THE MERKIN CASE SERIES ON

INNOVATIONS IN CARE DELIVERY:

CONGESTIVE HEART FAILURE

Grateful acknowledgement for this case study and event to the Dr. Richard Merkin Initiative on Payment Reform and Clinical Leadership, under the direction of Alice Rivlin and Mark McClellan at The Brookings Institution.

WELCOME

Alice Rivlin
Director, Engelberg Center for Health Care Reform

SPEAKING FROM THE HEART: THE PATIENT EXPERIENCE

Lee F. Satterfield District of Columbia Superior Court Chief Judge

THE ANATOMY OF A BROKEN HEART: CONGESTIVE HEART FAILURE

Kapil Parakh, M.D. Director of Heart Failure, Faculty, Johns Hopkins Bayview



















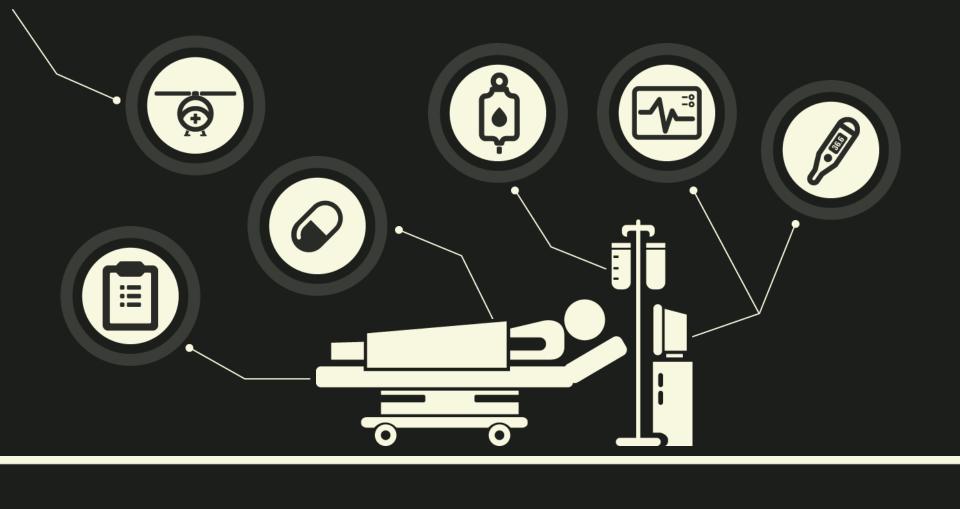




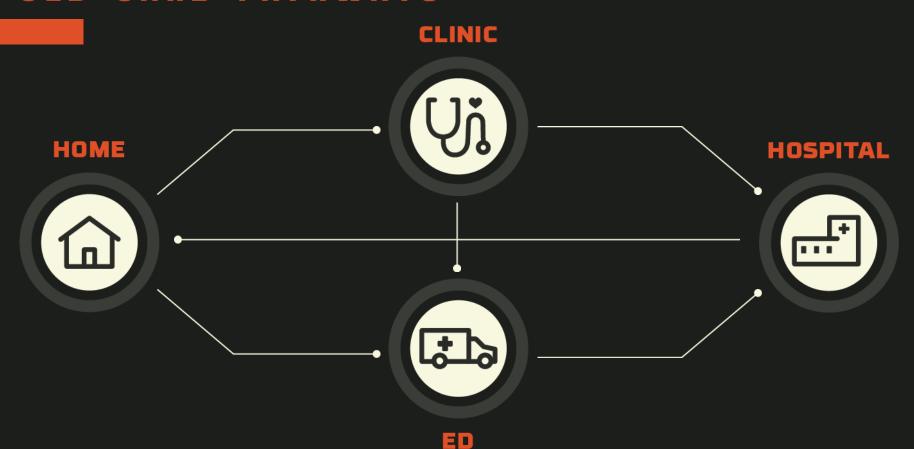
A PROVIDER HEART TO HEART: A CONVERSATION ABOUT OPTIMAL CARE

Zubin J. Eapen, MD, MHS Medical Director, Duke Heart Failure Same Day Access

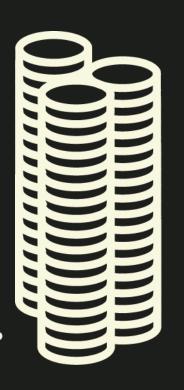




OLD CARE PATHWAYS



WE ARE SPENDING MORE



THE UNITED STATES RANKS

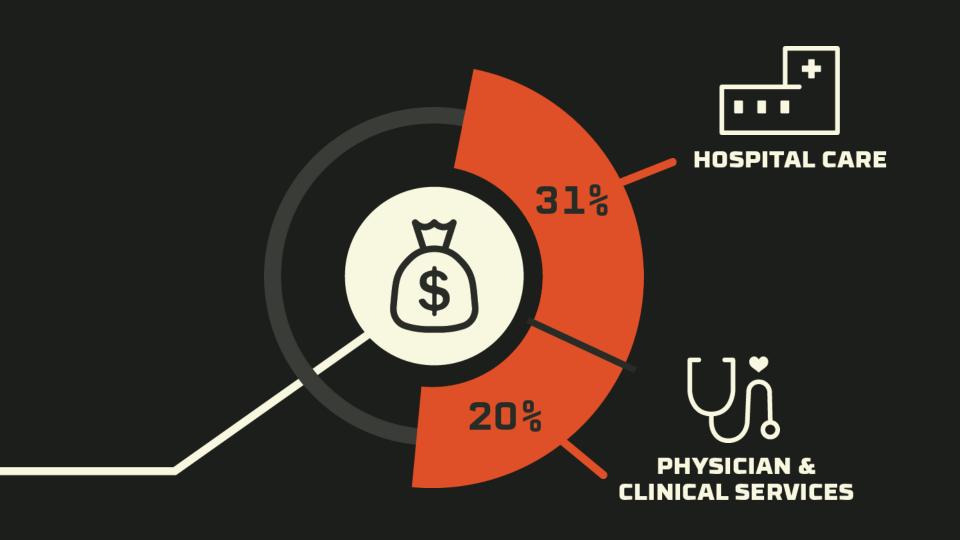
FIRST

IN HEALTH CARE SPENDING

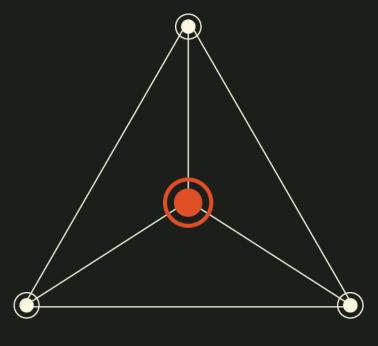
WE'RE NOT LIVING LONGER

THE UNITED STATES
RANKS 27TH
IN LIFE EXPECTANCY





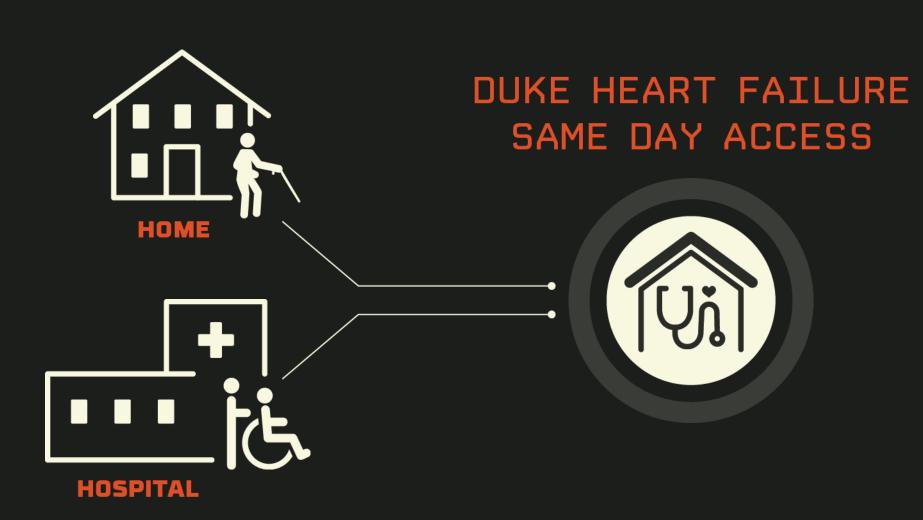
IMPROVE THE HEALTH OF POPULATIONS



IMPROVE THE PATIENT EXPERIENCE OF CARE

REDUCE THE PER CAPITA COST OF HEALTH CARE

IHI TRIPLE AIM



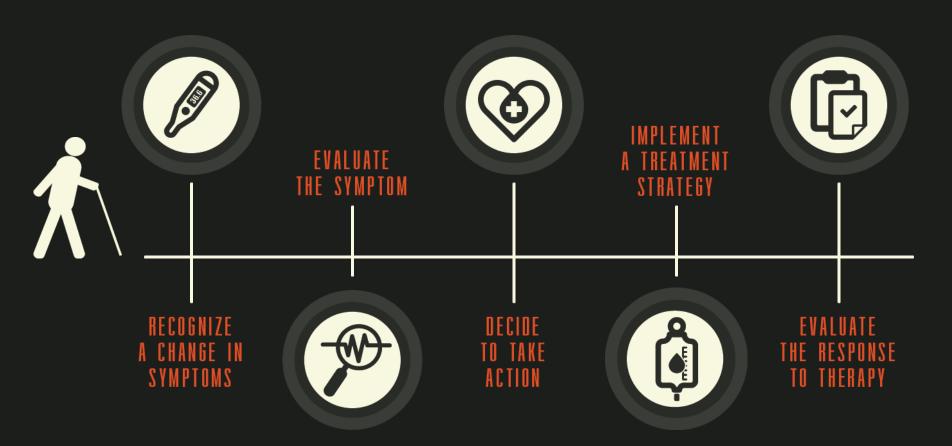
A NEW CARE PATHWAY



WHAT DOES SELF-CARE INVOLVE?



SELF-CARE IS A COMPLEX PROCESS







BLOOD-PRESSURE Monitor







PILL Dispenser

TECHNOLOGY WILL IMPROVE CARE OUTSIDE THE HOSPITAL FOR CHRONIC CONDITIONS



AVOIDING A FINANCIAL FLATLINE THROUGH PAYMENT REFORM

Hoangmai Pham, MD, MPH

DUKE UNIVERSITY HEALTH SYSTEM: LESSONS IN PAYMENT REFORM AND CLINICAL DESIGN

George Cheely, MD, MBA

IMPROVING THE TREATMENT OF CHRONIC HEART FAILURE



SHARED SAVINGS



WE MUST CHANGE HOW WE APPROACH PATIENT CARE



LEADERS IN THIS COUNTRY

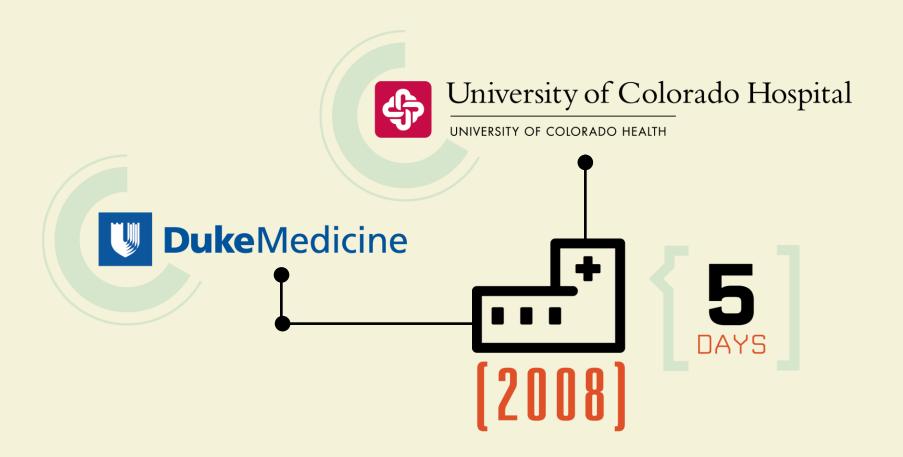
MUST TAKE A BRAVE STEP FORWARD



TAKE GREAT CARE OF PATIENTS

UNIVERSITY OF COLORADO HOSPITAL: LESSONS IN PAYMENT REFORM AND CLINICAL DESIGN

Larry Allen, MD Assistant Professor, University of Colorado Hospital



DRG EPISODE OF CARE







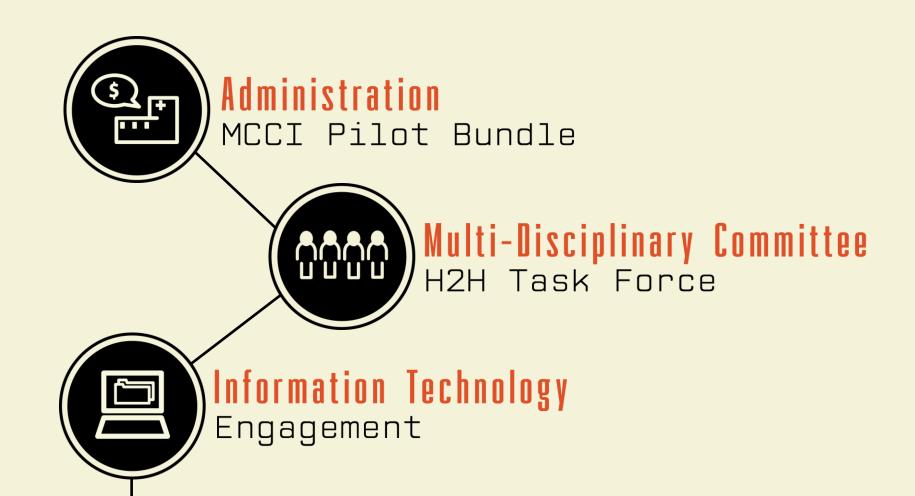


\$9000

CULTURAL SHIFT



Risk-standardized readmission rates for heart failure





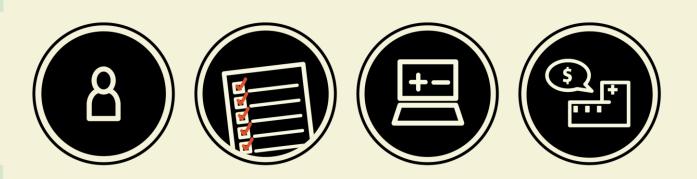


Standardized Order Sets
Optimal Basic Care



High-intensity interventions to higher-risk patients

TODAY

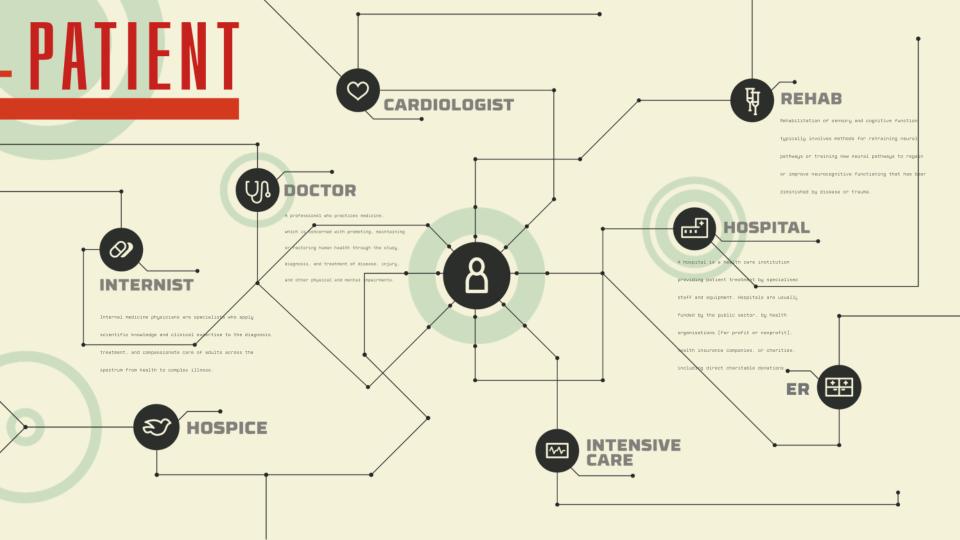


A LONGITUDINAL APPROACH

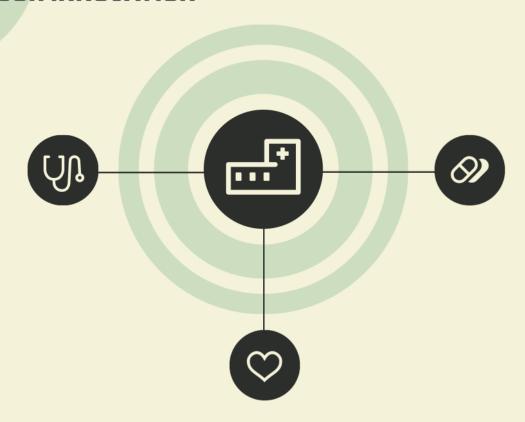
- DESIRE TO LEARN
- COLLABORATION
- DIVERSITY: THOUGHT & EXPERIENCE
- WILLINGNESS TO TAKE RISKS
- **→** SYSTEM FOR TRIAL & ERROR
- **TECHNOLOGY**

WHERE DO WE GO FROM HERE? LESSONS LEARNED AND CHALLENGES AHEAD

Darshak Sanghavi, MD



UCH'S MAJOR INNOVATION



GOAL: NOT BEING READMITTED

Someone who can

CATALYZE CHANGE



\$30K to 40K ALL YEAR



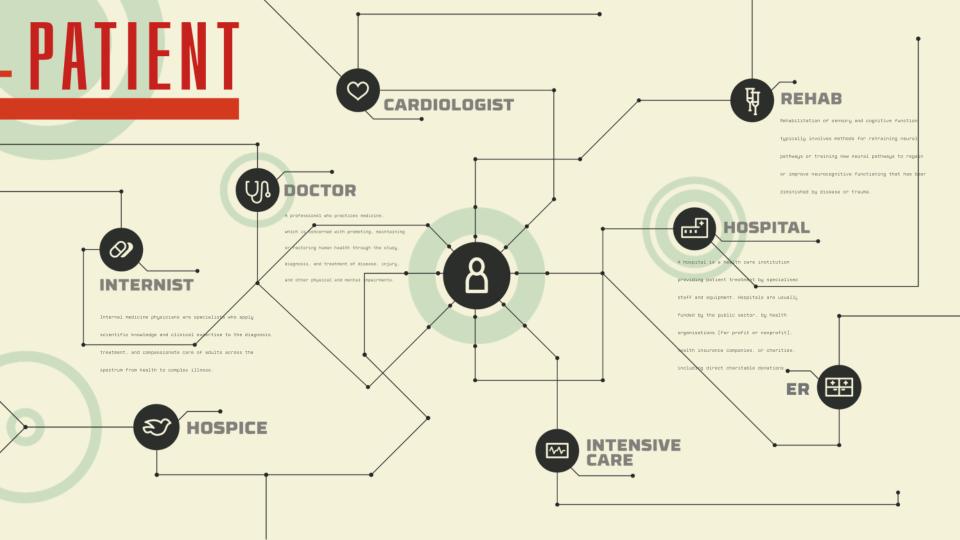


Change works best when you are not thinking about it

Prevention not built in

Is this scalable?

LIMITATIONS & CHALLENGES





focus on **PREVENTION**













Working in isolation

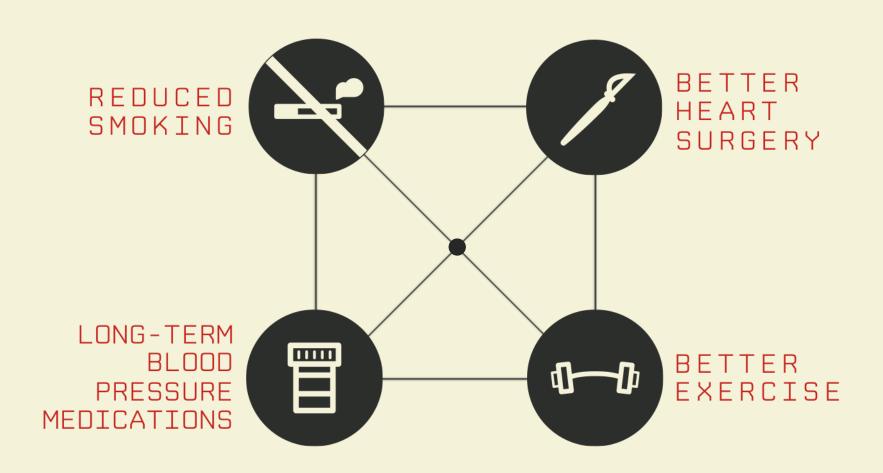
Didn't cut the paperwork

LIMITATIONS & CHALLENGES 1968

2014

DEATHS FROM HEART PROBLEMS

HAVE FALLEN BY HALF ACROSS THE WORLD.



WE CAN MAKE HEART CARE BETTER

CONTINUOUS

DEATHS FROM CHILDHOOD LEUKEMIA FELL FROM 90% to 10%.







VIRTUOUS CYCLE OF INNOVATION

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