled on the medical plan.

- ✓ Creation of physical job descriptions to objectively quantify the job demands
- ✓ Early intervention for minor muscle or joint discomfort for work-related injuries/illnesses
- ✓ Work site ergonomics/equipment analysis and recommendations
- ✓ Posture and body mechanic training
- ✓ Job specific stretches and exercises

If you are having muscle or joint discomfort, please inform your supervisor.



Jerad Arendt, DPT,
CEAS, Cert. DN
jerad.arendt@bellin.org

Plant 1

Tuesdays, 8:30 am-2:30 pm
Fridays, 8:30 am-3:30 pm



Troy Gutzman, OTR,
CHT, CEAS III
troy.gutzman@bellin.org

Plant 3

Mondays, 8 am-3:30 pm
Thursdays, 8 am-3:30 pm

Plant 4

Wednesdays, 8 am-1 pm

Health Navigation



Results

Per Employee Per Year Costs:

2016	\$9,797
2017	\$ 8,591
2018	\$8,972
2019	\$9,785 (projected)
2020	\$9,900 (forecasted)



“We’ve essentially been able to maintain our PEPY cost since 2016. We attribute our success to our partnership with Bellin, promoting and incentivizing wellness year-round and providing frequent benefits education to promote better consumerism – appropriate utilization of care.” - Benefits Manager

Thank You

Chris Woleske
Bellin Health
President/CEO
Chris.Woleske@bellin.org

Working Toward a Cure: Virtual Scribes

Ed McGookin, MD, MHCDS
Chief Medical Officer

December 10, 2019

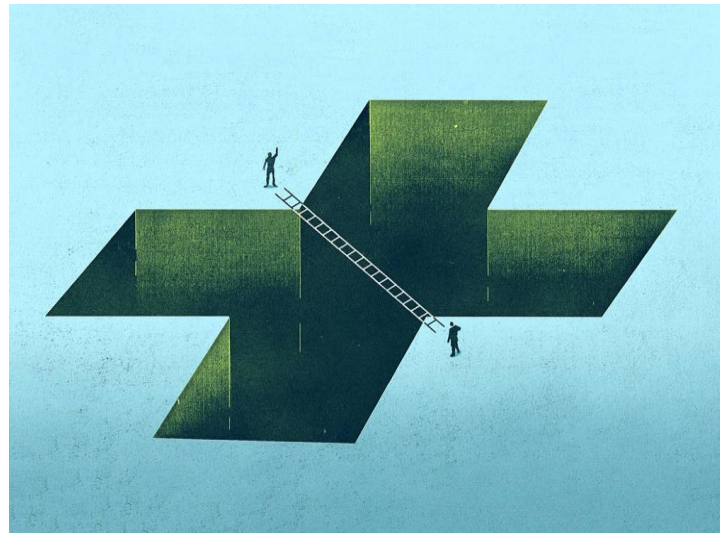


COASTAL
MEDICAL

The New York Times

The American Medical System Is One Giant Workaround

By Theresa Brown



Mikey Burton

What are we working around?






Healthy clinicians deliver better

care





Ed McGookin, MD, MHCDS
Chief Medical Officer

emcgookin@coastalmedical.com

Parkland

Fred Cerise, MD, MPH

President and Chief Operating Officer at Parkland

FREDERICK.CERISE@phhs.org



Removing Waste Improving Value at Parkland

- System Background
- Example of Low Tech Approaches
 - “Choosing Wisely”
 - Antimicrobial Stewardship
 - Self-Administered Outpatient Parenteral Antimicrobial Therapy (S-OPAT)



Dr Navina Evans

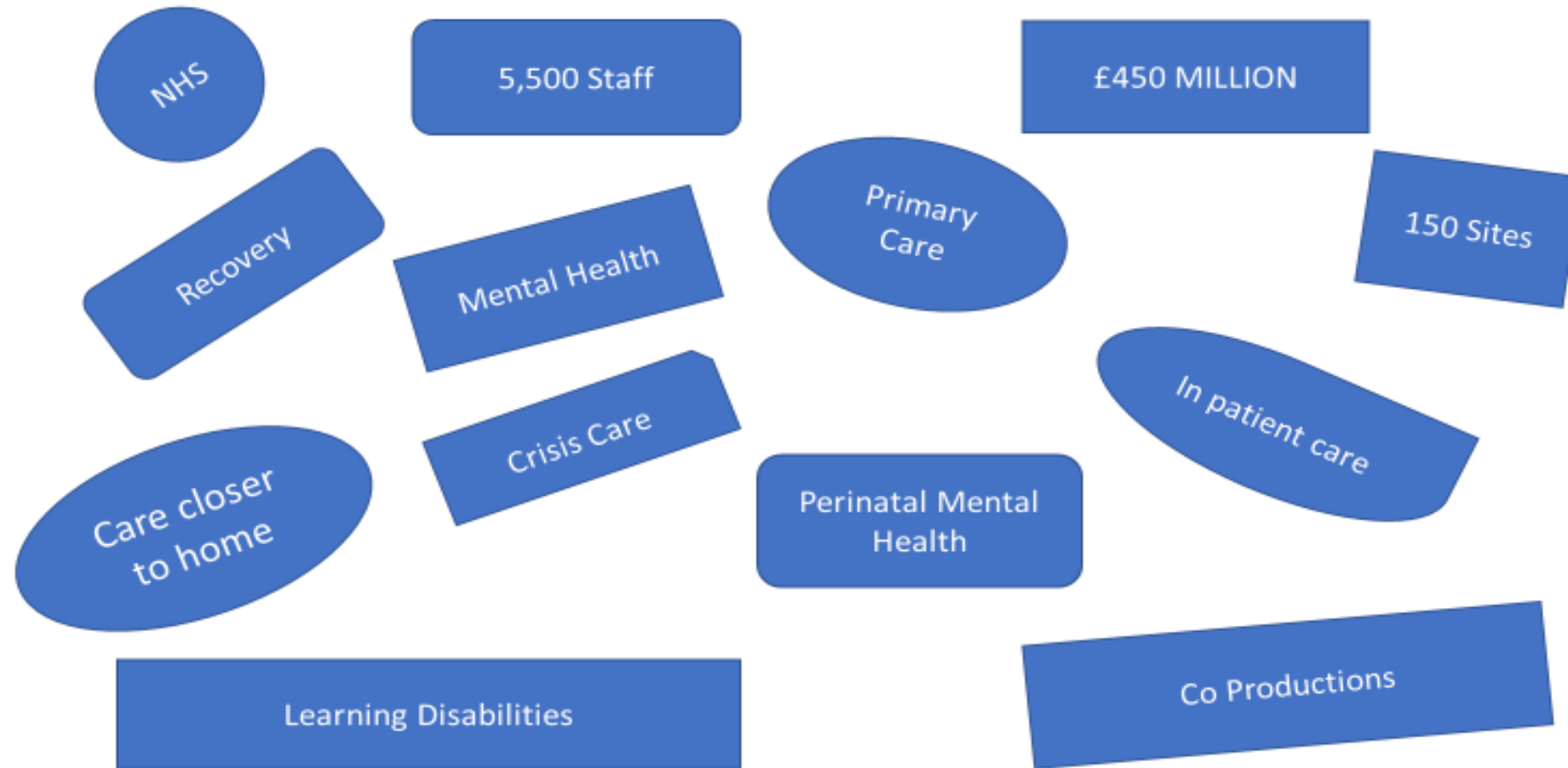
Chief Executive Officer
East London NHS Foundation Trust

We care

We respect

We are inclusive

EAST LONDON FOUNDATION TRUST



We care

We respect

We are inclusive



We care

We respect

We are inclusive

Mission

WHAT IS OUR ROLE
IN SOCIETY?

Vision

WHAT DOES OUR CORE
PURPOSE NEED TO BE?

Strategic outcomes

WHAT ARE THE BIGGEST FACTORS THAT WILL
HELP US ACHIEVE OUR MISSION?

Specific outcomes

WHAT DO WE NEED TO WORK ON, FOR EACH OF OUR
STRATEGIC OUTCOMES, TO ACHIEVE OUR MISSION?

To improve
the quality
of life for all
we serve

By 2022 we will
build on our
success and lead
on the delivery of
integrated care.

ELFT will do
this by working
purposefully in
collaboration with
our communities
and our partners,
always striving
towards continuous
improvement in
everything we do.

Improved population
health outcomes



We will:

- Tackle with our partners and service users the wider determinants of health
- Help people lead healthier lifestyles and improve prevention of ill health
- Reduce health inequalities
- Deliver more integrated health and social care services

Improved
experience of care



We will:

- Improve access to services
- Improve service user experience and the outcome of their care, addressing inequities
- Increase the numbers of people positively participating in their care and in service improvement
- Improve service user safety and reduce harm
- Support more service users to meet their recovery goals

Improved
staff experience



We will:

- Improve fulfilment at work
- Develop the skills of our staff to deliver integrated care
- Improve leadership and management practice
- Improve how we listen to staff and support them to continuously develop

Improved value



We will:

- Increase productivity while maintaining quality
- Reduce waste
- Reduce variation in clinical practice

We care

We respect

We are inclusive

Thank you for joining the
 ELFT Creating Value
 campaign!

This time around we are looking
 at the best IT & Systems Creating
 value Ideas!

How does it work?

1. All ideas have been grouped by themes. We now ask you to vote for the ones that have most potential to create value.
2. Top voted ideas will be reviewed by the Financial Viability Programme team to measure feasibility and work will start to implement the idea.
3. You can track progress and comment on the ideas that have been taken forward under 'Creating Value News'.

Let us know if you have a solution that
 you perhaps have already implemented
 in your team, or would like to try out in
 order to make better use of resources.

I Have an Idea



NEW

Vote for the best IT & Systems 'Creating
 Value' Idea:

- ☐ Have more IT engineers/IT Champions on the ground
- ☐ Establish wider use of mobile point of care devices
- ☐ Patient forms to be completed electronically (automate scoring and reminders)
- ☐ Review each service's IT requirements for meetings and maximise resources
- ☐ Staff Management and Clinical Supervision to be centralised on ESR
- ☐ Re-use old IT equipment to create IT stations in the community

Vote

Results

Survey Creator

Creating Value NEWS



Managed Print Services FAQs Part 2

How to report errors Apogee/HP
 device errors s...



Reducing Medication Waste

The results from the second round of
 voting for t...



NEW Regulating Heating on Site

We have now started work to turn
 your observation...



How to Reduce Medication Waste

Building on introduction to medicines
 waste in EL...

We care

We respect

We are inclusive

Royal Free London NHS Trust

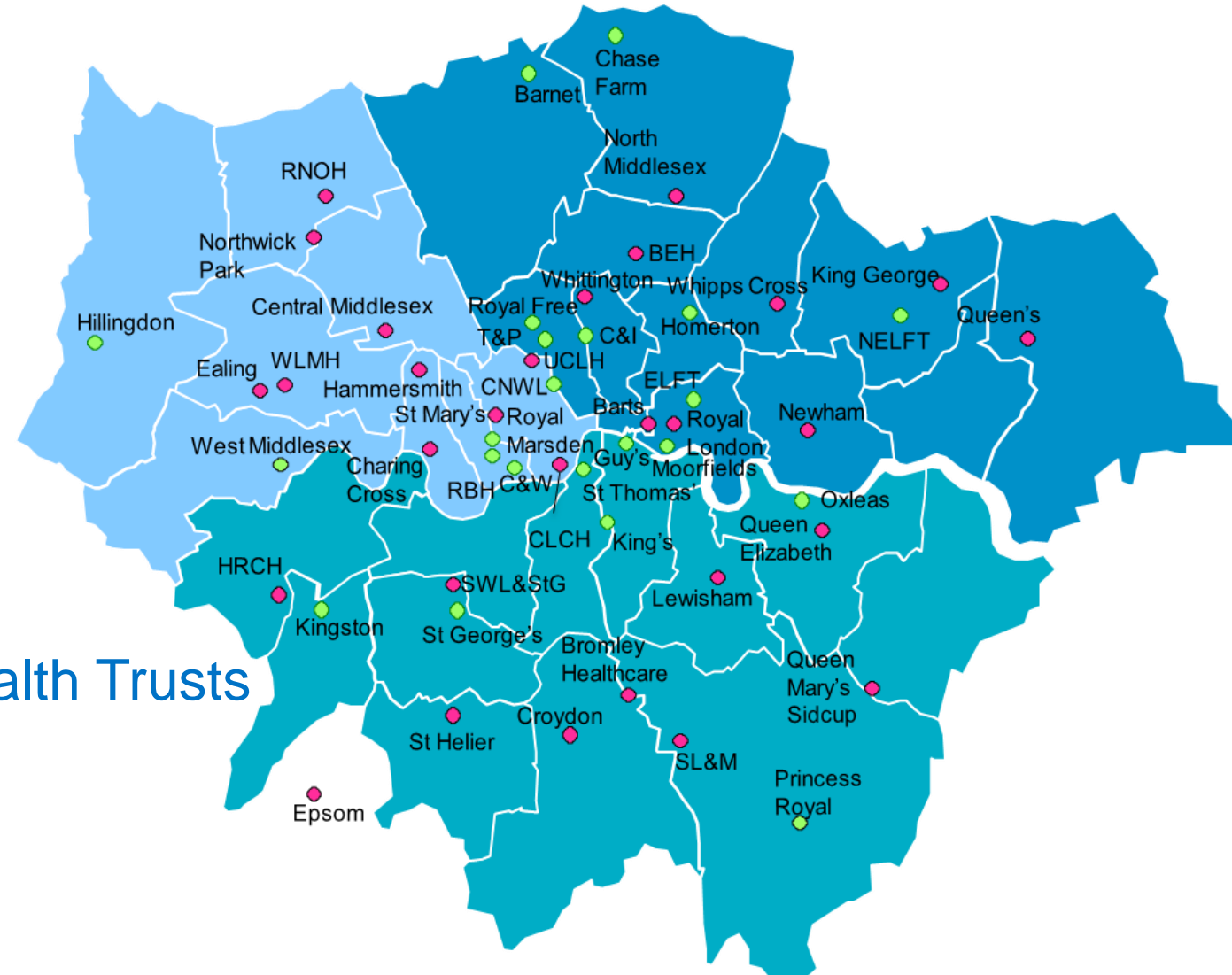
Clinical Practice Groups (CPGs) and Improvement



London has a highly complex health and care system

- **36 Trusts**
 - 18 acute hospital Trusts
 - 6 specialist Trusts
 - 11 community and mental health Trusts
 - 1 ambulance service Trust
- **8600 GPs**
- **1,600 Practices**
- **32 Local Authorities**

world class expertise  local care





Things started with a group of staff going to the
2016 Gothenburg International Forum...

CPG Programme

Theory of Improvement

Care delivery problem:

- Variation in clinical practice and process, leads to worse patient outcomes at higher system costs

Goal of the intervention:

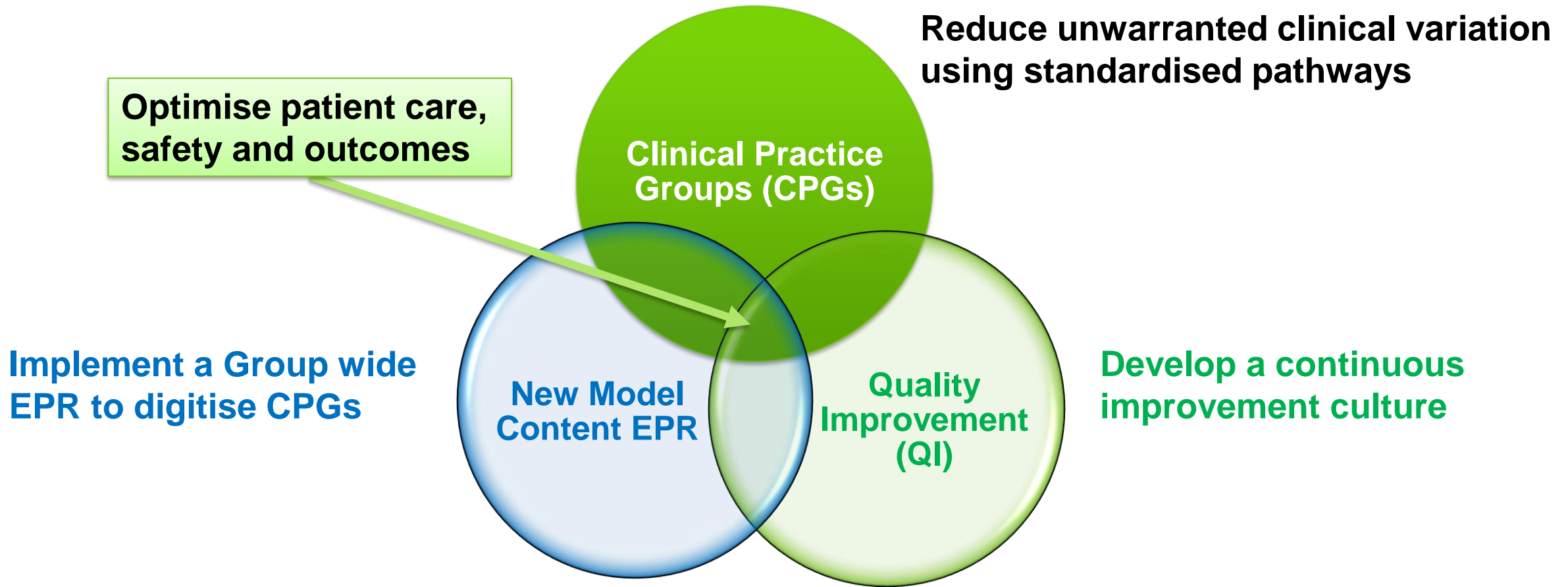
- To reduce unwarranted variation in clinical practice and process

Intervention:

- Implementation of evidence based standardised clinical practice and processes as core operating standard across RFL group of hospitals

Ref: BMJ Qual Saf doi:10.1136/bmjqs-2014-003627

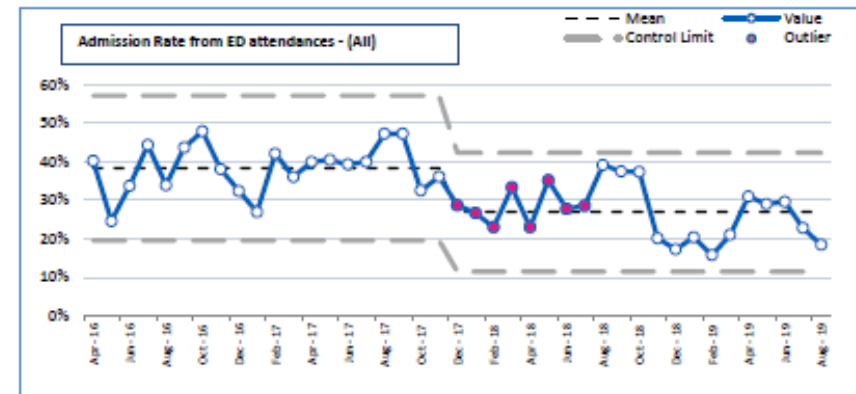
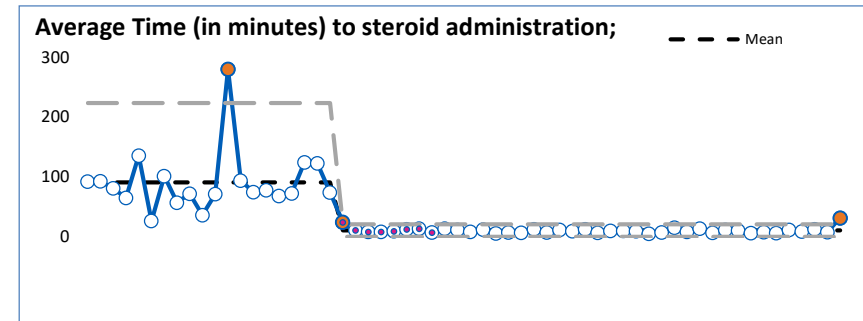
Reducing Unwarranted Variation Clinical Practice Groups



Improving the care of children with asthma: Co-Design

Experience-Based Co-Design

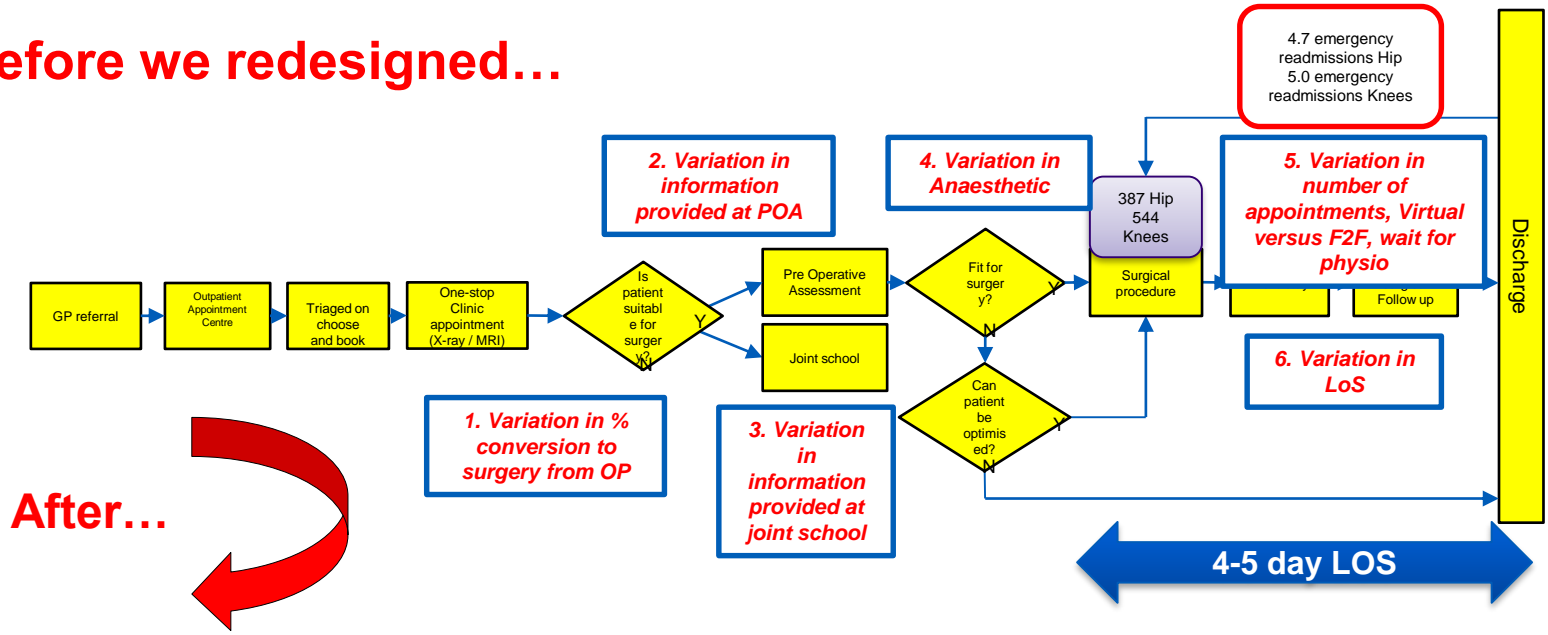
Patient and Family Centred Care



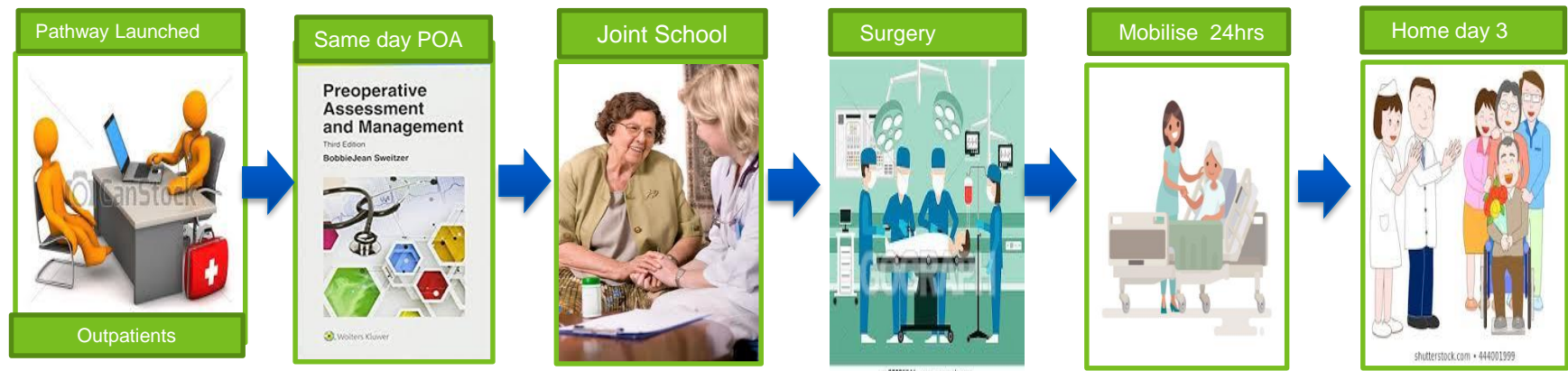
world class expertise  local care

Improving the care for patients having elective joint replacements

Before we redesigned...



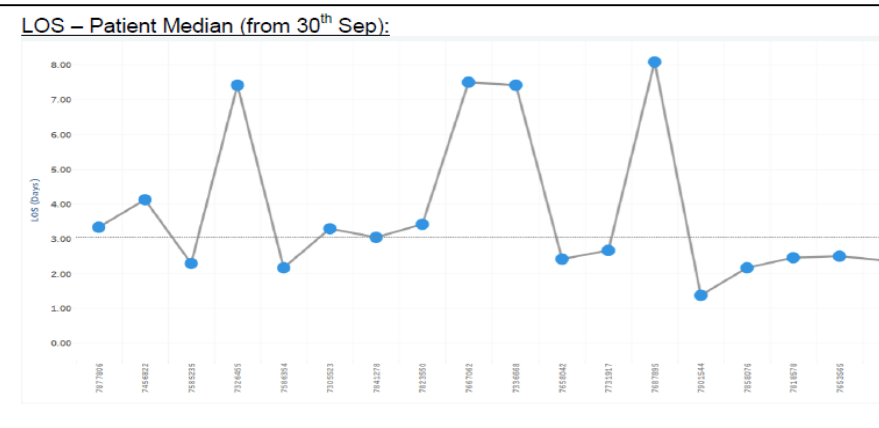
After...



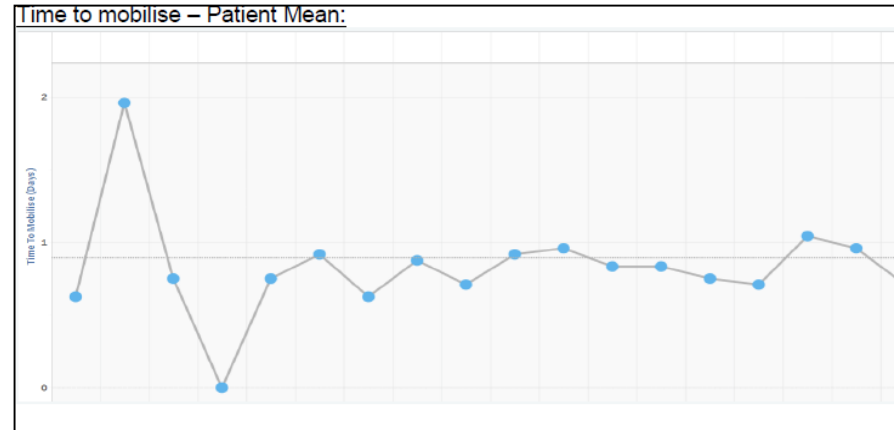
world class expertise  local care

Data for key measures reviewed at fortnightly meetings

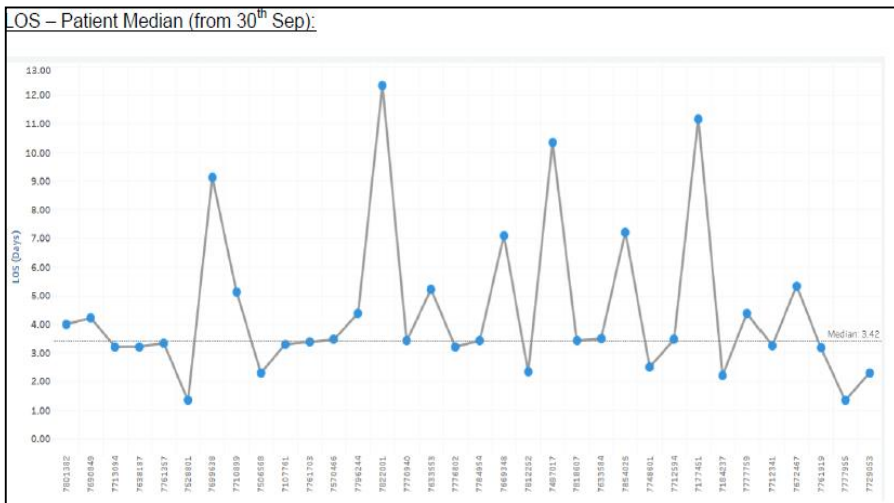
1. Elective Hip Median LOS is **3.37** days



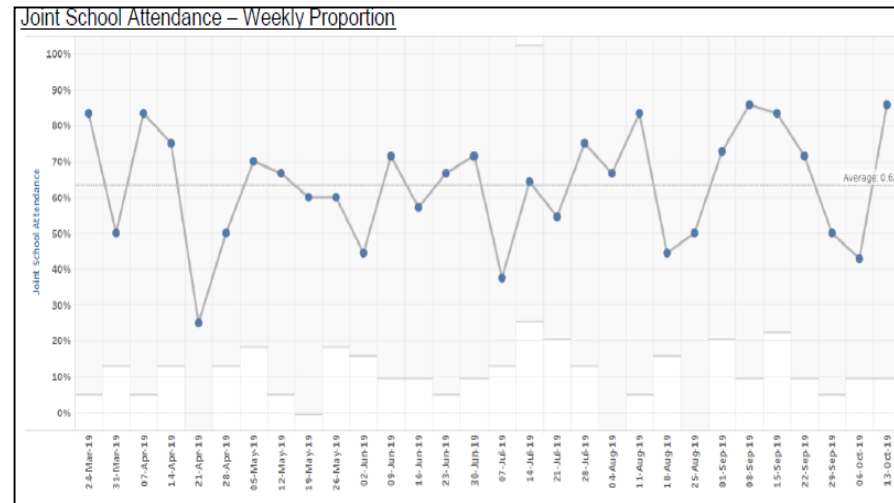
3. Mobilisation of 81% of patients within 24hours of operation



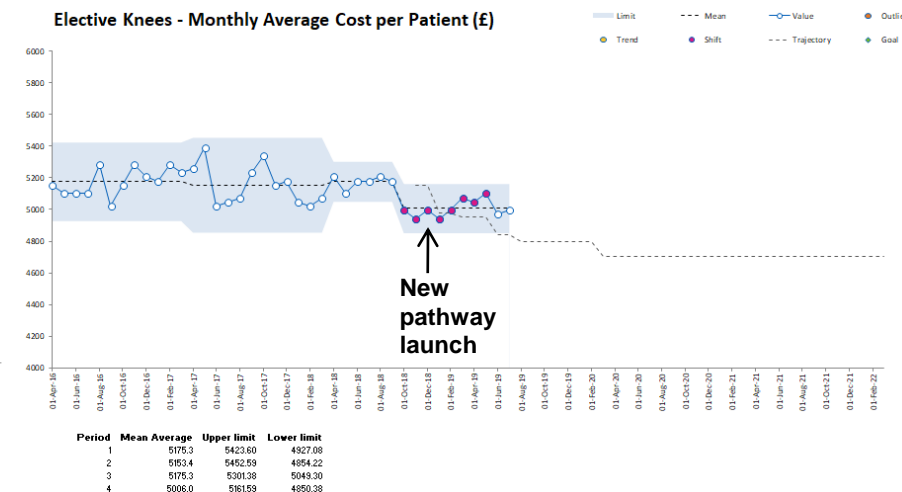
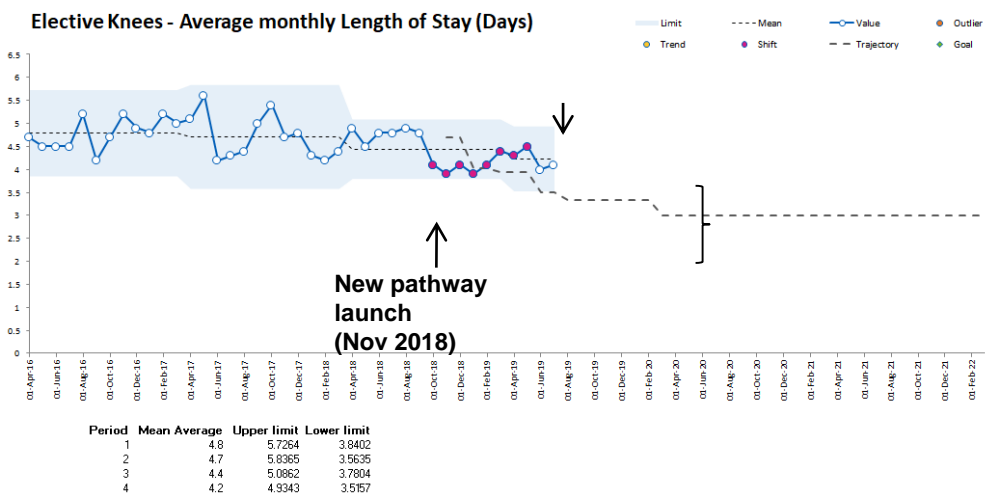
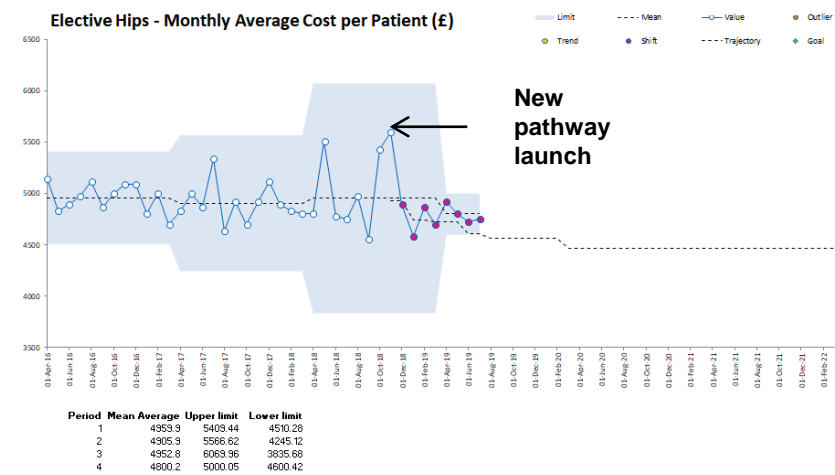
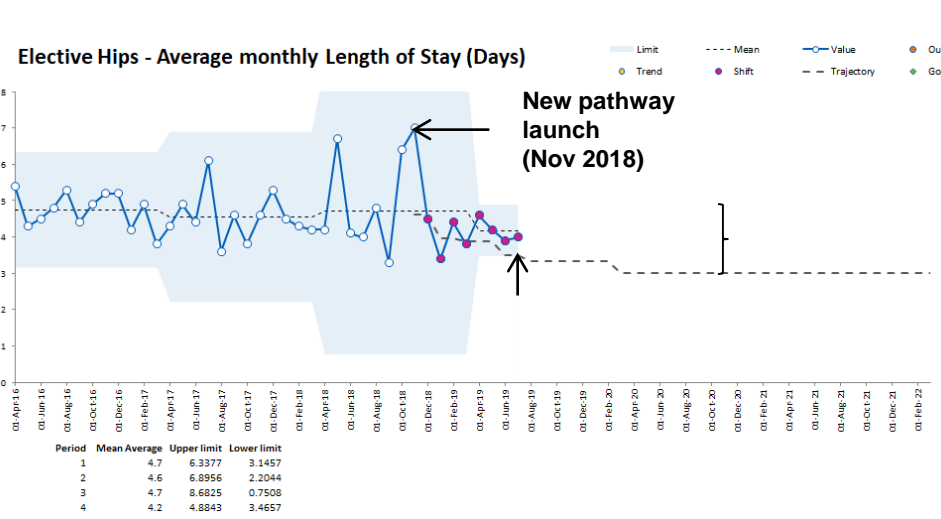
2. Elective Knee Median LOS is **3.33** days



4. Approximately 65% of patients are attending Joint School

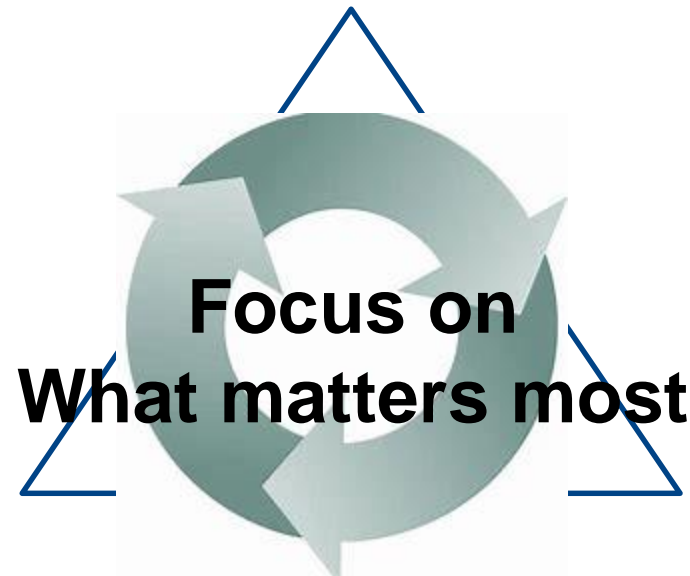


Reduction in cost of £364 K



We are exploring a “Virtuous Triad” with WMTY at its centre

Intentional, targeted
waste reduction



Raise
Joy in Work

Co-production
with patients
and families

world class expertise  local care

Ideas Worth Spreading

Chris Woleske, President and CEO, Bellin Health
Co-Chair, 2019 IHI National Forum

Ed McGookin, MD, MHCDS, FAAP
Chief Medical Officer, Coastal Medical

Fred Cerise, MD, MPH
President and CEO, Parkland

Navina Evans, MBBS, DCH, MRCPsych
CEO for the East London NHS Foundation Trust

Caroline Clarke
CEO at Royal Free London NHS Foundation Trust



Break & Stretch

Please open www.menti.com for the next session.

*We also encourage you to consider downloading the waste **Call to Action** and **Trillion Dollar Checkbook**.*



Write That Check . . .

Helen Macfie, PharmD, Chief Transformation Officer, MemorialCare
James Leo, MD, Chief Medical Officer, MemorialCare



Share one (1) of the most pressing needs in your community today . . .

Food

Schools

Child care

Elder care

Clean water

Public transportation

Affordable and safe housing

Recreational or green space

Health care for the uninsured/underinsured

Funding for health-related treatments (e.g. medications)

Other

www.menti.com

Code 57 85 25



Are you the largest employer in your community?

www.menti.com

Code 57 85 25





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.

The **IHI Leadership Alliance** is a dynamic collaboration of US based health care executives who work collaboratively, creatively, and courageously. We share generously with one another, confident that by sharing and learning together, we can individually and collectively get better, faster.

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

Alliance Mission: In partnership with our workforces, individuals, and communities, we will deliver on the full promise of the Triple Aim.

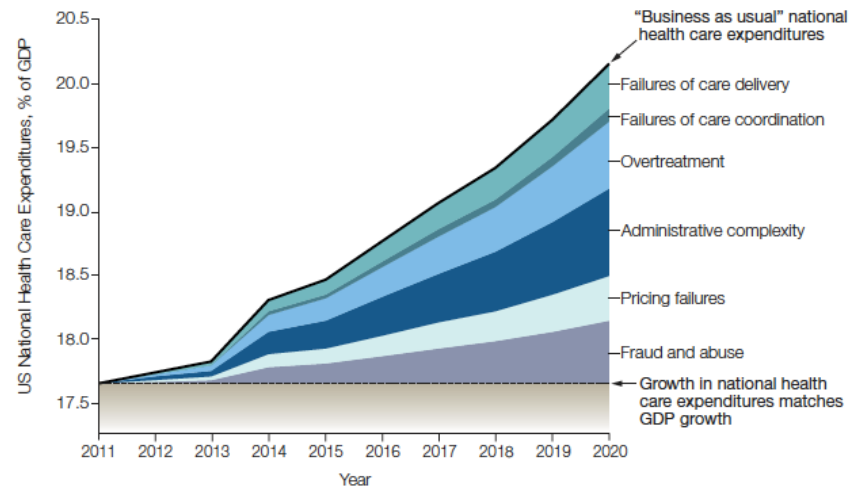


Provocation:

Who best owns BIG waste reduction?

As a consumer of healthcare, who do you/we want to be responsible for identifying and eliminating waste in the system?

Figure. Proposed “Wedges” Model for US Health Care, With Theoretical Spending Reduction Targets for 6 Categories of Waste



Journal of the American Medical Association. 2012;307(14):1513-1516.
Copyright © 2012 American Medical Association. All rights reserved.



“Most health care policy just moves money around ... Washington does not know how to make health care less expensive” - David Cutler at the Alliance 2017 Fall Meeting



Premise: “Checkbook”



- In order to **return the money**...we need to **find the money**.
- If **healthcare systems, providers and payors** could write a check back to the US people and “return the money,” where could substantial savings come from?
- Finding a cool \$1T – what if we came up with the **next level list of key wastes** in healthcare, a **rough quantification** of the potential impact (all payor) and **how** to get there?



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: Co-produce health and wellbeing in partnership with patients, families, and communities.

Standardize what makes sense: Standardize what is possible to reduce unnecessary variation and increase the time available for individualized care.

Customize to the individual: Contextualize care to an individual's needs, values, and preferences, guided by an understanding of what matters to the person in addition to “What's the matter?”

Promote wellbeing: Focus on outcomes that matter the most to people, appreciating that their health and happiness may not require health care.

Create joy in work: Cultivate and mobilize the pride and joy of the health care workforce.

Make it easy: Continually reduce waste and all non-value-added requirements and activities for patients, families, and clinicians.

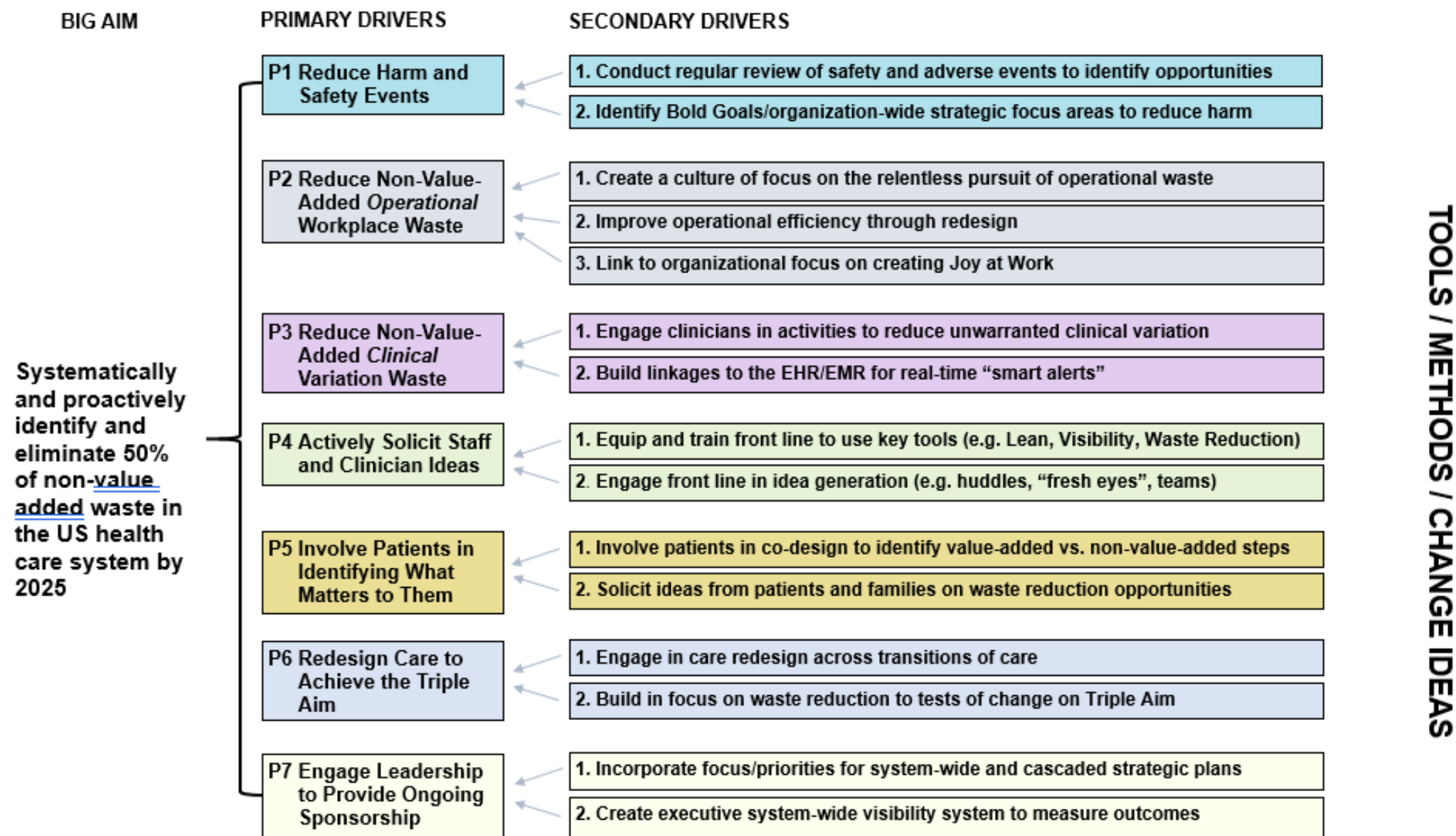
Move knowledge, not people: Exploit all helpful capacities of modern digital care and continually substitute better alternatives for visits and institutional stays. Meet people where they are, literally.

Collaborate and cooperate: Recognize that the health care system is embedded in a network that extends beyond traditional walls. Eliminate siloes and tear down self-protective institutional or professional boundaries that impede flow and responsiveness.

Assume abundance: Use all the assets that can help to optimize the social, economic, and physical environment, especially those brought by patients, families, and communities.

Return the money: Return the money from health care savings to other public and private purposes.





IHI Alliance's NEW Call to Action



Call to Action: Reduce Waste in the US Health Care System and Return the Cost Savings to Patients and the Economy

IHI Leadership Alliance

AUTHORS:

Helen Macfie, PharmD, FABC: *Chief Transformation Officer, MemorialCare Health System*

James Leo, MD, FACP, FCCP: *Chief Medical Officer, MemorialCare Health System*

Acknowledgments:

The IHI Leadership Alliance is a dynamic collaboration of US health care executives who share a goal to deliver on the full promise of the IHI Triple Aim: better care for individuals, better health for populations, and lower per capita health care costs. Sincere thanks to the IHI team for their ongoing support and thoughtful guidance of this work: Maureen Bisognano, Molly Bogan, Bozwell Bueno, Jill Duncan, and Derek Feeley.

With grateful appreciation to the IHI Leadership Alliance Waste Workgroup and writing team:

Romilla Batra, MD, MBA: *Chief Medical Officer, SCAN Health Plan*

Lori Dwyer, JD: *President and CEO, Penobscot Community Health Care*

Cally Johnson, MPH: *Improvement Supervisor, OCHIN*

James Leo, MD, FACP, FCCP: *Chief Medical Officer, MemorialCare Health System (Waste Workgroup Co-Chair)*

Helen Macfie, PharmD, FABC: *Chief Transformation Officer, MemorialCare Health System (Waste Workgroup Co-Chair)*

Sandy Nesin, Esq.: *Chief Operating Officer, Community Care Partnership of Maine, and Executive Director, Community Health and Hospice, St. Joseph Healthcare*

Joanne Roberts, MD, MHA: *Senior Vice President and Chief Value Officer, Providence St. Joseph Health*



Companion piece: “Trillion Dollar Checkbook”

Executive Summary

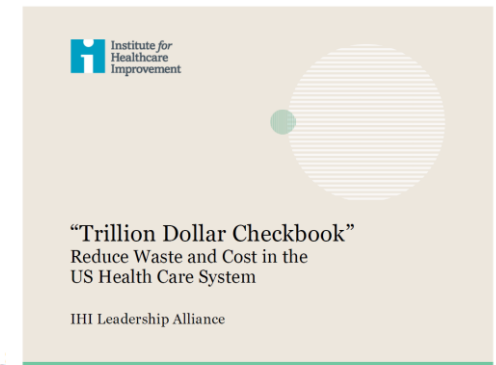
The IHI Leadership Alliance is a dynamic collaboration of US health care executives who share a goal to deliver on the full promise of the IHI Triple Aim: better care for individuals, better health for populations, and lower per capita health care costs. Alliance members believe that eliminating “waste” in health care — defined as resources expended in money, time, and/or personnel that do not add value for the patient, family, or community — is essential to providing care at an affordable cost. In some cases, this non-value-added waste can even harm patients, adding further cost.

This “Trillion Dollar Checkbook” compendium, developed by the Alliance, offers an in-depth analysis of significant and in many cases complex opportunities to reduce waste and cost in the United States health care system. The premise of the Checkbook is that successful waste reduction in the US health care system would, in effect, enable writing a “check” back to the American people or repurposing those savings to support essential patient-care services or meet community needs.

In the Checkbook, each of the specific improvement ideas for reducing waste includes:

- A summary of the literature scan;
- National estimates of total waste and potential savings across the US;
- Suggested resources to help organizations begin work in each area; and
- Calculations that describe how the estimated cost savings are derived, inflated to 2018 impact.

This Checkbook compendium provides additional detail to the accompanying IHI Leadership Alliance *Call to Action*.



P3: Blood Use

The major sources of waste related to blood use are adverse events such as allergic reactions, fever, immune suppression, and iron overload. Infection rates declined by 20 percent⁷⁹ when hospitals performed fewer red blood cell transfusions. A 2015 analysis⁸⁰ found that the overuse of blood transfusions was one of the most common medical errors in the US. More than 14 million units of blood were used in the US in 2013, or for 1 in 10 hospitalizations.⁸¹

Key Literature Sources to Support Checkbook Estimates

- Blood transfusions cost about \$1,000 per unit when direct and indirect costs are accounted for. In 2013, hospital respondents to an American Association of Blood Banks (AABB) survey reported an average cost of \$218.87 per unit of red blood cells.⁸² In addition, providers also absorb indirect expenses like transport and overhead that can raise the cost of blood from \$726 to \$1,183 per unit — up to 4.8 times higher than the actual cost of the blood.
- One study estimated that transfusions cost \$2 million over the life of 1,000 discharges in the US.
- Applying the 30% reduction estimate, hospitals could save \$3.6 billion and

Getting Started

- Sadana D, Pratzler A, Scher LJ, et al. Promoting high-value practice by reducing unnecessary transfusions with a patient blood management program. *JAMA Intern Med.* 2018 Jan 1;178(1):116-122.
- Loudon K. Conserving blood: How hospitals are reducing blood transfusion rates. *ACP Hospitalist.* October 2018. <https://acphospitalist.org/archives/2008/10/transfusion.htm>
- “Johns Hopkins Health System Reduces Unnecessary Transfusions with New Blood Management Program.” Johns Hopkins Medicine. September 7, 2017. https://www.hopkinsmedicine.org/news/media/releases/johns_hopkins_health_system_reduces_unnecessary_transfusions_with_new_blood_management_program
- Actionable Patient Safety Solutions (APSS). Patient Safety Movement. <https://patientsafetymovement.org/actionable-solutions/actionable-patient-safety-solutions-apss/>

Checkbook Calculations (in 2018 US dollars: m = million; b = billion)

Total Number of Blood Units Annually	Lower Bound Cost per Blood Unit (2008)	Upper Bound Cost per Blood Unit (2008)	Total Number of Blood Units Assuming 30% Reduction	Lower Bound Estimated Cost Savings (2018 Inflation Adjustment)	Upper Bound Estimated Cost Savings (2018 Inflation Adjustment)
14,000,000	\$726	\$1,183	4,200,000	\$3.6b	\$5.9b

⁷⁹ Zieger A. JAMA: Fewer tra

⁸⁰ Miller AM. 5 common prev

⁸¹ SPOTLIGHT: Margin of E

⁸² Whitaker B, Rajbhandary S

⁸³ Shander A, Hofmann A, O

⁸⁴ “Better Blood Managemen

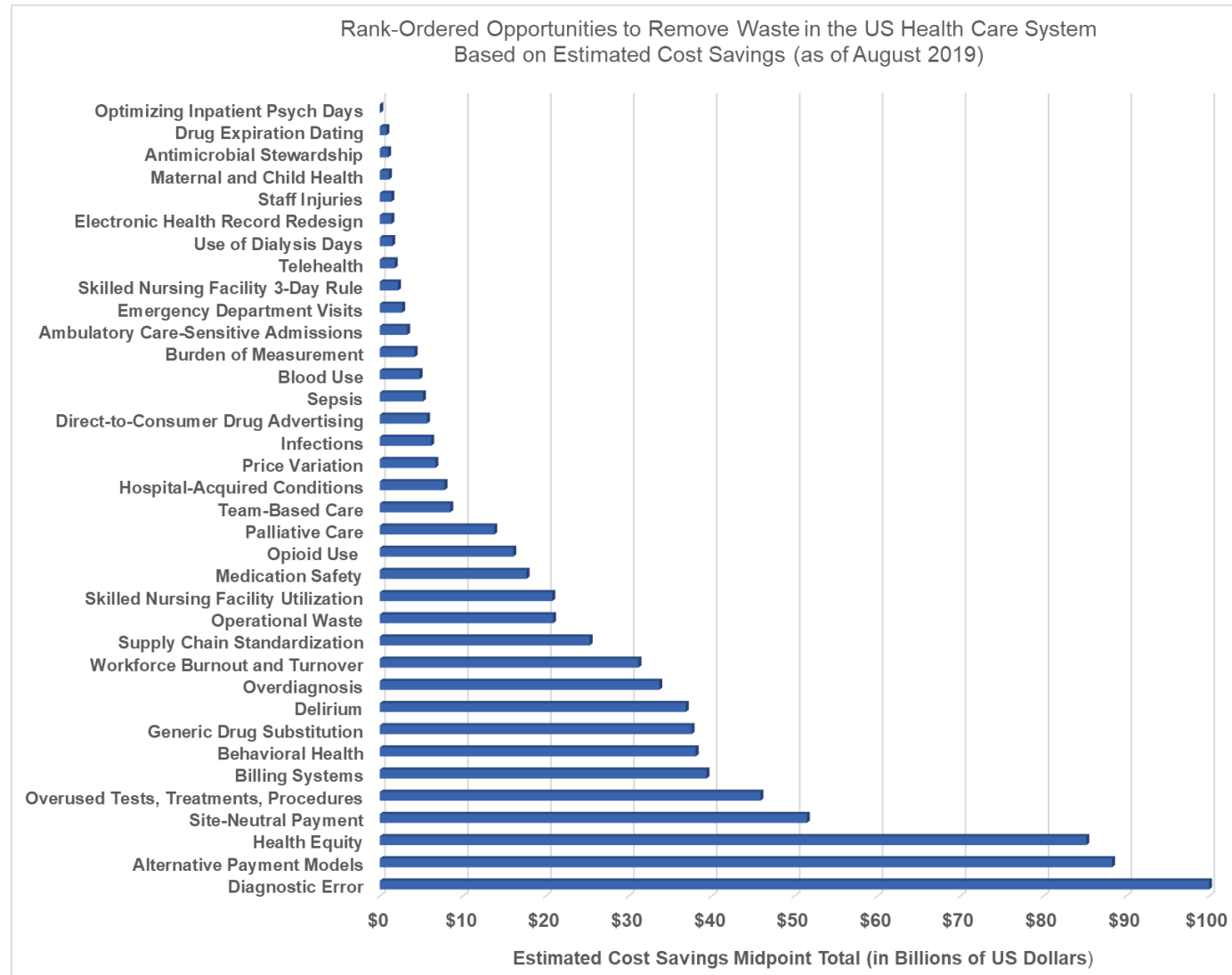
⁸⁵ Whitman E. Best practices

⁸⁶ Improved blood management system reduces waste, costs. *VUMC Reporter.* September 28, 2016. <http://news.vumc.org/2016/09/08/improved-blood-management-system-reduces-waste-costs/>

⁸⁷ Caspi H. Better blood management can save millions, study finds. *Healthcare Dive.* July 21, 2016. <https://www.healthcaredive.com/news/better-blood-management-can-save-millions-study-finds/422980/>



It Adds Up



And it Matters!

Patients and Families

- Reduce both physical and psychological harm caused by non-value-added waste (e.g., unnecessary tests or treatments, poor transitions in care)
- “Return the money”: Cost savings are passed on to patients (less out of pocket)
- Less wasted time waiting

Community

- Reduce overall costs of health care to the community
- More resources to invest in other needed community infrastructure and activities
- Beneficial taxation implications
- Reduce costs to employers, enabling them to be more competitive in a local and global marketplace

Providers

- More effective use of limited resources
- Provide care that truly helps
- Reduce claims liability
- Improve joy and satisfaction in work

Health Systems

- Pursue value and the Triple Aim: better care for individuals, better health for populations, and lower per capita cost
- Conserve use of precious resources, allowing investment in activities that promote health
- Reduce claims liability

Health Plans, Payers

- Increase marketability
- Improve cost structure

Government

- Reduce non-value-added spending
- Reduce administrative bureaucracy
- Reduce national debt



What percentage of your current FY expense and/or revenue budget are you currently targeting - or could you target or change - to remove non-value-added waste from the system?

0 – 1 %

2 – 4 %

5 – 10 %

10 – 15%

15% +

www.menti.com

Code 57 85 25



When you have been successful “returning” saving in the past, where did it go?

To the system/providers

To payors

To the community

Combination

www.menti.com

Code 57 85 25



3 Calls to Action

1. Endorse **local health system adoption of strategies to reduce non-value-added waste.**
2. Form **collaborative partnerships for action** in local, state, and national communities to address more complex waste reduction opportunities.
3. Advocate for **health care reforms and redesign** to address systemic regulatory, legislative, and other barriers to repurposing or returning the cost savings to patients and the economy.



At your table, start the conversation:



1. How are or would you incorporate reducing non-value-added waste into your organizations' system strategy?
2. Which of P1-P6 Drivers are areas are most appealing or ripe for future focus?
3. How are you balancing the tension between current payment/business model and *some of this waste IS also today's revenue?*

Going Bigger, Actually Returning the Money:



1. Is there one commitment each leader would make (today) to redistribute potential savings?
2. What would it take to make that possible?
3. What gets in the way?

Return the Money Summit Commitments

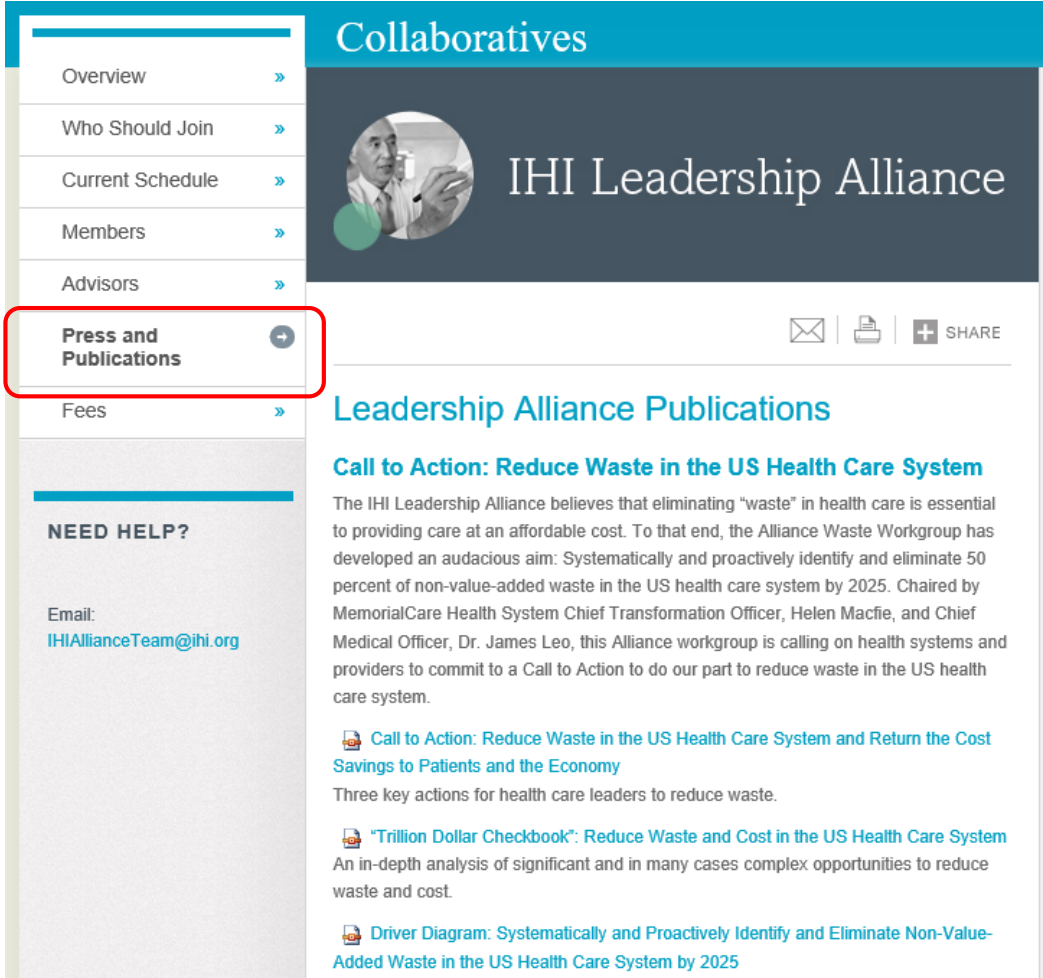
What is **one commitment** you will make today toward removing waste and redistributing potential savings?

Be as specific as possible. www.menti.com

Code 57 85 25



Next Steps Planning



The screenshot shows the 'Collaboratives' section of the IHI Leadership Alliance website. The left sidebar contains a menu with items: Overview, Who Should Join, Current Schedule, Members, Advisors, Press and Publications (highlighted with a red box), and Fees. The main content area features a header for the 'IHI Leadership Alliance' with a circular profile picture of a man. Below this, the 'Leadership Alliance Publications' section is visible, containing three items: 'Call to Action: Reduce Waste in the US Health Care System', 'Trillion Dollar Checkbook: Reduce Waste and Cost in the US Health Care System', and 'Driver Diagram: Systematically and Proactively Identify and Eliminate Non-Value-Added Waste in the US Health Care System by 2025'. A 'NEED HELP?' section at the bottom left provides an email address: IHIAllianceTeam@ihi.org.

Download copies of the *Call to Action*, Driver Diagram, and “Trillion Dollar Checkbook”:

- Alliance webpage of IHI.org ([link below](#))

Join us on Wednesday (SIB1, D/E 05): More discussion and examples, CFO linkage

Everyone is invited to share broadly: blog, social media, policy makers, meeting agendas

Next up – addressing the Waste

- Local work – getting started
- Collaborative work – pursuing grant funding
- Policy work – advocacy matrix, roadshow
- Follow up publications – op-eds, articles

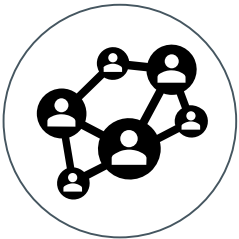


In Summary – We'd love for you to get involved!



Local action – Make it strategic

- Your own local focus
- Regional community focus
- Spread what you learn using @TheIHI



IHI Collaborative: Coming together to implement evidence based known changes at large scale

- Interested in learning more as this evolves? Please reach out to IHIAllianceTeam@ihi.org



Advocacy and policy work

- Leverage your influence within your community, state, region and with federal leaders





Year 6 Alliance Members – growing! Consider joining us

Adventist Health
Advocate Aurora Health
Bellin Health
Boston Medical Center
CareSouth Carolina
Carilion Clinic
Charleston Area Medical Center
Children's Hospital of the King's Daughters
CHRISTUS Health
Cincinnati Children's Hospital Medical Center
Coastal Medical
Cook County Health
DentaQuest
Dialysis Clinic, Inc.
Elevate Health (Pierce County ACH)
Fairview Health Services
First Choice Health Centers

GBMC HealthCare
Geisinger/AtlantiCare
Genesis HealthCare
Grady Health System
Hackensack Meridian Health
HealthPartners
Henry Ford Health System
Humana
Inova Health System
Keck Medicine at USC
MemorialCare Health System
Memorial Hermann Health System
Memorial Sloan Kettering Cancer Center
Michigan Health & Hospital Association
Military Health System
New York-Presbyterian Hospital
Northwell Health
Northwest Community Healthcare

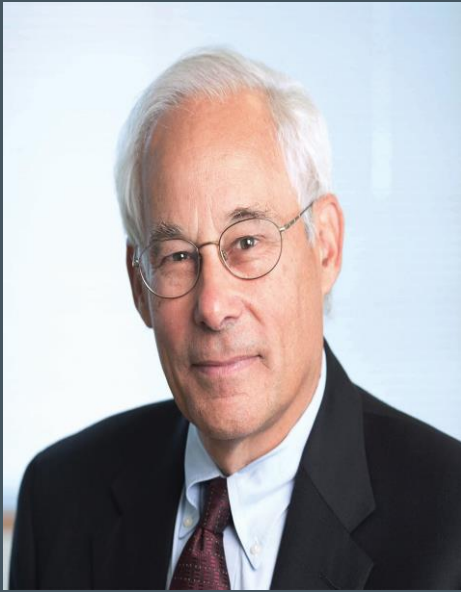
OCHIN
Oklahoma State University Center for Rural Health
Parkland Health and Hospital System
Parkview Health System
Penobscot Community Health Care / St Joseph
ProMedica
Providence Health & Services
Roanoke Chowan Community Health Center
SCAN Health Plan
Southcentral Foundation
SSM Health
Tampa General Hospital
Tanana Chiefs Conference
University of Arkansas for Medical Sciences
University of New Mexico Health Sciences Center
Vanderbilt University Medical Center
Virginia Mason Health System
WellSpan



Lunch

Please join Summit colleagues for lunch in Salon 8





Don Berwick, MD, MPP, FRCP
IHI President Emeritus and Senior Fellow

Investing in People, Investing in Communities



Jennifer Sullivan, MD, MPH
Secretary
Indiana Family and Social Services Administration





Indiana's Office of Healthy Opportunities

Because good health begins where we live, learn, work and play.

2018 America's Health Rankings



41st

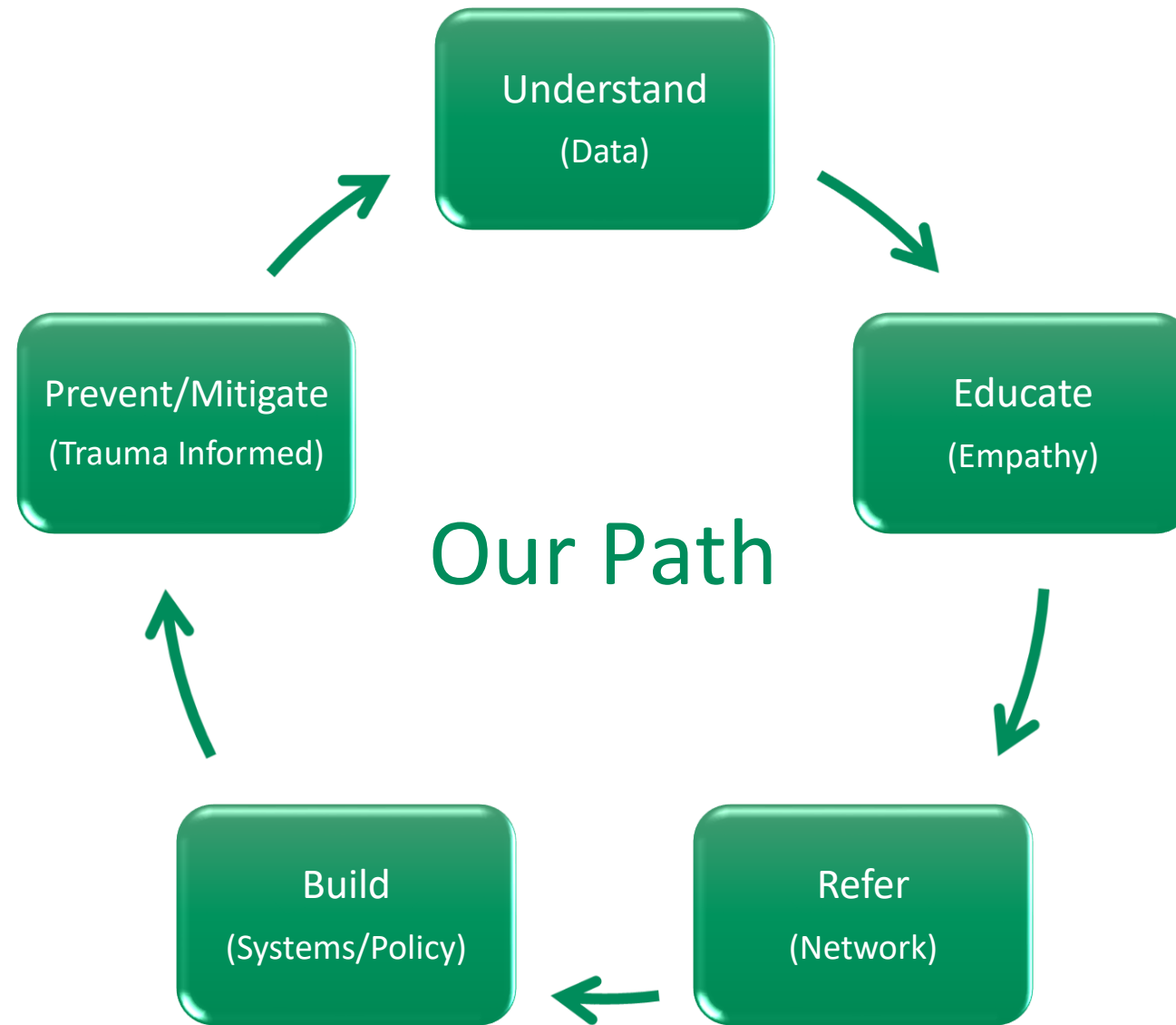
Indiana Stats

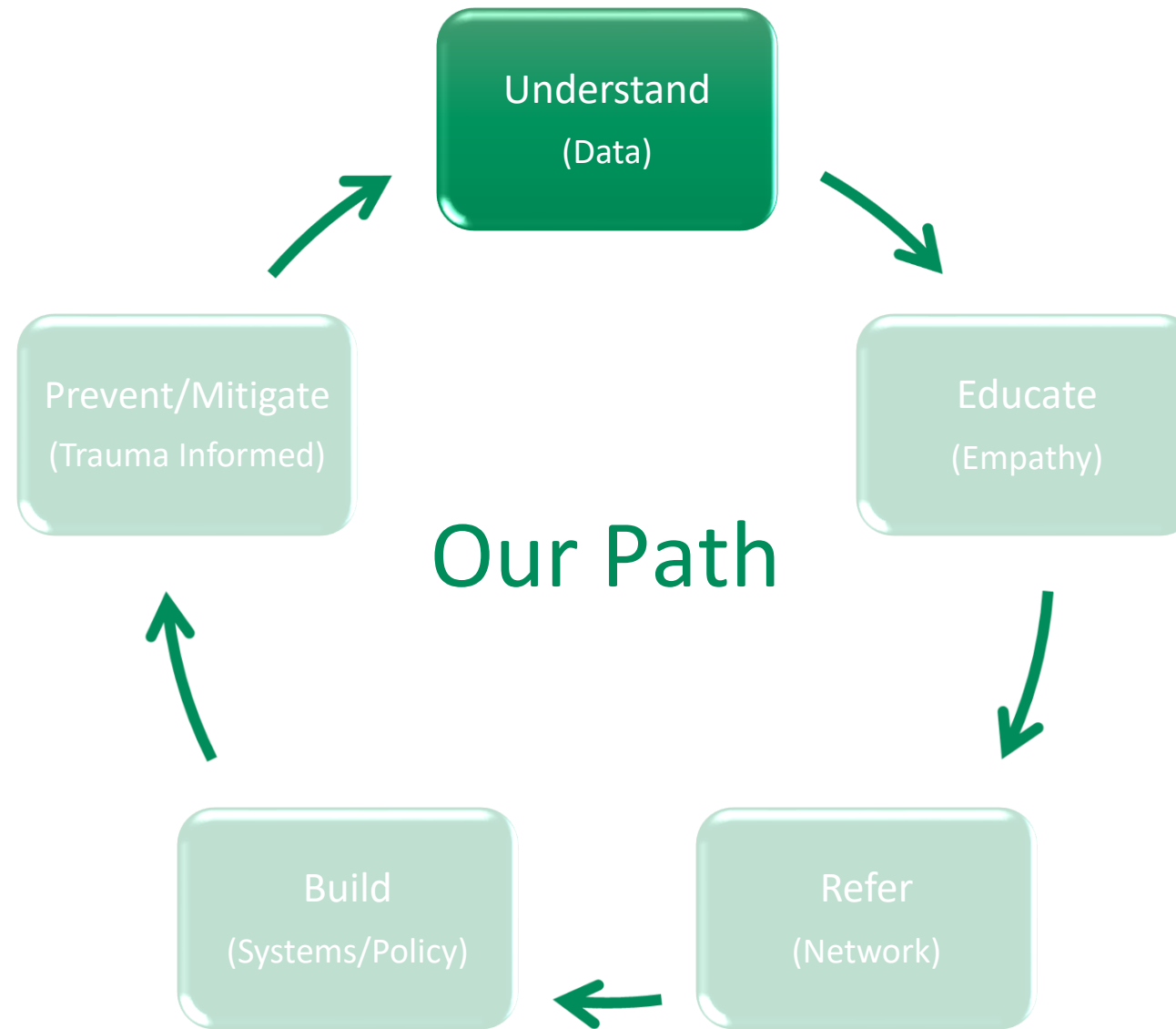
Measure	Value	Rank
Adult Smoking	21.8%	44
Infant Mortality	7.4/1,000	43
Inactivity	29.8%	39

FY18 - \$11.3 Billion

Office of Healthy Opportunities







Social Risk Assessment



Healthy Opportunities Assessment Tool	Yes / No / NA
In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?	
In the last 12 months, has your utility company shut off your service for not paying your bills?	
Are you worried that in the next 2 months, you may not have stable housing?	
Do problems getting child care make it difficult for you to work or study? (leave blank if you do not have children)	
In the last 12 months, have you needed to see a doctor but could not because of cost?	
In the last 12 months, have you ever had to go without health care because you didn't have a way to get there?	
Do you ever need help reading hospital materials?	
Are you afraid you might be hurt in your apartment building or house?	
During the last 4 weeks, have you been actively looking for work?	
In the last 12 months, other than household activities or work, do you engage in moderate exercise (walking fast, jogging, swimming, biking or weight lifting) at least three times per week?	

Indiana's Social Risk Factor Tool



Counties Selected:

- Adams
- Allen
- Bartholomew
- Benton
- Blackford
- Boone
- Brown
- Carroll
- Cass
- Clark
- Clay
- Clinton
- Crawford
- Daviess
- Dearborn
- Decatur
- Dekalb
- Delaware
- Dubois
- Elkhart
- Fayette
- Floyd
- Fountain



164,659
Total Surveys Completed

Per Selection Since Aug. 2018

100.00%
Percent of State

Social Risk Factor Mapping Tool

Click county or question to filter metrics

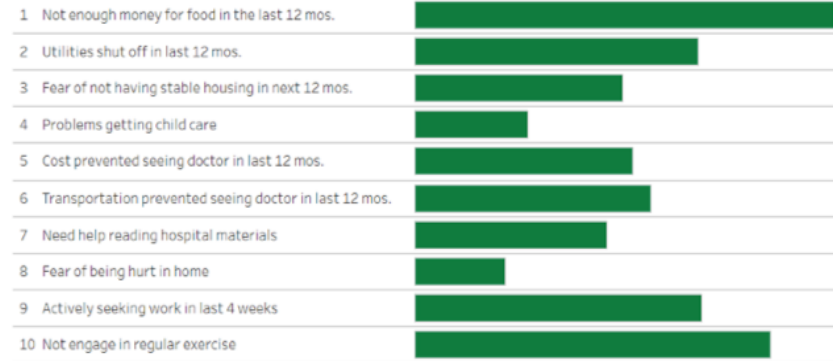
Sort questions by...

☒ Survey order

☐ Greatest to least

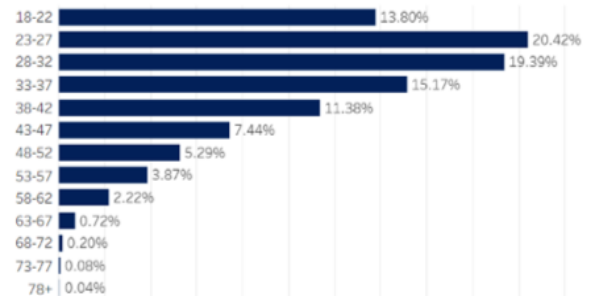


Click Here to Reset Display

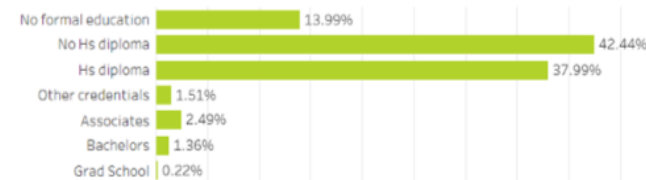


Selection Demographics

Age



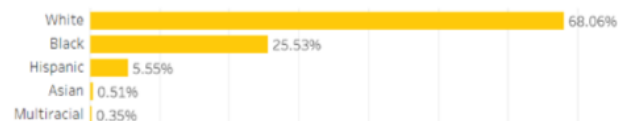
Education



Gender



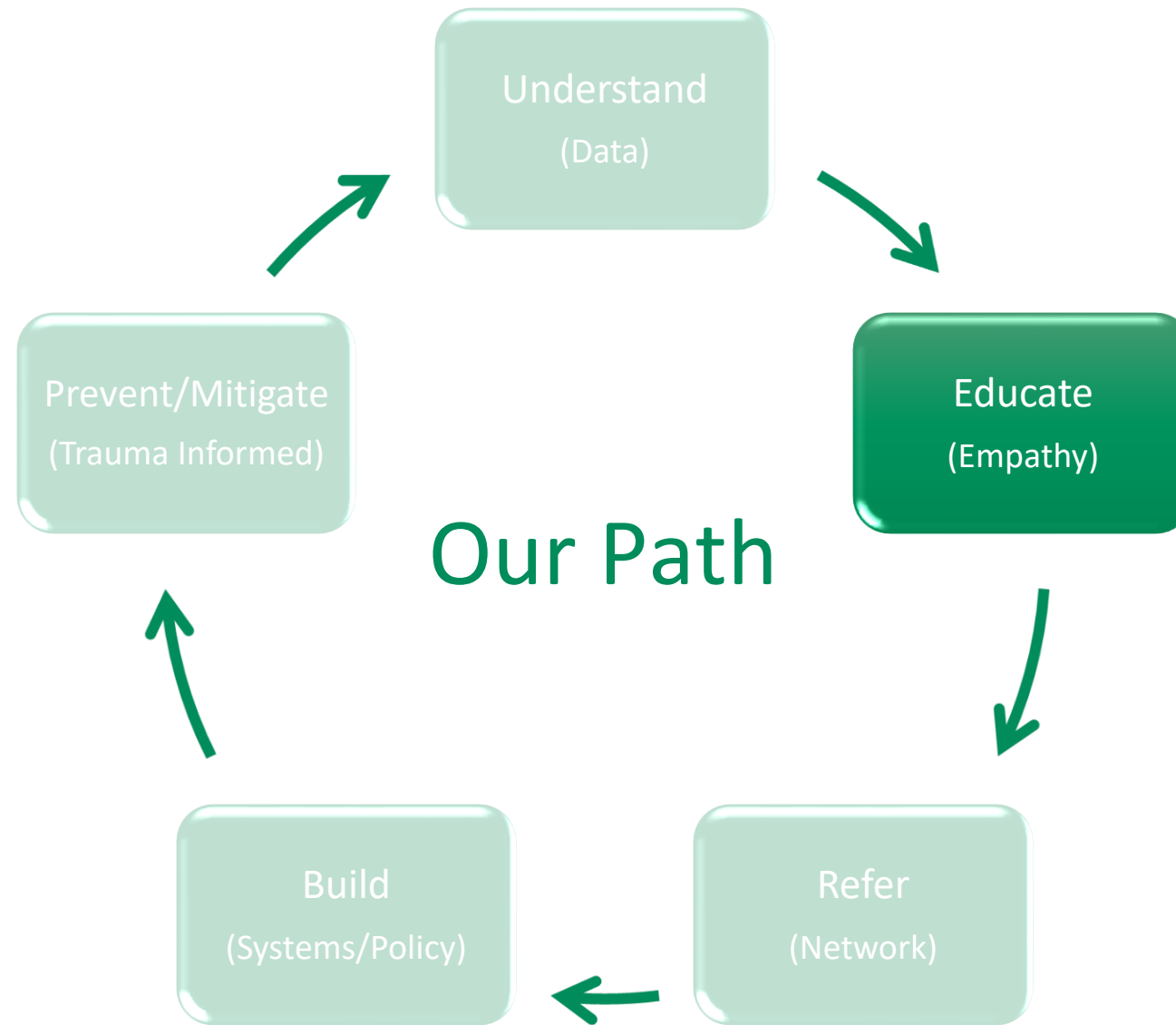
Ethnicity



Marital Status



[Website](#)

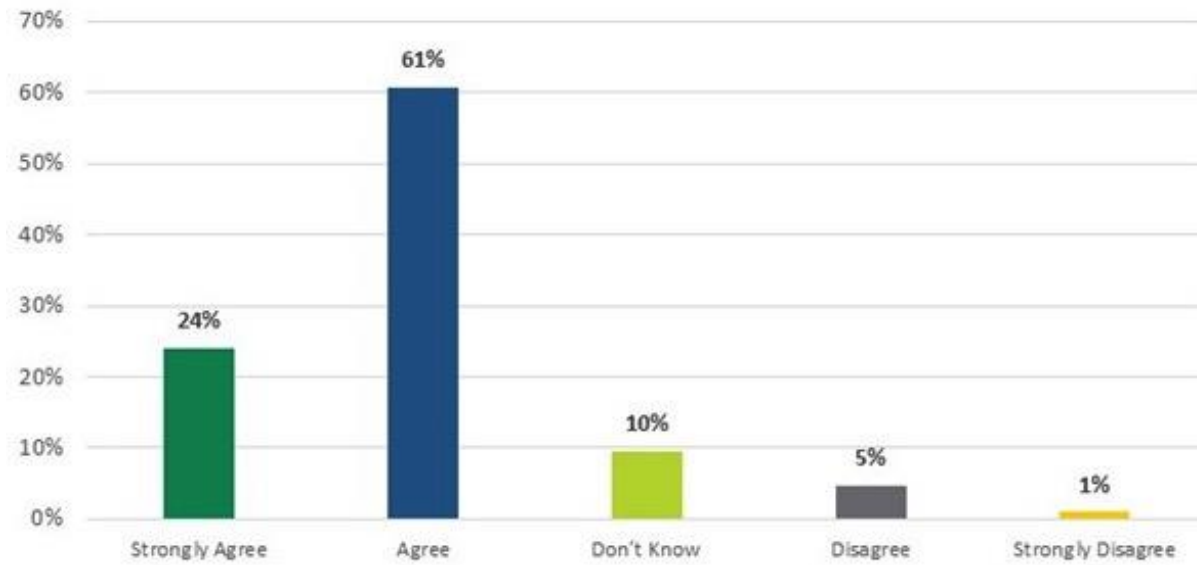


Awareness Campaign: The Thin Line

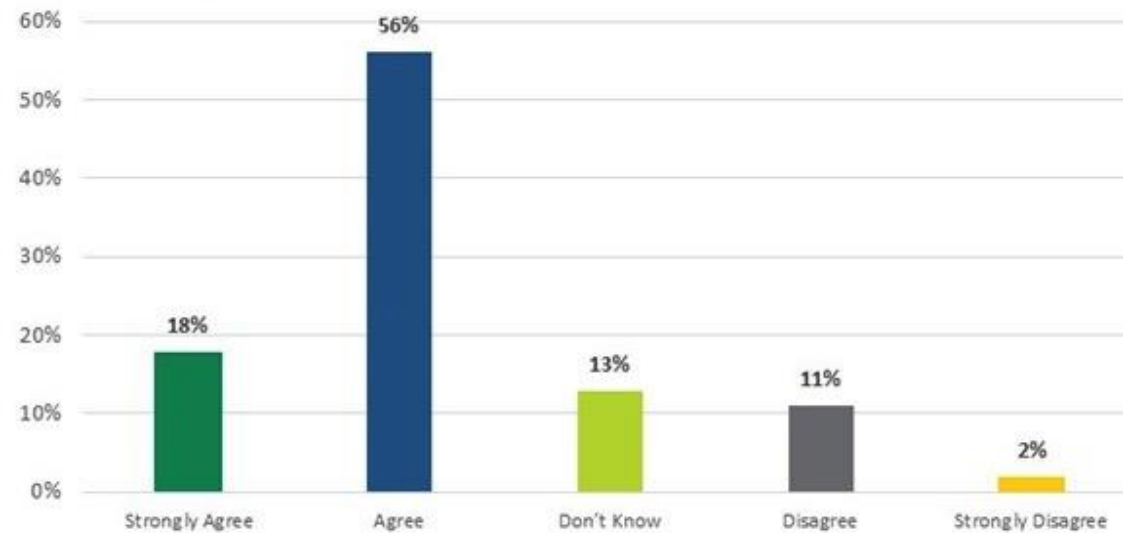


- Create awareness of social needs
- Train to recognize, assess, and assist
- Develop intentional focus on social risk

FSSA is Focused on Improving Health of Hoosiers.



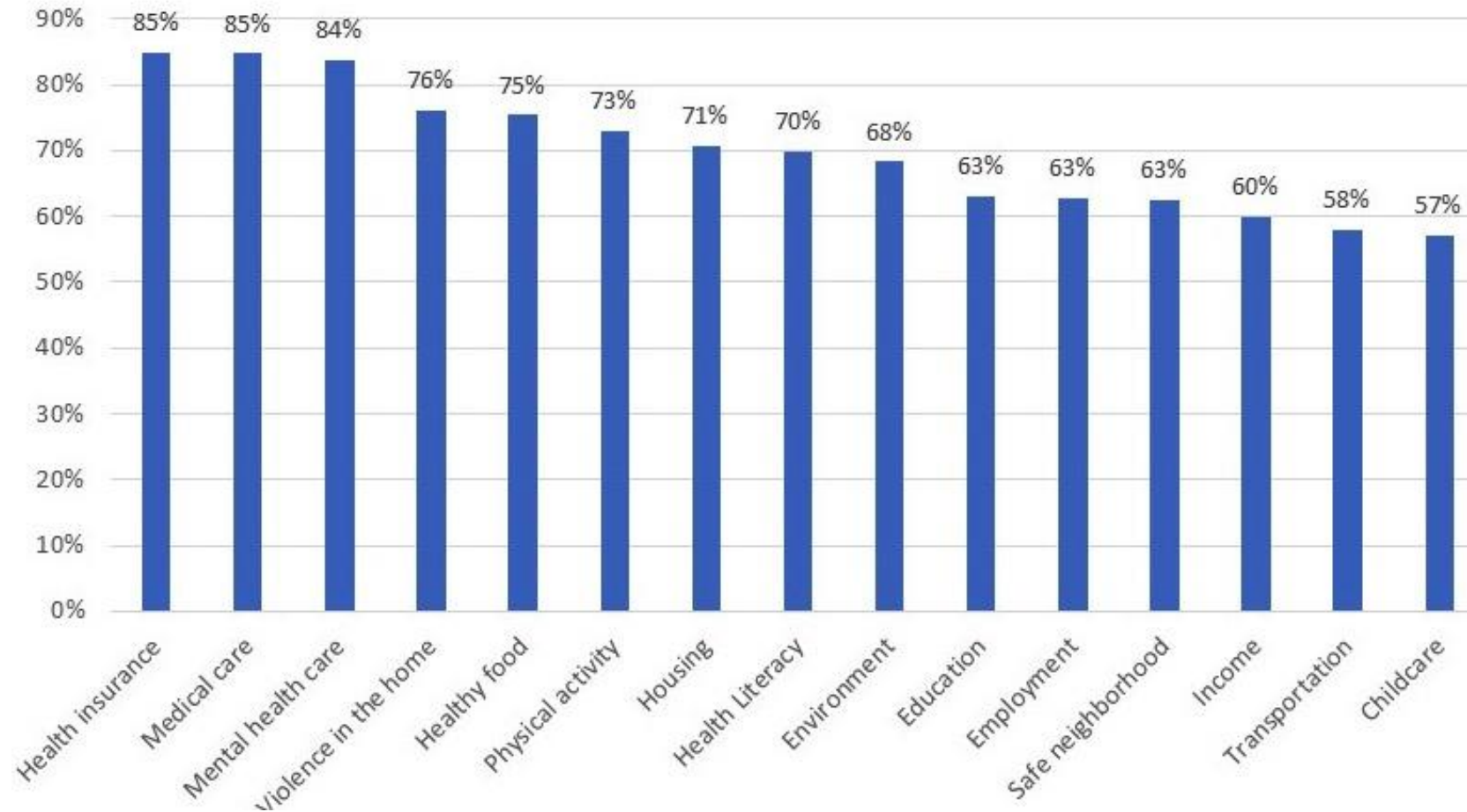
My Job Allows me to Improve the Health of Hoosiers.

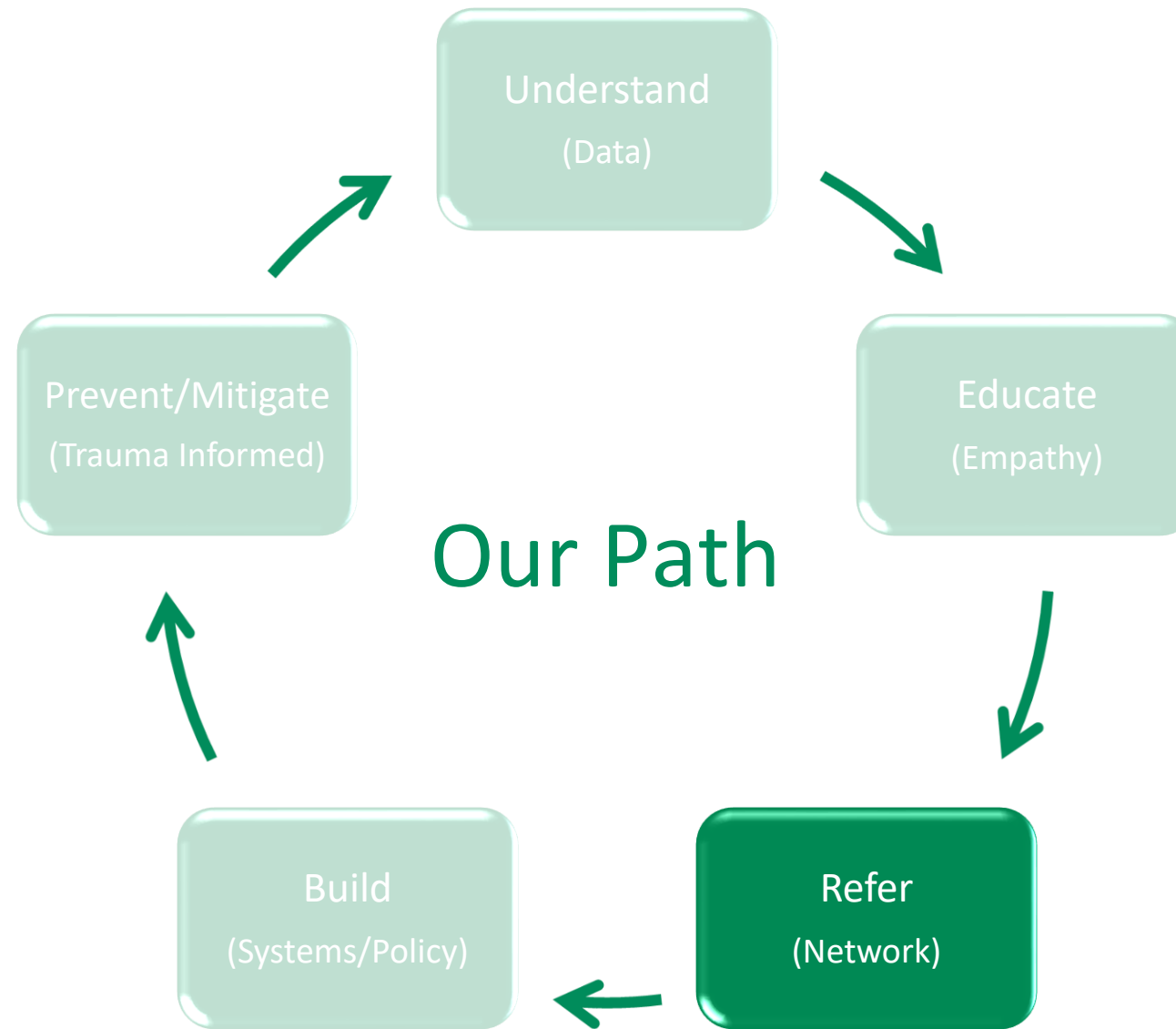


Key Learnings



What Factors Greatly Impact Health of Hoosiers?



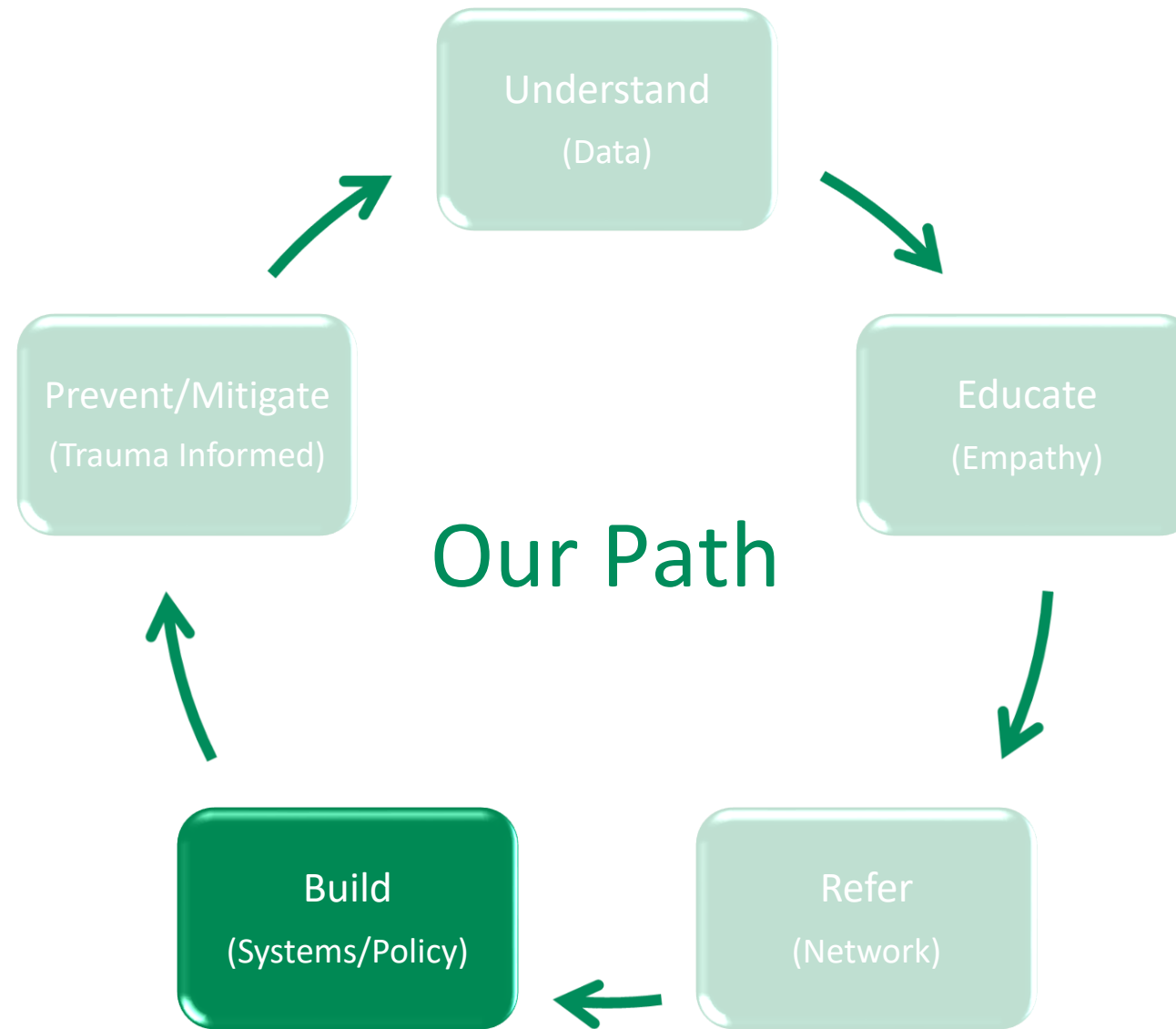




Building the Network

- Community based organizations
- Health care partnerships
- Federal/state/local government
- Policy makers

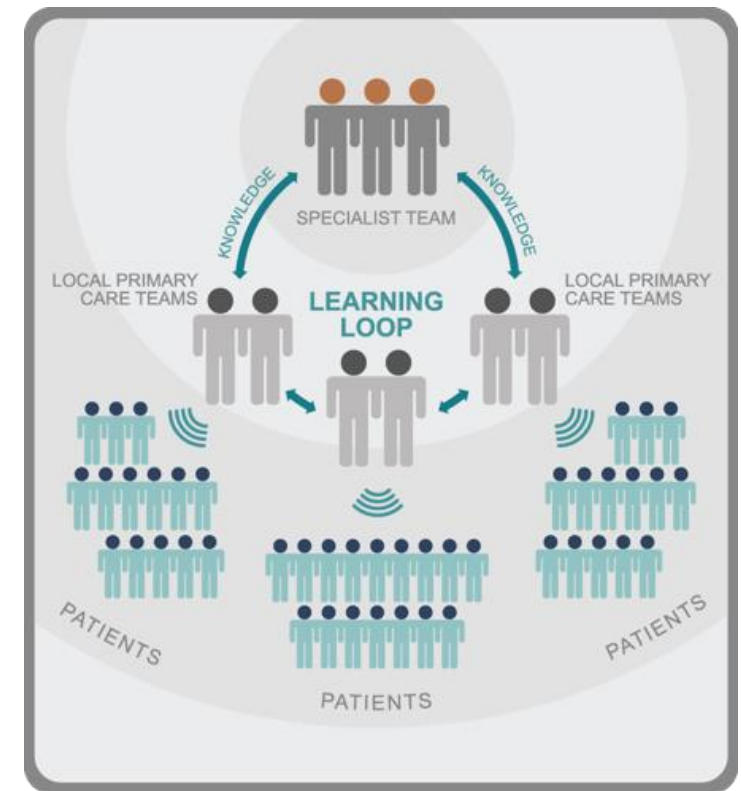
=co-design!



New Systems



- Community-Based Organization Network
- Community Health Workers
- Screening and Referral
- Service Co-location

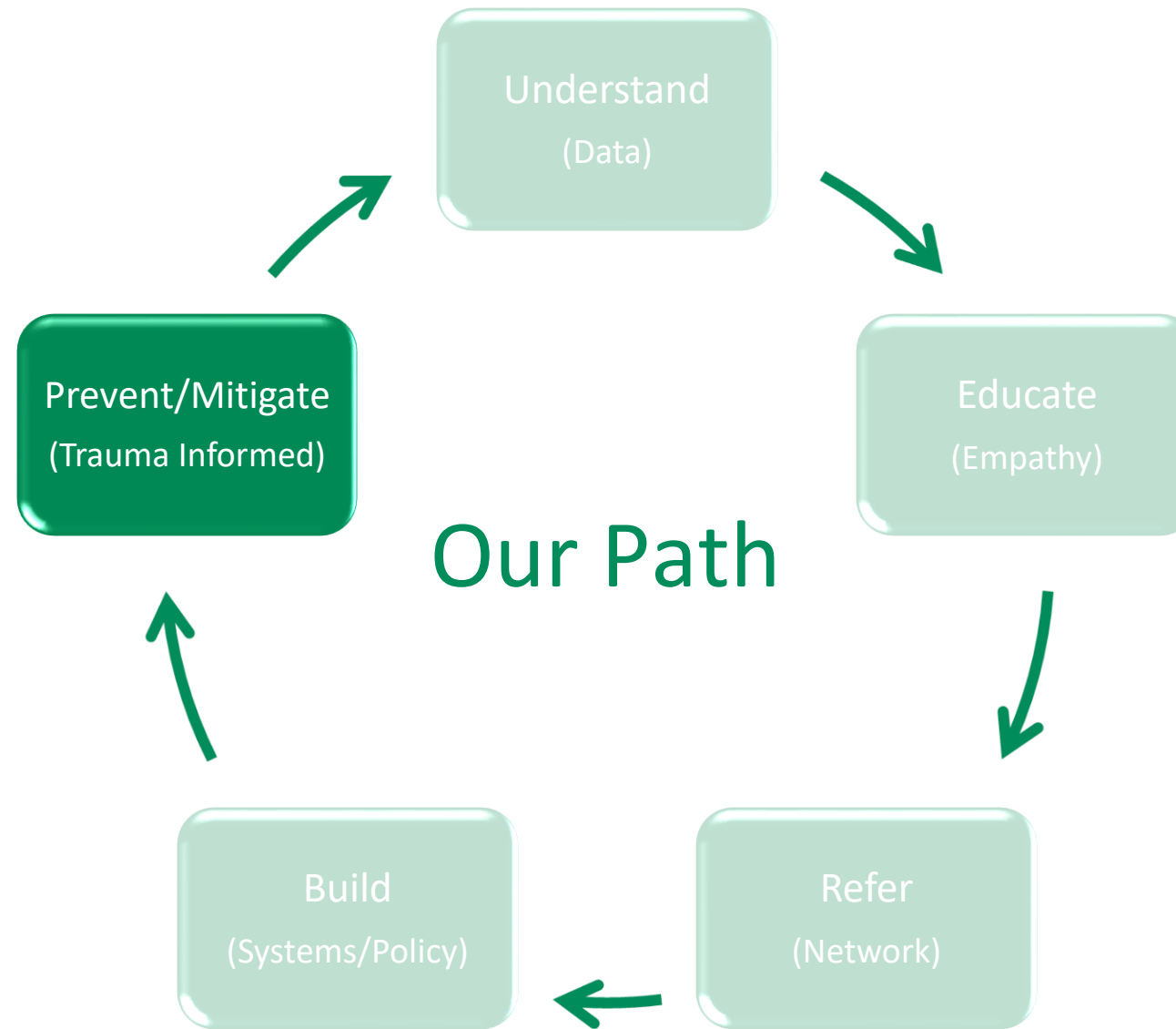


Indiana 



Get Connected. Get Answers.

Your Community Resource



Upstream

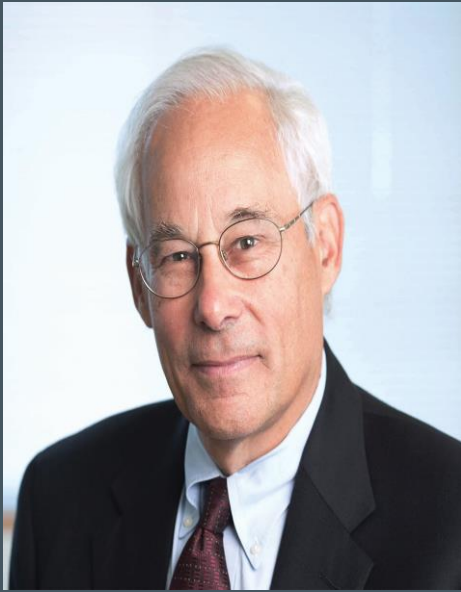


Beaumont Foundation 2019



Contact Information

- Jen Sullivan, MD MPH
- Jennifer.Sullivan@fssa.in.gov
- FSSA Website: www.fssa.in.gov
Follow us on Twitter:
- @FSSAIndiana
- @confectionsmd



Don Berwick, MD, MPP, FRCP
IHI President Emeritus and Senior Fellow

Investing in People, Investing in Communities



Jennifer Sullivan, MD, MPH
Secretary
Indiana Family and Social Services Administration



Closing Reflections Next Steps

Derek Feeley, DBA

IHI President and Chief Executive Officer

Chris Woleske, President and CEO, Bellin Health

Co-Chair, 2019 IHI National Forum

Don Berwick, MD, MPP, FRCP

IHI President Emeritus and Senior Fellow



Leadership Summit CEU's

IMPORTANT: In order to be eligible for CEU's, you must be formally registered for the CEO and Leadership Summit.

- If the CEO and Leadership Summit is *listed on your badge*, you are all set.
- If you are not sure, please visit the Registration Edits Desk in the Palms Foyer and a Blue Shirt can assist you.
- Edits to your registration must be made by the end of the National Forum on *Wednesday, December 11th*.

Instructions:

- By Monday, December 16, you will receive an email with a link to an *evaluation survey*. Please double check that the correct email was used to create your registration.
- Once you complete this survey, you will receive your certificate.
- Please reach out to info@ihi.org with any questions or concerns.





Tarana Burke
Founder of the **#MeToo** Movement
Social Justice Activist



Chief Quality Officer Networking Reception

Tuesday, December 10 from 5:00 – 6:00 PM

Denver Meeting Room

Light bites and beverages will be served.



National Forum Celebration

Tuesday, December 10 From 6:30 PM to 10 PM

The Pool




Special Interest Breakfast (SIB) Finance Roundtable: Quality and finance leaders work together for care at a cost we can all afford.

Wednesday, December 11 from 7:00 – 7:45 AM
Salon 8



Stay Connected

- @TheIHI 
 - #IHIForum
 - #IHIAlliance
- IHI Leadership Alliance
 - <http://www.ihl.org/Engage/collaboratives/LeadershipAlliance>
 - Email: IHIAllianceTeam@ihl.org





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.

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

IHIAllianceTeam@ihi.org

