

National Physician Leadership Seminar *Total Cost of Care & Resource Use*

Thursday & Friday, August 14 & 15, 2014
Stanford University, Stanford, CA

Join national thought leaders, healthcare measurement experts and colleagues from across the country in a multi-day forum to provide feedback on comparative health care cost reports and their usefulness in identifying cost variations and interventions. Alongside other physician champions, you'll have the opportunity to hear about national movements and research underway, as well as participate in case study discussions to learn strategies for improving quality while reducing health care costs in your communities. Together we'll define the role of Physician Champion in accelerating efforts locally; moving from "advisors" to "ambassadors" and design on-going forums for your continued support and learning. *This seminar is made possible through funding from the Robert Wood Johnson Foundation.*

Agenda Highlights

Physician Call to Action

Arnold Milstein, MD, MPH

"There is not much that physicians can do directly to change the behavior of insurance companies, employers, or other stakeholders, but physicians are the single most influential force in health care" observes Arnold Milstein, MD in an article in the New England Journal of Medicine (May, 2011). Dr. Milstein will share his vision of the critical role that physicians must play to ease the crushing burden of healthcare cost growth. Steady improvement in the ability to compare the relative cost-efficiency of physicians provides new opportunities for physicians to convert currently wasteful health spending into funding for public education and other societally important purposes. Now as health spending growth is beginning to accelerate, is the time to understand and replicate the practice methods of our most cost-efficient, high quality physician peers.

Dr. Milstein is a Professor of Medicine at Stanford and directs the Stanford Clinical Excellence Research Center. The Center is a collaboration of the Schools of Medicine, Engineering and Business to design and test new health care delivery models that both lower per capita health care spending and improve clinical outcomes.

His career and ongoing research is focused on acceleration of clinical service innovations that improve the societal value of health care. He serves as the Medical Director of the Pacific Business Group on Health (PBGH), the largest regional health care improvement coalition in the U.S. He also guides employer-sponsored clinically-based innovation development for Mercer Health and Benefits and chairs the Steering Committee that directs the largest U.S. physician pay-for-performance program, operated by the Integrated Healthcare Association. Previously he co-founded the Leapfrog Group and Consumer-Purchaser Disclosure Project, and served as a Congressionally-appointed MedPAC Commissioner. Citing his nationally distinguished innovation in health care cost reduction and quality gains, he was selected for the highest annual award of the National Business Group on Health (NBGH) and of the American College of Medical Quality. Elected to the Institute of Medicine (IOM) of the National Academy of Sciences, he chaired the planning committee of its examination of best methods to lower per capita health care spending and improve clinical outcomes. He was educated at Harvard (BA-Economics), Tufts (MD) and (UC-Berkeley (MPH-Health Services Evaluation and Planning).

Creating Transformational Change: Data, Trust, and Relationships

Jay Want, MD

“Ninety-eight percent of those polled favored public transportation for others”, read the Onion headline. This is funny and true about a lot of things—we are all for things that are good for other people, but we’re not so sure about for ourselves. Most significant change is like that. We are sure in the intellectual abstract that it’ll be good for people, and yet we have a hard time making those changes for ourselves. Those who have tried to stop smoking, clean up their diet, or exercise more know what I’m talking about. Not that any of you have had those challenges.

In this session, we will reassure you that you’re not completely crazy, only to the extent that you’re human. We’ll talk about emerging concepts in neuroscience, behavioral economics, and sociology that will help us make sense of why inducing change in humans is so hard, and what approaches give us the best chances to be successful. We will talk specifically about why rallying your local communities to something that makes so much sense intellectually will ultimately be an emotional challenge for you as leaders, and the people who choose to follow you.

Jay Want is the owner and principal of Want Healthcare LLC, and he serves as a Payment and Delivery Reform Consultant for the Network for Regional Healthcare Improvement. He also consults for a wide variety of clients, including the Colorado Foundation for Medical Care, the Center for Medicare and Medicaid Services, and the Robert Wood Johnson Foundation. He served as founding chairman of the board of the nonprofit Center for Improving Value in Health Care (CIVHC), one of NRHI’s member Regional Health Improvement Collaboratives, and he currently serves as the Chief Medical Officer for CIVHC.

Total Cost of Care & Resource Use Measurement Report Roll Out

Michael DeLorenzo, Ph.D. & Rebecca Dugas, MPH

Using actual community total cost of care and resource use reporting, the purpose of this interactive session is to experience first-hand the emotional and technical realities of rolling out individual physician practice report. Each region will work as a group and assign roles allowing individuals to experience the roll out from different perspectives. This simulation will be followed by a group debrief to share wins and challenges in order to capture key issues, skills and competencies needed for success.

This session will be facilitated by Michael DeLorenzo, Ph.D., Director of Health Analytics and Rebecca Dugas, MPH, Manager of ACO and Provider Systems from the Maine Health Management Coalition, recognized nationally as a leader in healthcare cost and quality transparency. They will share their experience from their recent state-wide roll out of comparative practice level cost and resource use reporting and provide guidance and tips to increasing stakeholder receptivity.

The Role of Physician Champions

Dr. Michael van Duren, MD, MBA

Dr. van Duren will share his experience with engaging physicians and facilitating forums to implement projects that resulted in significant cost savings. You will learn strategies for simple data visualization in group settings to help physicians better understand variation and how they can work together to reduce it. Through case study discussions, he will illustrate what worked, and what he would do differently to create a critical shift in thinking and movement into action. You will gain insight into what is required to introduce similar programs to your community.

Michael van Duren, M.D., MBA, serves as Vice President, Clinical Transformation for the Sutter Medical Network (SMN), a network of nearly 5,000 foundation and independent practice association primary care and specialty physicians affiliated with Sutter Health, a Northern California not-for-profit health system. Dr. van Duren uses a grassroots approach to

engage physicians in analyzing practice patterns to reduce variation, increase quality and lower costs. Under his leadership, the SMN's clinical variation reduction program has grown to more than 300 projects and \$50 million in savings. He also trains clinicians in leadership, change management and the art of communicating with patients.

With more than 15 years of experience as a managed care executive, Dr. van Duren has held leadership roles in hospitals, health plans and physician groups. His previous leadership roles include: Chief Medical Officer for Sutter Physician Services, Vice President of Clinical Services for Hill Physicians Medical Group, Chief Medical Officer for the San Francisco Health Plan, Regional Medical Director for PacifiCare and Medical Director for the Contra Costa Health Plan.

Dr. van Duren serves on the California Association of Physician Group's (CAPG) Quality Performance Committee and serves as co-chair for CAPG's Clinical Leadership Committee. He represents physician organizations on the Integrated Healthcare Association (IHA) Technical Measurement Committee. In addition, he is a member of the Symmetry Medical Advisory Board for OptumInsight. Dr. van Duren is regularly invited to present on the SMN's variation reduction program at national conferences focused on sharing innovative ways to use visual analytics to improve quality and affordability.

Dr. van Duren practiced family medicine and obstetrics for 10 years. He received his medical degree from the University of Pittsburgh School of Medicine and earned his MBA from the Paul Merage School of Business at the University of California at Irvine. He is a six sigma black belt with advanced training in group process facilitation.

About Sutter Health and the Sutter Medical Network

Sutter Health doctors, not-for-profit hospitals and other health care service providers share resources and expertise to advance health care quality and access in more than 100 Northern California cities and towns. Sutter-affiliated hospitals are regional leaders in cardiac care, women's and children's services, cancer care, orthopedics and advanced patient safety technology. The Sutter Medical Network (SMN) is a physician-driven network of nearly 5,000 medical foundation and independent practice association doctors connected by a common commitment to providing patients the ultimate value: a quality and affordable care experience—when, where and how patients want to receive it.

American Idol in Medicine (AIM)

Melora Simon, MPH & Julia Murphy, MSc, Clinical Excellence Research Center, Stanford University

What primary care practice traits drive high-value care? We'll have the opportunity to preview the findings of the American Idol in Medicine (AIM) research currently underway at Stanford Clinical Excellence Research Center. The objective of AIM is to identify and celebrate 10-20 health care providers who provide quality care to their patient population at exceptionally low cost. Learn how the research team has collected and synthesized detailed data and about what practice characteristics drive high-value care. We'll discuss opportunities for future participation in the projects next steps as a key strategy to improving healthcare value in your community.

Mrs. Simon is a consultant to the Clinical Excellence Research Center and the project lead for AIM project. Formerly, she was an Expert in McKinsey's Health Systems Institute, where she was responsible for leading product and knowledge development on value in health care. Prior to that, she was an Engagement Manager in McKinsey's health systems and services practice, working with health systems in the US, UK, Australia, Spain, Singapore, and the Middle East. Prior to joining McKinsey, Melora worked for the New York City Health and Hospitals Corporation, where she oversaw the introduction of pay-for-performance programs for chronic disease management in their Medicaid managed care plan. She has held fellowships at the US Department of Health and Human Services and the Urban Institute. She holds a Masters in Health Services Management from Columbia University and a B.A. in Human Biology from Stanford University.

Julia Murphy, MSc is a consultant to the Clinical Excellence Research Center. She was the primary lead for the AIM ambulatory care site visits and now jointly leads the project. She was a 2012-13 U.K. Commonwealth Fund Harkness Fellow in Health Care Policy and Practice working with Dr. Ken Kizer and Dr. Andy Bindman on achieving health care value. Prior to this she was NHS London's head of primary care quality improvement where she designed and guided implementation of the first regional transparency-based primary care improvement initiative for the London district of the NHS. This won the Health Service Journal 2012 award for Enhancing Care with Data and Information Management and was selected by the English NHS for national spread. She was also responsible for the design and execution of programs that rapidly increased childhood immunization uptake across London and that achieved the Accident & Emergency standard in London for the first time ever. Previously, she served as health improvement performance management lead for NHS Health Scotland, where she was responsible for implementing Scotland-wide targets and interventions for health promotion.