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INSTITUTE FOR HEALTHCARE IMPROVEMENT
SUMMARY REPORT: 90-DAY PROJECT

Testing of Outcomes and Effectiveness Wave 42

March 29, 2017

I. Research and Development Team:

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II. Intent:

This is the 7th wave of innovation activity that has been directed at improving clinical effectiveness. None of the past IHI work has been put into significant action. There is a gap between our present level of care and the best feasible outcome. During this wave we plan to test what we know from the past 7 waves

III. Background:

In the last cycle of innovation we described the use of the following driver diagram.

Drivers of Clinical Effectiveness for a Patient

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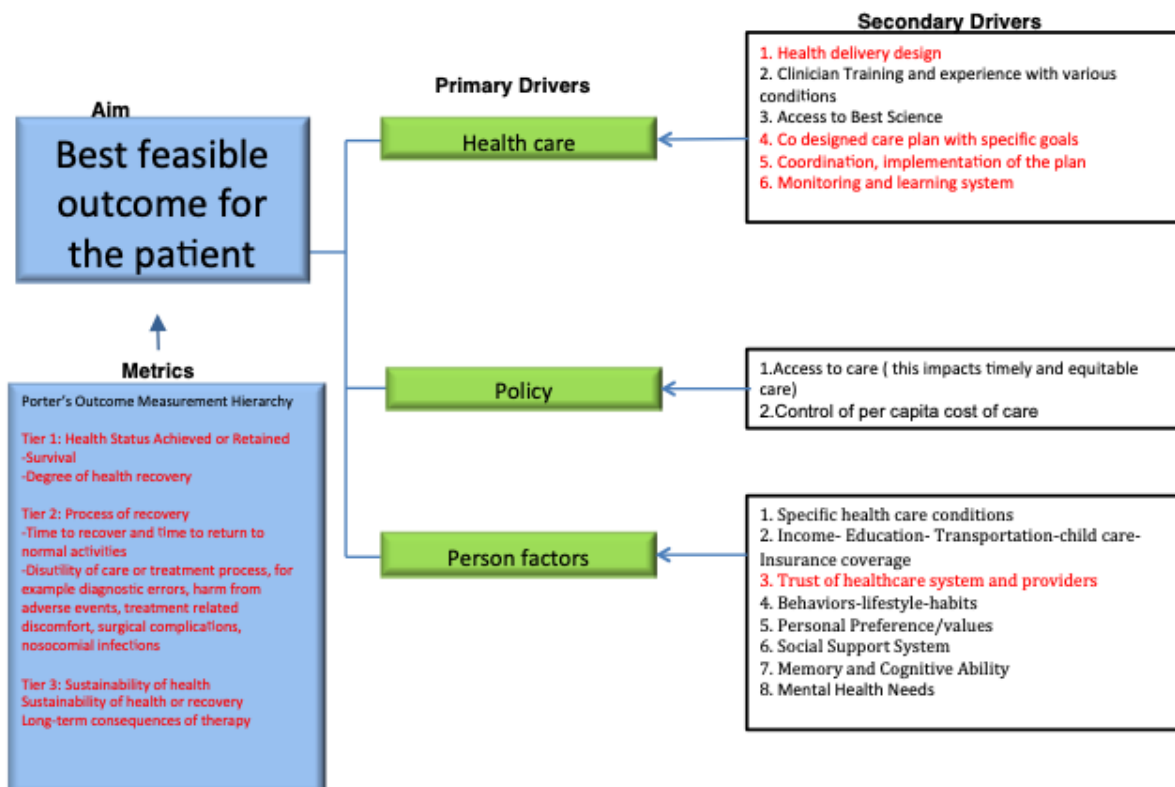
And we proposed the following action. *We need to focus on developing comprehensive health plans for individuals that are well executed over time. Start with the best science, but recognize the extreme limitations of population-based science when we apply it to the individual. The execution of an individual's health plan will require the use of quality improvement at the individual patient level. This will be part of an effective learning system where Michael Porter's three tiered measurement strategy can be tested at the patient level. Both patients and physicians will need training to implement quality improvement at the individual patient level.*

One way to think about this is co-production of a plan and then the execution of this plan based on testing at the individual level. Every patient is unique, but they do have common conditions, so you could utilize production planning to work on service lines or products.

IV. Description of Work to Date:
We proposed in January to develop 6 teams to work on the following core areas if we had enough support.

1. Quality Improvement (QI) for people - The idea is to develop a tool kit that will help develop basic QI for patients and families to manage care.
2. QI for clinicians at the front line - The challenge here is to embed this in workflow for clinicians.
3. How to select a "project manager" for your health - The production of health is complex and so far there has been an absence of anyone who can comprehensively help us manage our health, particularly in complex situations.
4. Along with a "project manager," we need a comprehensive plan that sets out the goals and helps us coordinate all the activities to produce better health.
5. We need some work on the selection of best science for an individual patient.
6. Refinement of the measurement strategy
- Michael Porter's three tiers
- PROMIS- http://www.healthmeasures.net/explore-measurement-systems/promis
- International Consortium for Health Outcomes Measurement (ICHOM) http://www.ichom.org/

However the resources to work on all 6 elements were not available. The IHI team ended up working primarily on item 1 and a little bit of work on item 4.

V. Results of the 90-Day Scan:
Jane Roessner with help from Kedar Mate and John Whittington developed an Improving Your Health Starter Kit. It is a simple guide to achieving health goals. In a basic way it helps the user identify what matters most to them, develop goals and a set of changes that they can try, and track their progress over time. We wanted people to understand variation by gathering personal

observations and using those observations to develop a few change ideas that they could try. For more detailed information, we recommend seeing the toolkit which is a separate document. At the end of March we began sharing this toolkit with others for the purpose of testing. We want to see how well it works in the field with a small group before we share it with larger audiences. At the time of this writing the toolkit had been shared with 70 individuals. We are expecting feedback over the course of the next month. Based on very early feedback, so far the tool has been well received.

The second item that we were able to work on was a personal health care planning tool. With this tool an individual can identify a comprehensive set of issues and problems that impact health. They can then use the health starter kit to act on their health problems. This tool is still in early draft and will need more refinement. It can be shared on request.
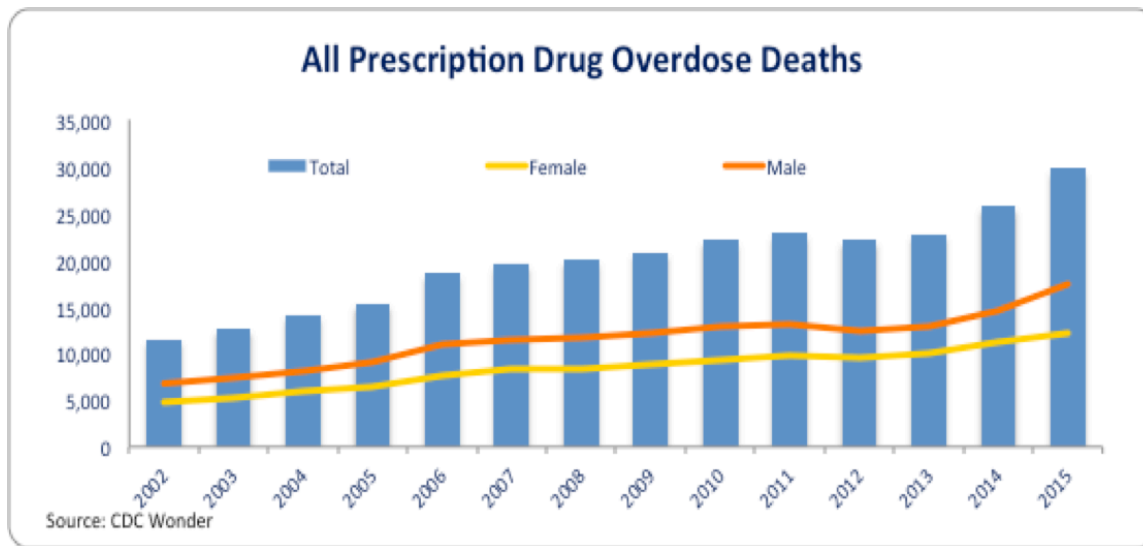
The other 4 topics that were outlined in the deliverables have not been worked on during this cycle of activity.

VII. Conclusions and Recommendations:
The goal of this work is to achieve the best feasible outcome for an individual in the context of their life. We are trying to provide tools so that individuals can to do more to manage their health either on their own or in partnership with providers. Right now we are working with the following operating principles as we create these tools.

1. Health Care is only one service among many that are needed to improve or manage health.
2. Coordination is generally lacking in serious health problems.
3. Socioeconomic, behavioral and environmental determinants are more important than health care. Therefore they need to be taken into account to improve health.
4. Confidence plays an important role in health care.

We want individuals to manage their care with help from clinicians who want to coach as well as treat. As we do more work on this subject this needs to be a theme for us. I believe we have seen what happens when we treat and don't coach enough, figure 1

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All Prescription Drug Overdose Deaths

Source: CDC Wonder

Data CDC Wonder compiled by National Institute on Drug Abuse

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