Lean for Leaders

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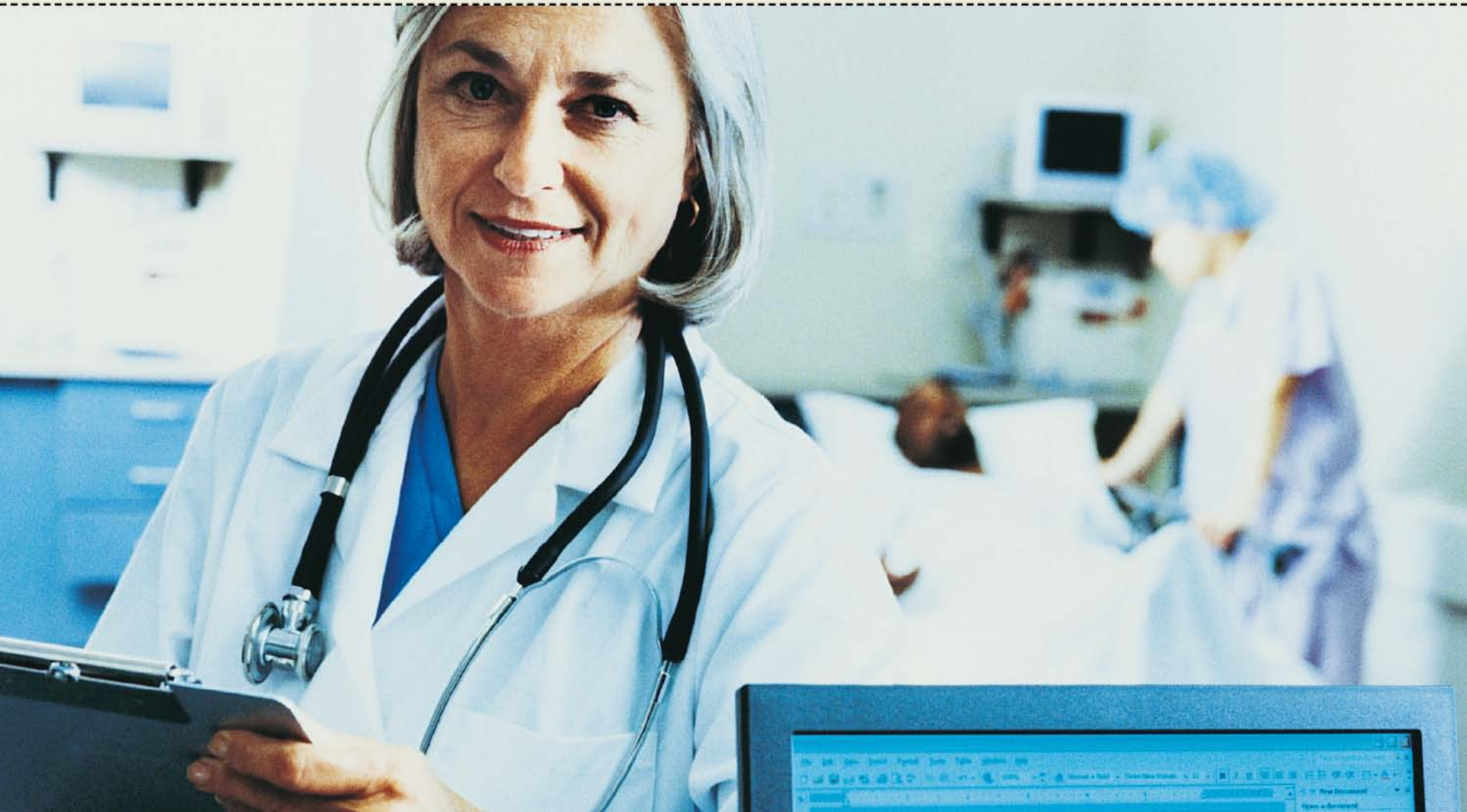
GroupHealth



Joe's Diner – Metaphor for Traditional Mental Model of Business

Good service Cheap won't be Fast
Good service Fast won't be Cheap
Fast service Cheap won't be Good

Death by Management by Objective

- Traditional management strategies
  - Let your manager solve for the objective
  - Set a goal and challenge
  - “I don’t care how you get there….
- Results
  - As many solutions as managers
  - Model of heroism and “pedal faster”
  - Inability to spread innovation – nothing is standardized

What is Lean?

Lean

The relentless pursuit of maximizing value for the patient while *relentlessly eliminating waste and over burden…*

…utilizing a set of management practices and principles based on the Toyota Production System.

Two Core Principles

- Continuous improvement
  - Relentless pursuit of reducing ***waste*** and increasing patient ***value***
  - A toolkit for improvement
  - Changing the way we “think”
- Respect for people
  - Developing a management system that is respectful to patients, providers, suppliers and employees
  - Changing the way we “behave.”

First, a note on “what is Lean?”

Narrow definition

- Tools
- Production focused only
- Cost cutting

Broader definition

- Revolution in thinking, systematic
- Entire enterprise, clinical and business management system

Lean as a Thought Revolution

Traditional Thinking	Lean Enterprise Thinking
• Attack direct labor	• Attack waste, complexity and variation
• Quality, cost and cycle time (speed) are addressed individually and often seen as conflicting	• Quality, cost and cycle time (speed) are addressed concurrently and are seen as highly related
• Manage by results	• Manage by process and results
• Optimize subsystems	• Optimize the whole system (including suppliers and customers)
• Use information technology as "the answer"	• Use information technology as an enabler of lean processing

What is the Work of Management?

- Determine your purpose, specifically what patient problems you will solve
- Create value-creating processes to solve patient problems
- Align and engage everyone touching the value-creating processes to sustain and improve them
  - Bottom line: Purpose, then process, then people – to…
  - Eliminate muda (waste), mura (unnecessary variation) and muri (overburden on people and technologies)

Mental Model: Management System

- **A *production* system focused on improvement:**
  - Those who do the work, improve it, focused on patient requirements
  - Continuous iterations of improvement, using facts and data

- **A *management* system to manage improvement**
  - Relies on facts and data to manage processes;
  - Creates the tension and support that drives continuous improvement.

- ***Without management ownership,***

  improvement is an event that fails over time.

What we learned

Great Managers =

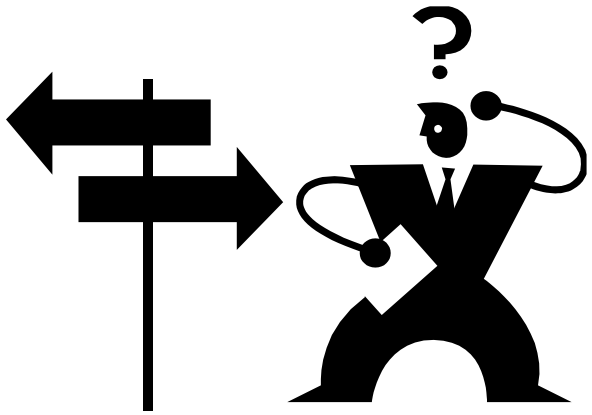
Different Management Methods =

Hours per Week in Meetings =

How is Manager/Leader Standard Work Different?

•A Day in the Life of a Manager (Conventional)

- **Reactive mode**
- **Everything is urgent**
- **Meetings, meetings, meetings**
- **Month-end push to hit targets**
- **Delivered reports give a "rearview mirror" look at performance (defects, productivity, inventory)**



How is Manager/Leader Standard Work Different?

A Day in the Life of a Lean Manager…with Standard Work!

- Proactive mode
- Performance measures are real-time
- Environment of problem-solving

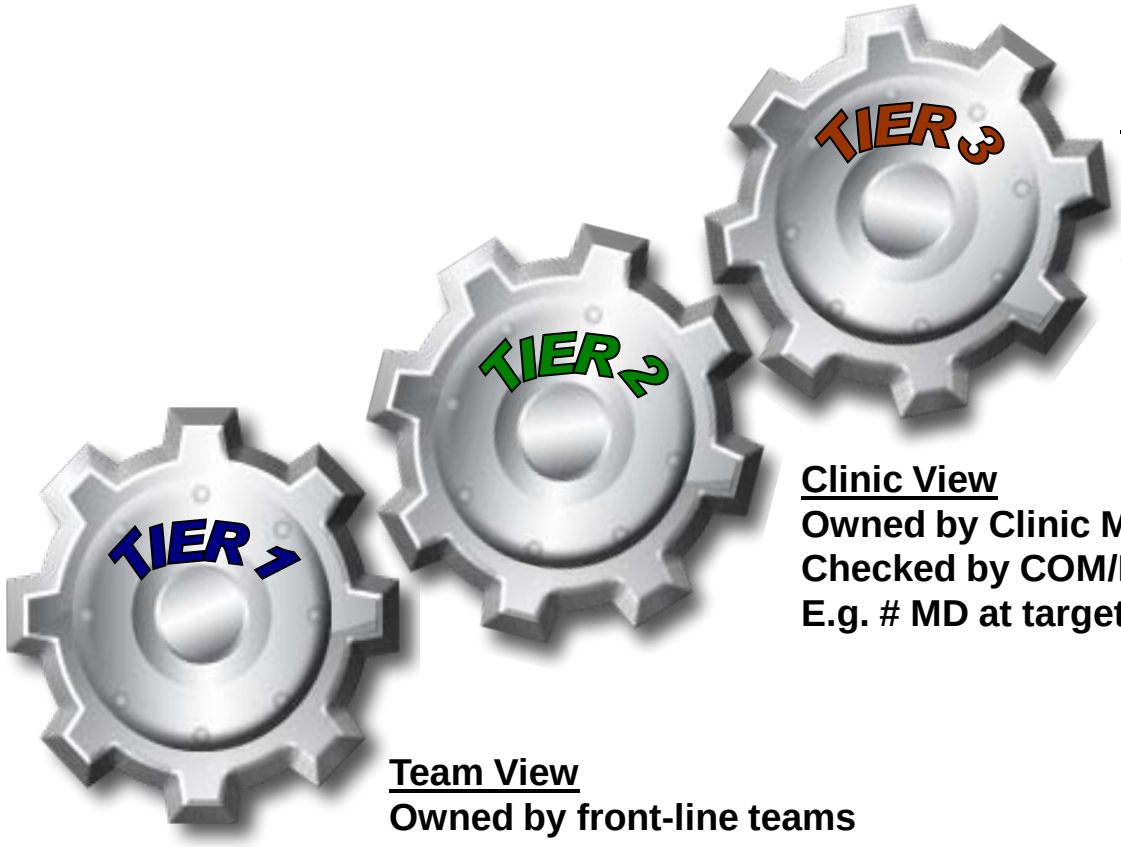
What is Manager/Leader Standard Work?

•The repetitive daily activities and behaviors that leaders engage in to identify abnormal conditions.

- **Establish standards and metrics**
- **Check adherence to standard work**
- **Use visuals to see status at a glance**
- **Perform regular checks and audits (Gemba Walks or Rounding)**
- **“Coach/Mentor”, not Boss**

Predictable Path = Predictable Results

Daily Management – Linked Checking



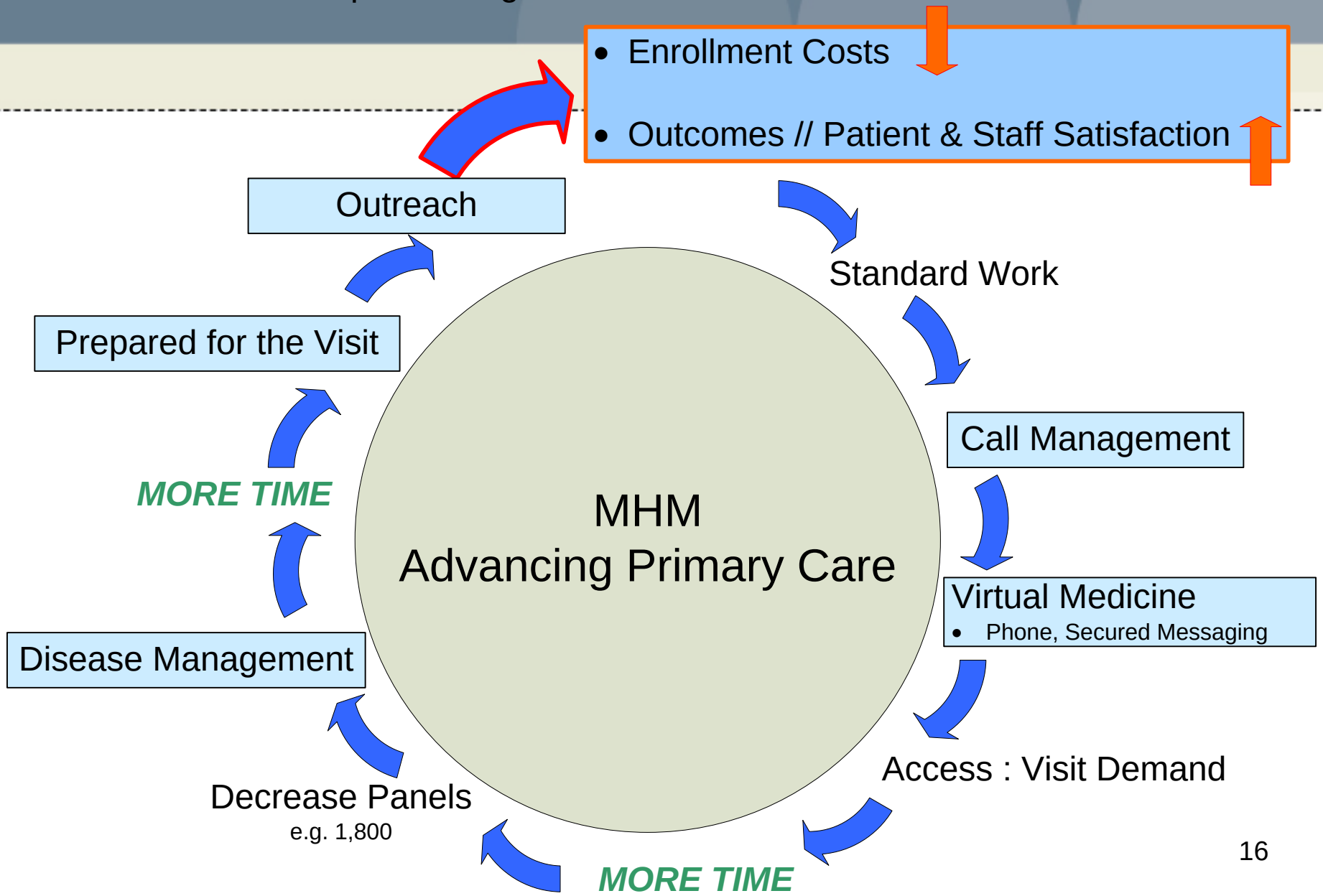
Primary Care Leadership View (PCLT)
Owned by: PCLT
Checked by: PC VP, Medical Director, Administrative Directors, Assistant Medical Directors in weekly leadership meeting
E.g. % First Call Resolution

Clinic View
Owned by Clinic Managers/Medical Center Chiefs
Checked by COM/MCC, PCLT
E.g. # MD at target for Virtual Visits

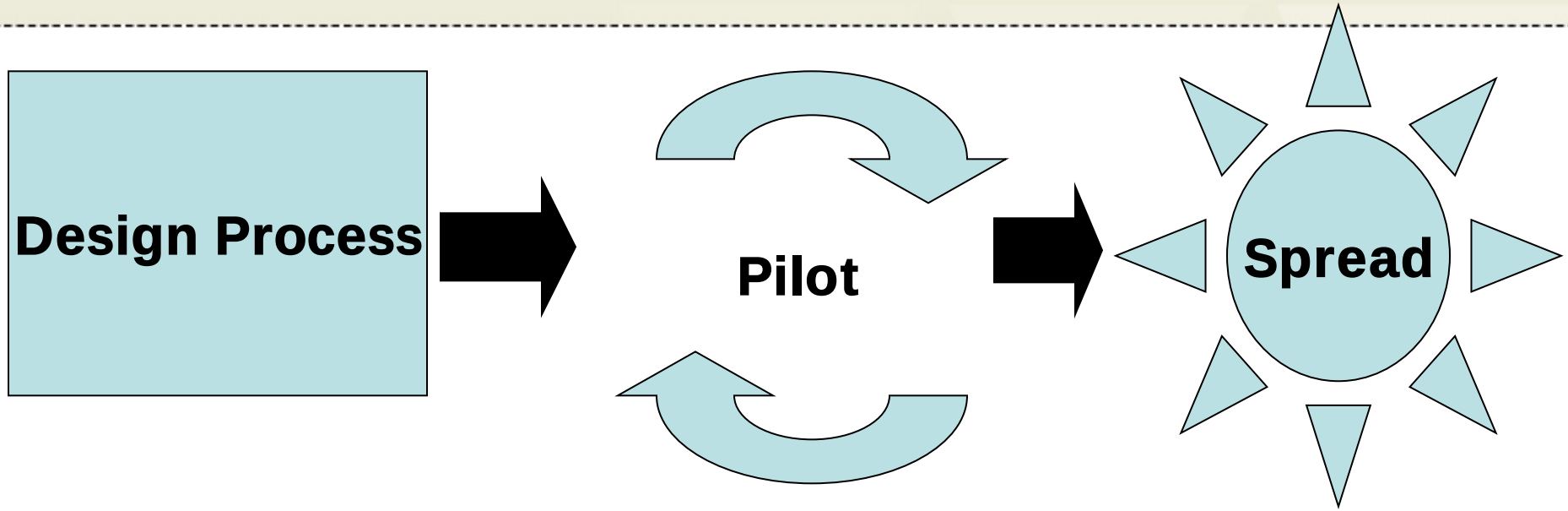
Team View
Owned by front-line teams
Checked by Teams, COM/MCC and PCLT
E.g. # of Visits (per provider) with completed visit prep

AFFORDABLE EXCELLENCE

Implementing the Medical Home Value Stream



How Will Medical Home Be Spread?

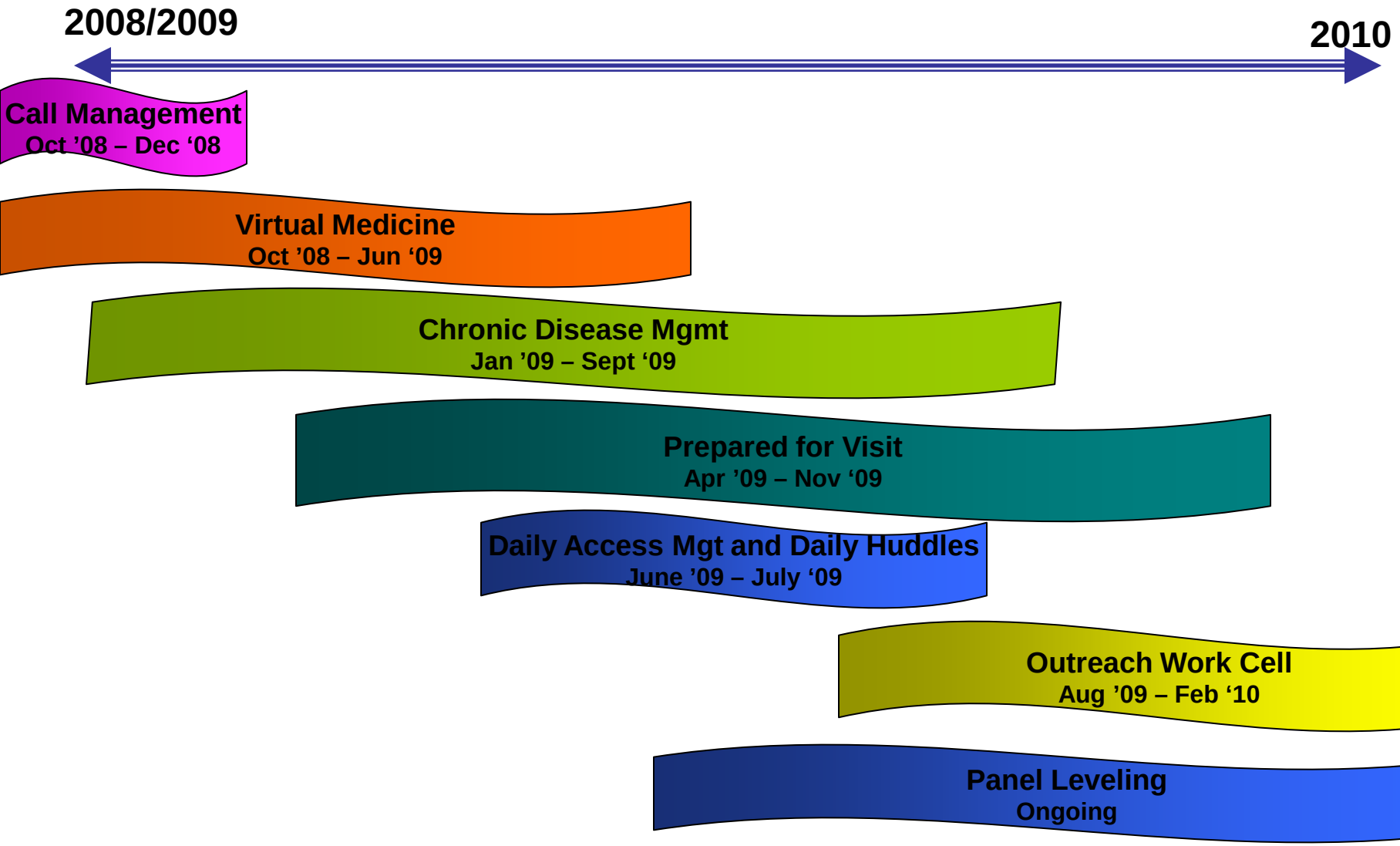


- RPIW's
- Designing the standard work for each element by engaging our frontline teams

- Testing and improving the standard work elements at 3 pilot clinics
- Learning best practices to help future clinics with spread

- Each element is rolled out across clinics on a 10 week cadence
- Each element is implemented before the next is started

Implementation of Medical Home in 26 Medical Centers



Breakdown of In-process Measures and Outcome Measures

Hypothesis: All elements combined will improve **PES** & **Gallup** scores by clinic and overall PC

Element (In-process measures) – all PC	*Outcomes*
Call Management	
1st call resolution - target: 65%	Access
% decrease in patient call-back messages – target ≥ 50%	
Virtual Medicine	Access
# of MDs w/1 or more phone visits per session	
# of MDs at 30% for secure messaging	
% members w/enhanced access MyGroupHealth – target 65%	
Chronic Disease Management	Subset of HEDIS
# of MDs completing 1 Tx plan per 2 sessions	ASC Admissions
	(in development)
Prepared for Visit	HEDIS
# of MDs w/ completed pre-visit prep – target 100%	Doc/Coding
Outreach	HEDIS
ED/UC - #completed/#assigned	Doc/Coding
ED/UC - % complete - target 90%	ED/UC
Combined - #completed/#assigned (incl. ED/UC)	
Combined - % completed (incl. ED/UC) - target: 90%	

Element (In-process measures) – by Clinic	*Outcomes*
Call Management	
1st call resolution - target: 65%	Access
% decrease in patient call-back messages – target ≥ 50%	
Virtual Medicine	Access
# of MDs w/1 or more phone visits per session	
# of MDs at 30% for secure messaging	
% members w/enhanced access MyGroupHealth – target 65%	
Chronic Disease Management	Subset of HEDIS
# of MDs completing 1 Tx plan per 2 sessions	ASC Admissions
% Chronic Care patients with completed Med Tx – target 80%	*(in development)*
% Chronic Care patients under active management (by RN) that have review for continued management at 90 days – target 80%	
% Chronic Care patients under active management (by RN) for more than 60 days that have all required elements including sick day plan present – target 80%	
% Chronic Care patients under active management (by RN) that have had an Assessment Initiated within 30 days – target 80%	
Prepared for Visit	HEDIS
% of time Flow Staff complete Pre Visit prep before visit – target 100%	Doc/Coding
% of time provider addresses identified care needs – target 80%	
Outreach	HEDIS
ED/UC - #completed/#assigned	Doc/Coding
ED/UC - % complete - target 90%	ED/UC
Combined - #completed/#assigned (incl. ED/UC)	
Combined - % completed (incl. ED/UC) - target: 90%	

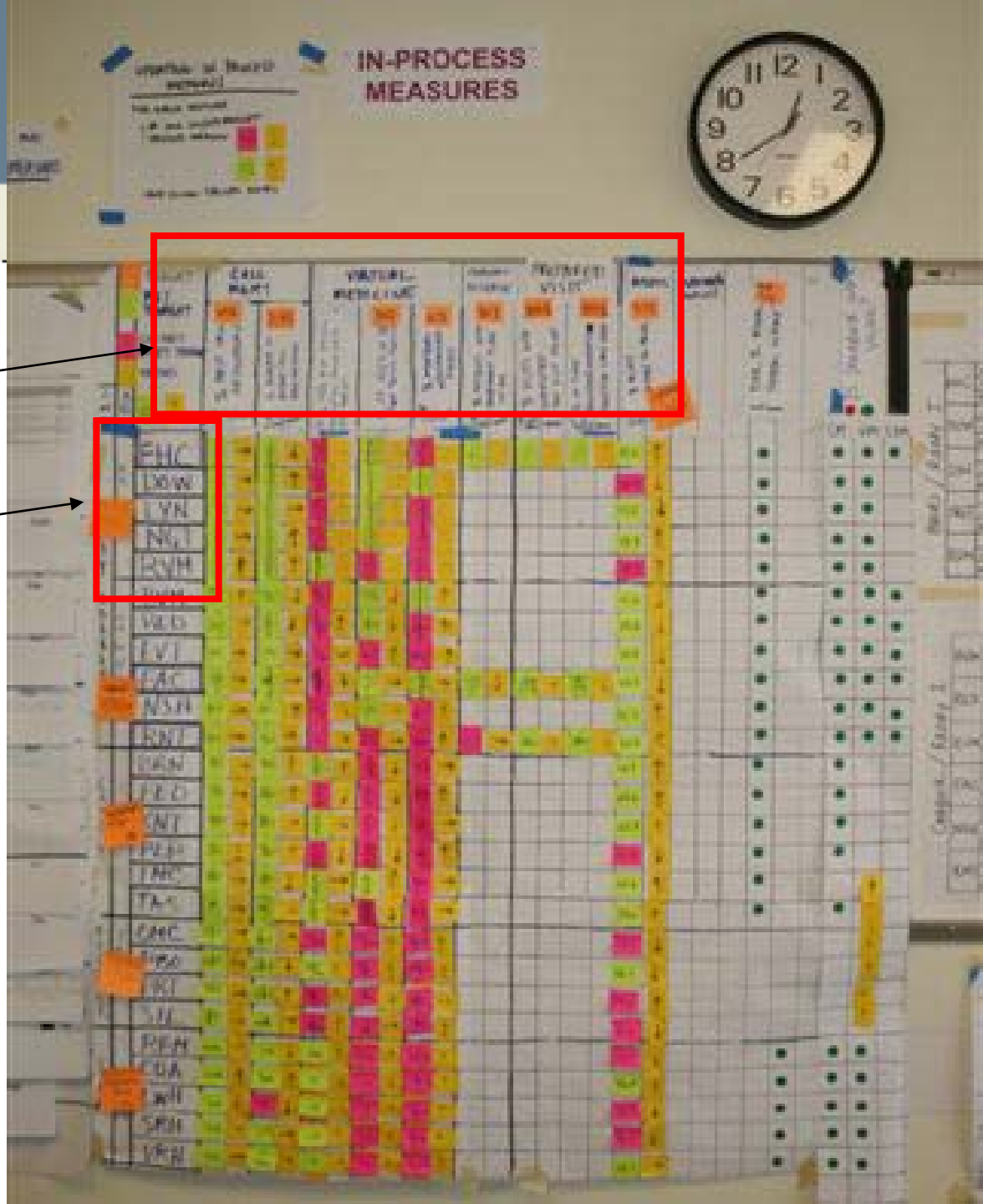
Element by Team
Call Management
Virtual Medicine
Chronic Disease Management
(Measurements for elements above are directed by team)
Prepared for Visit
Visit prep is complete for 100% of the next day's appointments
Visit prep was completed for 100% of current day's visits
Outreach
Piloting – still in development

Tier 3: AD Loading In Process Measures

In Process Measures by clinic and element

By element

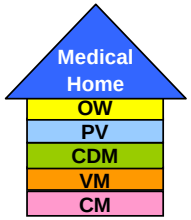
By clinic



In Process Measures

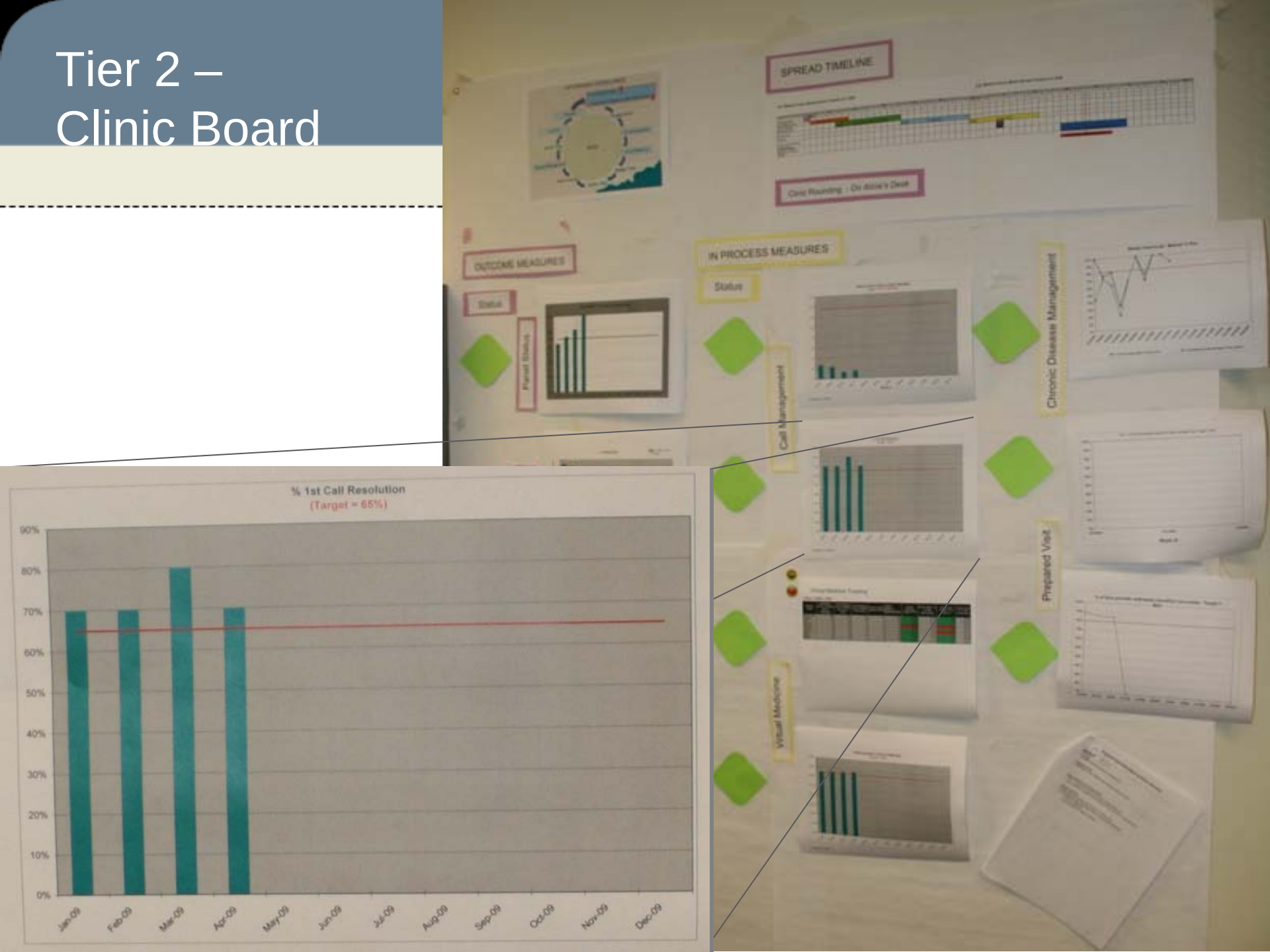
As of Sept. 22, 2009

Reinventing Primary Care - Group Health Medical Home Model

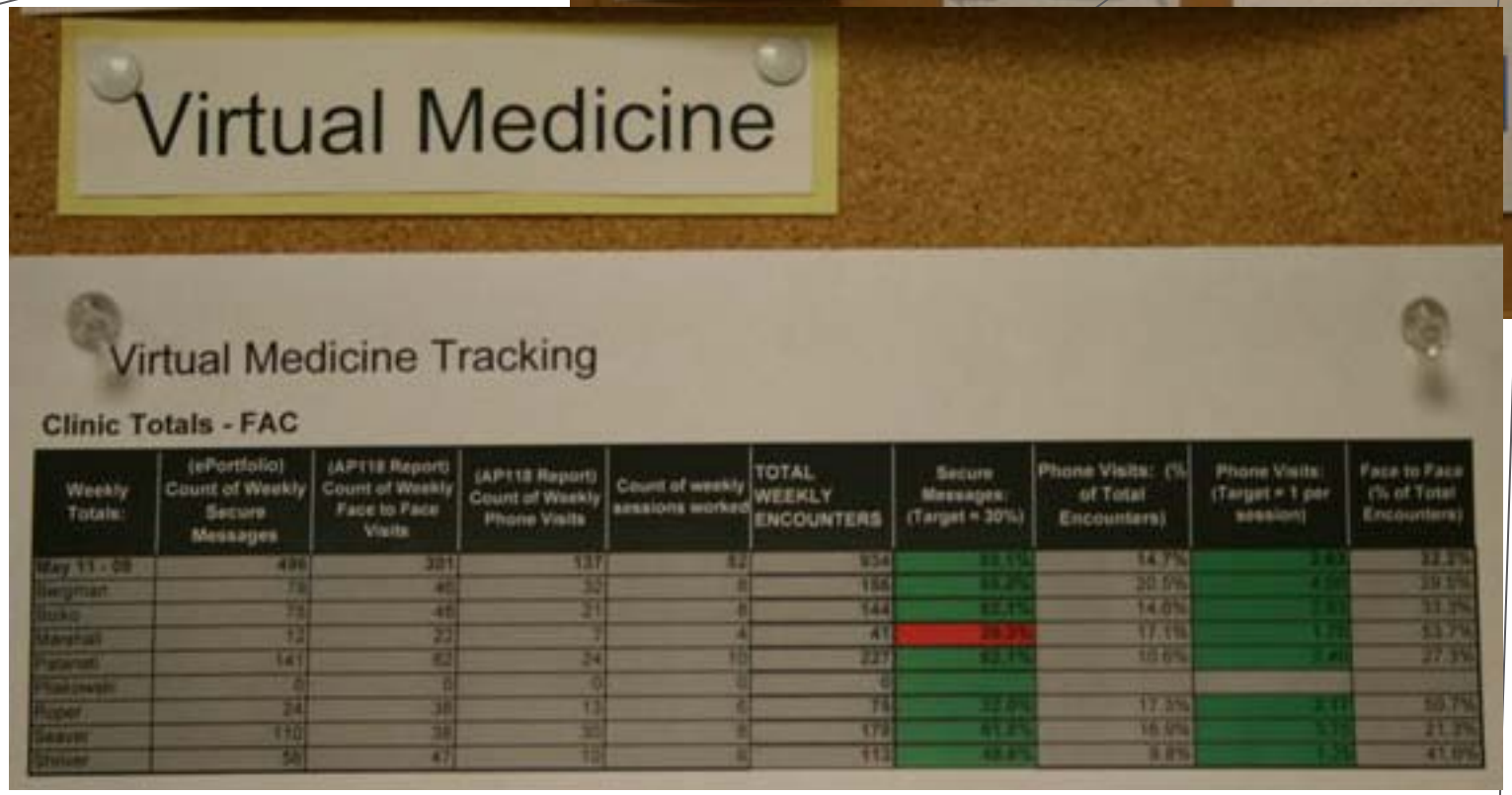


	Call Management		Virtual Medicine			Chronic Disease Management	Prepared for Visit		Outreach Workcell				Access
	1st Call Resolution Target: 65%	% Decrease in Patient Call Back Msgs Target: ≥ 50%	# of MDs with 1 or more phone visits per session	# of MDs at 30% for Secure Messaging	% Members w/Enhanced Access Target: 65%	# of MDs Completing 1 Tx Plan per 2 Sessions	# of MDs w/Completed Pre-Visit Prep Target: 100%	# of MDS at 80% - Addressing Identified Care Needs	ED/UC - #Completed/#Assigned	ED/UC - % Complete Target: 90%	Combined - #Completed/#Assigned (incl. ED/UC)	Combined - % Completed (Incl. ED/UC) Target: 90%	% Access Within 36 Hours Target: 37%
BVU	90%	100%	3/3	1/3	68%	2/3	89%	9/9	61/61	100%			41%
BRN	100%	76%	5/7	6/7	50%	8/8	96%	8/9	88/104	86%		88%	31%
CDA	80%	74%	2/3	0/3	47%	1/3							43%
DOW	80%	91%	4/6	6/6	71%	3/6	100%	6/6	40/41	98%			27%
EVT	70%	100%	8/9	7/9	49%	5/10	100%	7/10	17/24	74%			29%
FAC	70%	90%	10/10	7/8	70%	3/7	100%	9/9	108/108	100%	268/280	96%	43%
FED	80%	81%	no data	3/7	50%	6/7	100%	7/7	73/75	97%		98%	39%
FHC	90%	69%	21/24	21/24	64%	19/22	100%	16/17	227/227	100%	428/454	94%	31%
KNT	80%	91%	5/5	4/5	54%	3/5	100%	4/5					31%
LWH	70%	57%	5/9	7/9	45%	3/9							32%
LYN	70%	93%	6/7	7/7	50%	6/7	100%	7/7	12/14	86%			27%
NGT	90%	82%	12/18	15/18	57%	7/18							27%
NSH	80%	90%	6/6	5/5	59%	1/6	100%	6/6	61/62	98%			42%

Tier 2 – Clinic Board



Tier 1 – Team Board



Standard work

Critical elements to spread:

Call management
- From: patients trying to call, long time to resolve
- To: direct access to care team

Access to visits
- Standard work for access , better tools to manage and predict access

Virtual medicine (secure messaging/phone)
- From: most patient contacts are in person in the clinic
- To: patients have the option of connecting face to face, by phone or by e-mail.

Chronic Disease Management
- From: chronic care is inconsistent and often reactive
- To: chronic care is consistent, well coordinated and proactive

Visit preparation
- From: unprepared and reactive approach to patient visits
- To: proactive and complete preparation for patient visits to maximize time together

Outreach workcell
- From: uncoordinated retrospective and insufficient processes focused on outreaching and activating patients
- To: coordinated, prospective and capable processes that activate patients leading outcomes

Smaller panels for family medicine, general internists, pediatricians
- Decreased panels, two appointments per hour, increased staffing = more time to proactively manage patient care

Our Biggest Challenges

- Continuing maturation of our leaders, managers and management system
- Remembering the “Problems are Golden”
- Balancing standardization with bottoms up improvement
- Saying no – less work in progress and more throughput

Questions?