

Achieving Organizational Value

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Sutter Health

Demonstrating Informatics' Business Value



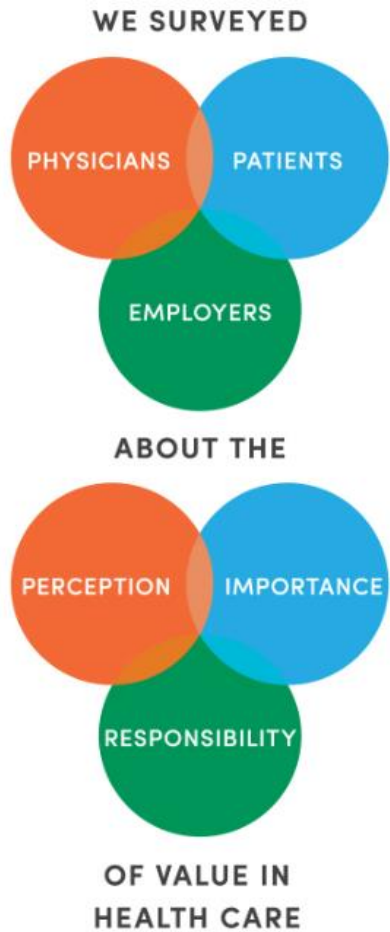
- How do you define value?
- What about “Informatics” Value is unique
- How do you set up systems to be able to measure value?
- What about when you can’t measure it?
- How do you Market your Value?

What is Value?



- *“Price is what you pay. Value is what you get.”*
- *Warren Buffett*

University of Utah: Healthcare Value Survey (2017)

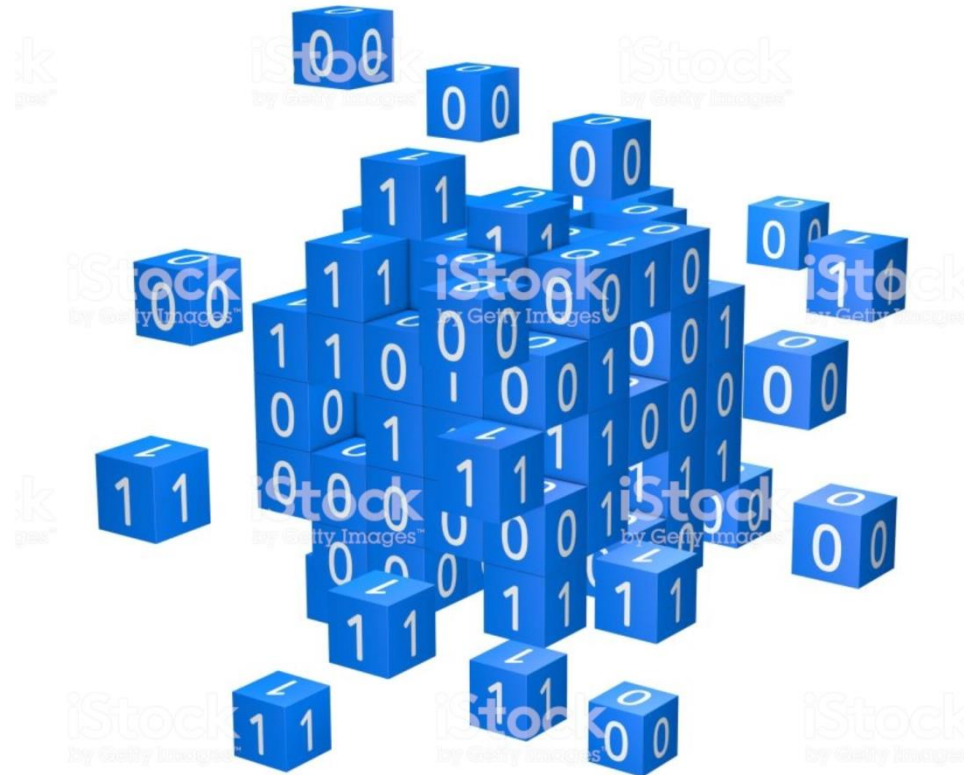


How do with 3 stakeholder groups (Physicians, Patients, and Employers) perceive value as a concept and how they prioritize between quality, service and cost.

- Cost:
 - Patients biggest concern was affordability and high cost <> quality
 - Physicians blamed Insurers and Health Systems for cost
- Quality
 - 1/3 of patients chose “My health improves” as a top priority
 - 75% of physicians believe they are primarily responsible for patient health
 - 44% Patients seeing themselves roughly equally responsible with physicians
- Over 80 % in all groups thought cost of health care too high

$$\begin{array}{ccc} \text{V} & = & \frac{\text{Q} + \text{S}}{\text{\$}} \\ \text{(VALUE)} & & \begin{array}{cc} \text{(QUALITY)} & \text{(SERVICE)} \\ & \text{(COST)} \end{array} \end{array} \quad \longrightarrow \quad \begin{array}{ccc} \text{V} & = & \frac{f(\text{Q} \quad \text{S})}{\text{\$}} \\ \text{(VALUE)} & & \begin{array}{cc} \text{(QUALITY)} & \text{(SERVICE)} \\ & \text{(COST)} \end{array} \end{array}$$

$$\text{Value} = \frac{\text{Clinical Quality \& Outcomes}}{\text{Cost of Care}}$$



The Evolution of the Value of Informatics

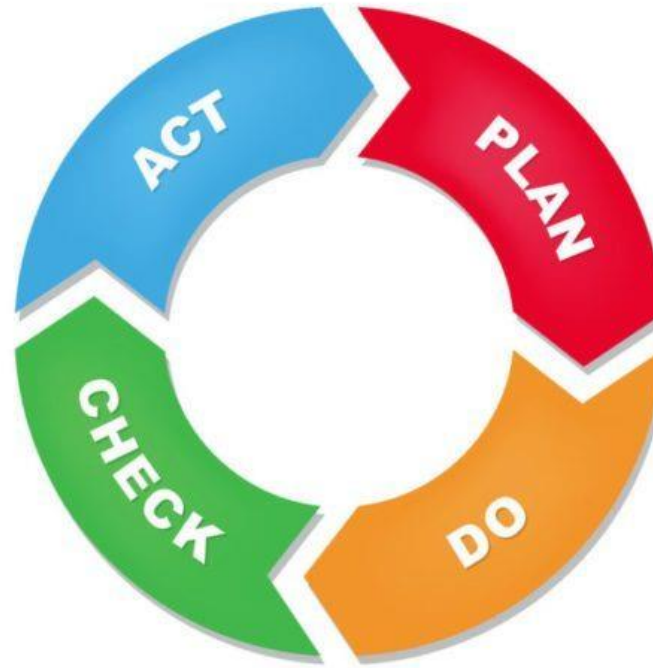
- Physician Champion
 - Implementer
 - Physician's Helpdesk
 - Clinician Police
 - Blame taker
- ▶ Deliver on the Promise of the Quadruple Aim using Healthare Information Technology

The Evolution of the Value of Informatics



- Deliver on the Promise of the Quadruple Aim using Healthcare Information Technology

What Improvement is supposed to look like



What Improvement is supposed to look like

WHAT IMPROVEMENT (REALLY) LOOKS LIKE



Demonstrating Value

- Organizational Goal alignment
- Intake/Governance
- Quality
- Usability/Burden reduction
- Research
- Innovation
- Crises
- Implementations



B. Rich
HEDGEYE



HEAR NO
DATA



SEE NO
DATA

I TRUST
MY GUT.



DO NO
MATH

OKR: *Measure What Matters* by John Doerr

- **Objective**—a clearly defined goal
 - Objectives should also be supported by initiatives,
 - Plans and activities that help to achieve the objective
 - Achieve objectives through concrete, specific and measurable actions
- **Key results**—specific measures to track achievement of goals
 - Measured on a variety of scales (1-100, % of a specific #, etc.)
- **OKRs** may be shared across the organization providing visibility of goals with the intention to align and focus effort.

Metrics for Informatics are different

We don't have

- Sales numbers
- Revenue
- Profit Margin
- Cost containment metrics
- Output (widgets)
- Clients (new leads, conversion)
- Website traffic

We do have

- CDS Alert metrics
- Ordering metrics
- System usage data
- Impactable Outcome measures
 - LOS/LOC
 - Medication usage
 - Ancillary test usage
 - Predictive analytics

Defining Metrics for the Value of Informatics

Creating a catalog of Goals/Objectives and Metrics/Key Results for your team are laudable, but in some Informatics roles these are harder:

- Liaison → Intake management
 - % requests approved, TAT for Request denial, Outcome measures for enhancements
- Problem Solver: Usability, Data integrity, Throughput
 - Usability proxy, Report validation, Efficiency measures
- Change Agent: Committees names ending with -EHR Enhancement Request Team
 - Standardization, Upgrade difficulty metrics, Leadership meetings
- Governance:
 - ↓ Number of steps for evaluation, Project approval/rejection time
- Leadership: Get honest feedback, Set personal goals

Sutter Informatics OKR History

- Implemented OKRs late 2017-2018
- Pilot project, multiple Population Health Initiatives
- It really did not work
 - Lack of Leadership Alignment
 - Informatics Sphere of Influence/Accountability
 - Technical (Monthly Reporting)
 - Not-SMART Goals, Too Much Subjectivity
 - Lack of Program Support
- Reorganization 2019→ Q1 2020, then COVID
- Starting Over with Objectives

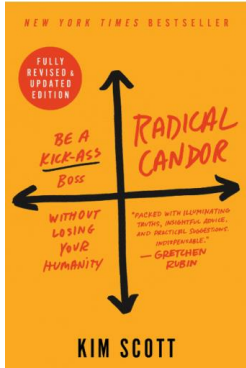
Replacement of legacy EPCS (2019)

- Quadruple Aim?
 - Regulatory trumps all but;
 - (+) Quality, (+)Clinician Sat, (+)Efficiency
- Implement and Enroll each Prescriber by end of 2019
- Key Results
 - Rationalize Prescriber numbers by 25%
 - Enroll 80% of Clinicians by 10/1/19
 - Enroll 95% of Clinicians by 12/31/19
 - Specificity was an issue

Key Results should be Smart

 Specific	 Measurable	 Attainable	 Realistic	 Time-bound
<p>Do: Set real numbers with real deadlines.</p> <p>Don't: Say, "I want more visitors."</p>	<p>Do: Make sure your goal is trackable.</p> <p>Don't: Hide behind buzzwords like, "brand engagement," or, "social influence."</p>	<p>Do: Work towards a goal that is challenging, but possible.</p> <p>Don't: Try to take over the world in one night.</p>	<p>Do: Be honest with yourself- you know what you and your team are capable of.</p> <p>Don't: Forget any hurdles you may have to overcome.</p>	<p>Do: Give yourself a deadline.</p> <p>Don't: Keep pushing towards a goal you might hit, "some day."</p>

Focus and Commit to Priorities



S	M	A	R	T
Specific	Measurable	Attainable	Realistic	Time-bound
Do: Set real numbers with real deadlines. Don't: Say, "I want more visitors."	Do: Make sure your goal is trackable. Don't: Hide behind buzzwords like, "brand engagement," or, "social influence."	Do: Work towards a goal that is challenging, but possible. Don't: Try to take over the world in one night.	Do: Be honest with yourself- you know what you and your team are capable of. Don't: Forget any hurdles you may have to overcome.	Do: Give yourself a deadline. Don't: Keep pushing towards a goal you might hit, "some day."

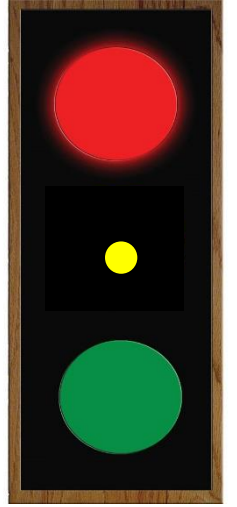
- Communicate Clearly
 - It isn't mean, it is direct
- Objectives well framed with clear Key Results
 - Limited Objectives, 3-5 KR/Objective
 - Smart
 - Transparent (Objectives AND Key Results)
- Everyone has OKRs
- Pairing Results and Unintended Consequences (Pinto)

Align and Connect

- Informatics is a Service Organization (like IS)
- Understand the organizational asks
- Top Level Objectives and Key Results
- Cascade OKRs selectively vs. Derivation
- Bottom up
 - Craft OKRs with Top Level Objectives in mind

Track for Accountability

- OKR Shepherds
- Transparency
- Scoring aligned with metrics
 - Stated, emphatic
- Green or Red, rarely yellow
- Honest Reflection
 - Did we do it?
 - What obstacles did we encounter
 - Did we change KRs? Why/why not
 - Learnings



Informatics Alignment with Operational OKR

WE DELIVER HEALTHCARE THAT IS...



Zero Harm

Zero harm for
our patients and
workforce



Top Quartile Patient Experience

Providing **exceptional experiences** to the
people we serve



4 Star Total Cost of Care

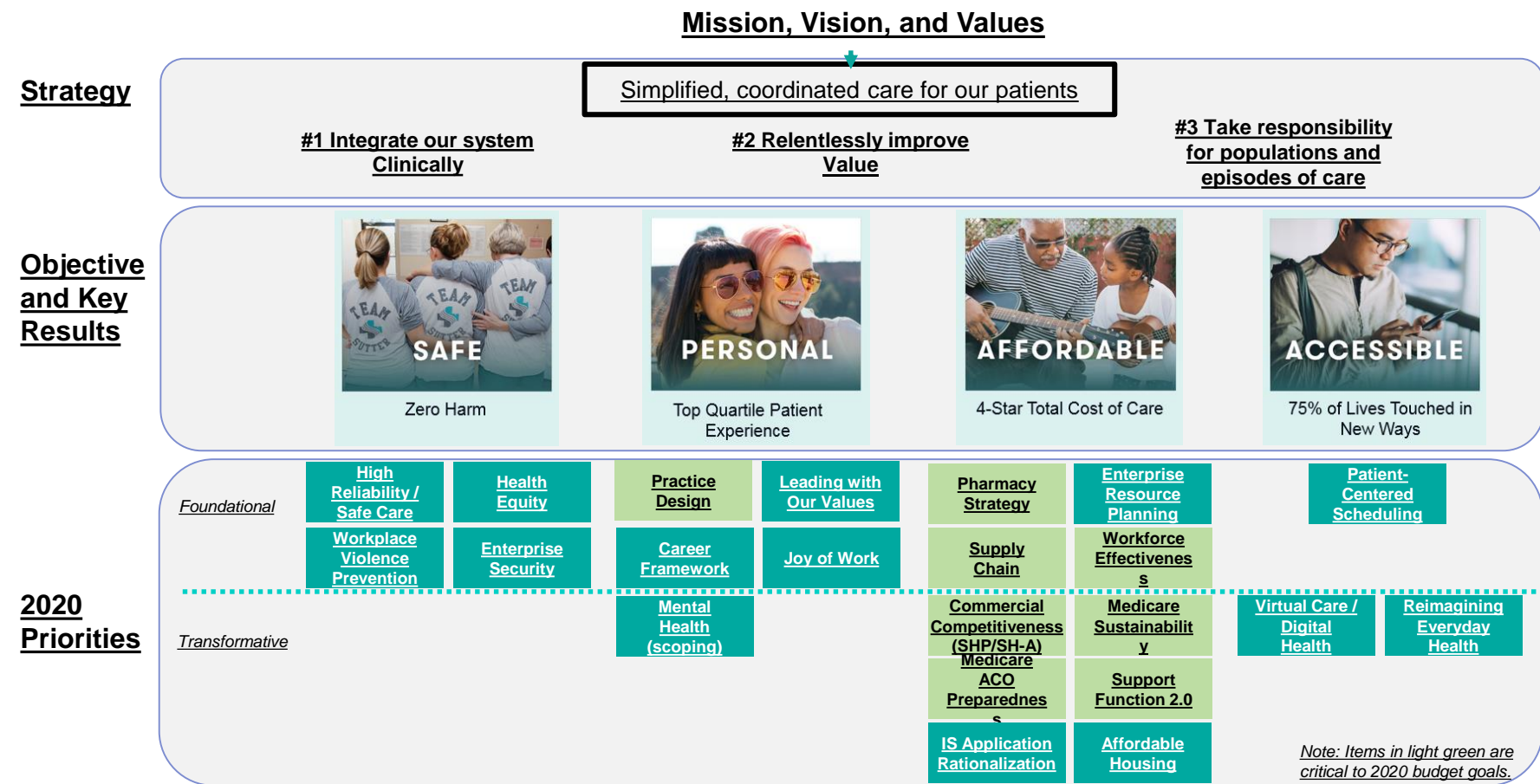
Delivering value
for our patients and
communities



75% of Lives Touched in New Ways

Intuitive and
human-centered

Organizational Objectives and Priority Alignment



Defining Informatics Value and Alignment

Strategy

**#1 Integrate our system
Clinically**

Simplified, coordinated care for our patients

**#2 Relentlessly improve
Value**

**#3 Take responsibility
for populations and
episodes of care**

Objectives and Key Results



Zero Harm



Top Quartile Patient
Experience



4-Star Total Cost of Care



75% of Lives Touched in
New Ways

Informatics Initiatives

EPCS
Rad CDS
SOGI/SGN
Anti-Coag
Phoenix
Beacon IP
Stork
SS Med Hx
MUSE
Refuel
Endoscopy
BHS

SOGI/SGN
EPCS
Phoenix
Stork
Secure Messaging
Voice Recognition
CURES integration
Tumor Board
Allergy
Refuel

Radiology CDS
HCC alert
Phoenix
AQRS/PHM
Stork
CURES integration
Roster Mgmt
SS RT Benefits
Cardiac App Rat
D/C Milestones
Rehab
Beaker

SOGI/SGN
Anti-Coag
AQRS/PHM
PHM II
Stork
Home Care
BHS

Defining Informatics Value and Alignment

% of Patients with SOGI data
% of Encounters with SOGI data
% of Reg staff trained/using
Patient Satisfaction

EPCS
Rad CDS
SOGI/SGN
Anti-Coag
Phoenix
Beacon IP
Stork
SS Med Hx
MUSE
Refuel
Endoscopy
BHS

% providers who saw information
% encounters with Med change
Cost to patients
Patient Satisfaction

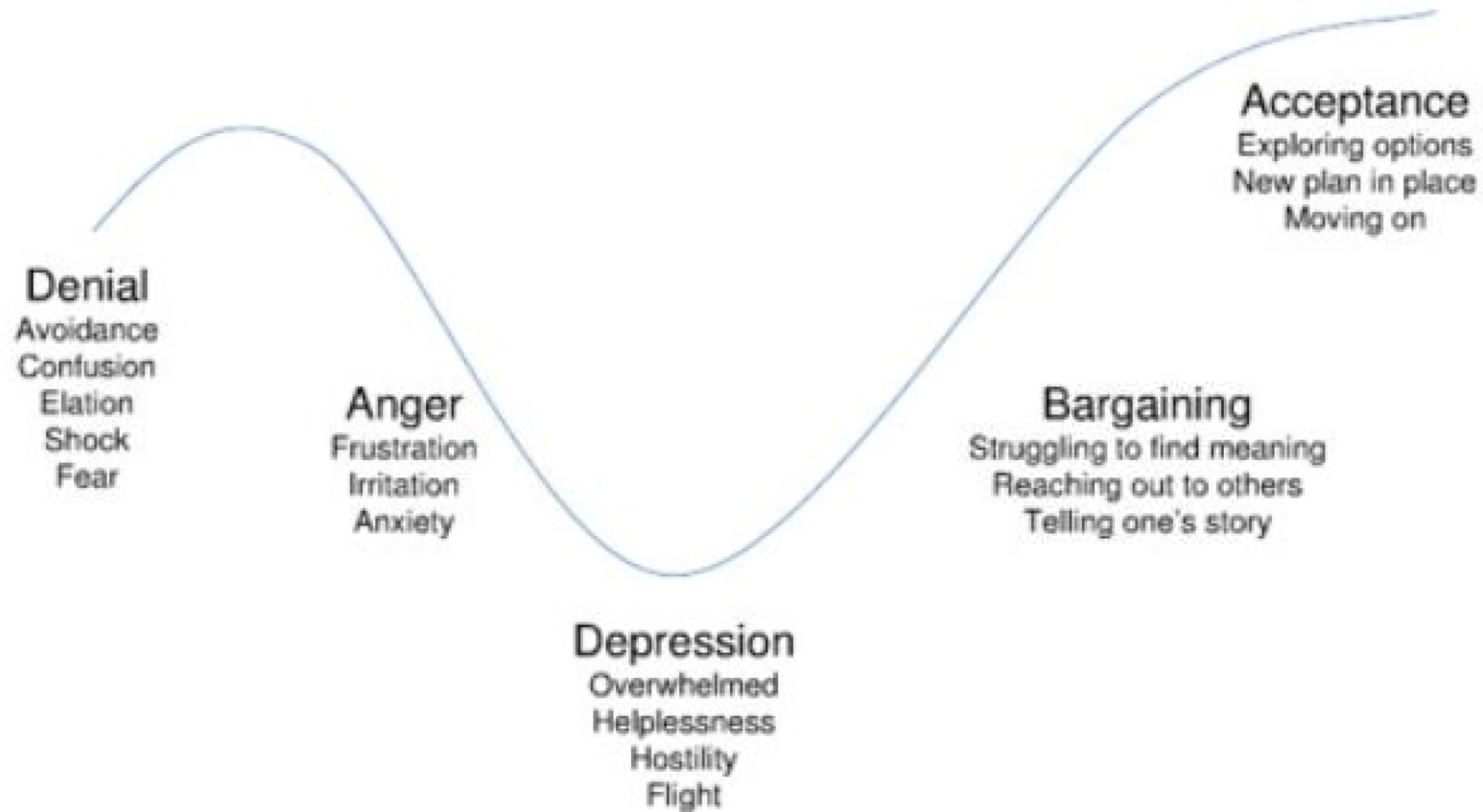
SOGI/SGN
EPCS
Phoenix
Stork
Secure Messaging
Voice Recognition
CURES integration
Tumor Board
Allergy
Refuel

Radiology CDS
HCC alert
Phoenix
AQRS/PHM
Stork
CURES integration
Roster Mgmt
SS RT Benefits
Cardiac App Rat
D/C Milestones
Rehab
Beaker

Health Maintenance #'s
Clinician satisfaction
Outreach/unit time

SOGI/SGN
Anti-Coag
AQRS/PHM
PHM II
Stork
Home Care
BHS

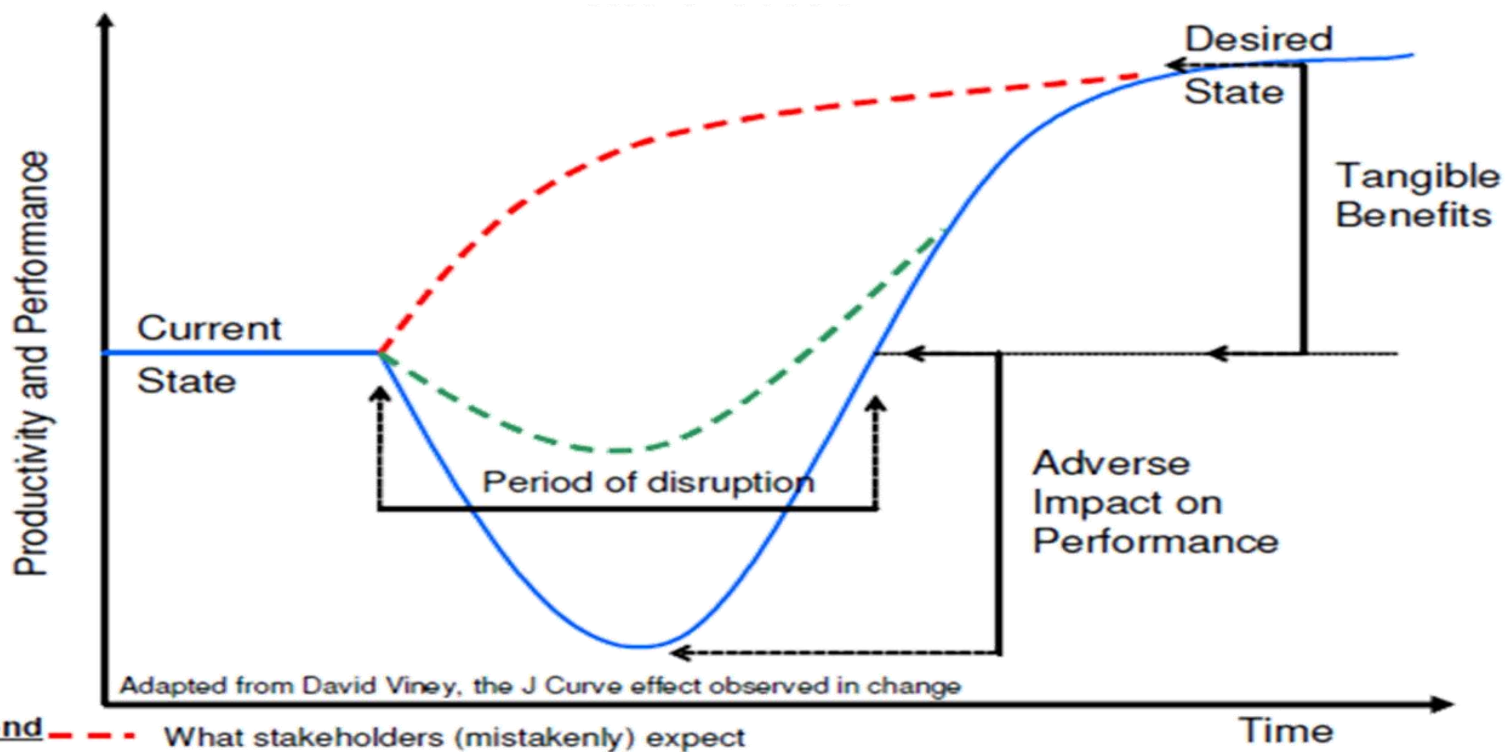
Kübler-Ross Grief Cycle



Information and
Communication

Emotional Support

Guidance and
Direction



- Legend**
- - - What stakeholders (mistakenly) expect
 - - - What stakeholders can expect with good Organizational Change Management activities like: targeted communications, focused education and training, and reliable assessments
 - What actually happens in most cases

Stretch for Amazing

- Stretch or Aspirational Goals
 - Hard but possible
- Motivating, Thrilling, Scary
- Challenge yourself
- Missing a stretch goal
- Organizational Culture



Stretch Goals

*Stretch your goals,
and your goals will stretch you!*



100 Ventures

“Story, as it turns out, was crucial to our evolution – more so than even opposable thumbs. Opposable thumbs let us hang on; Story told us what to hang on to.

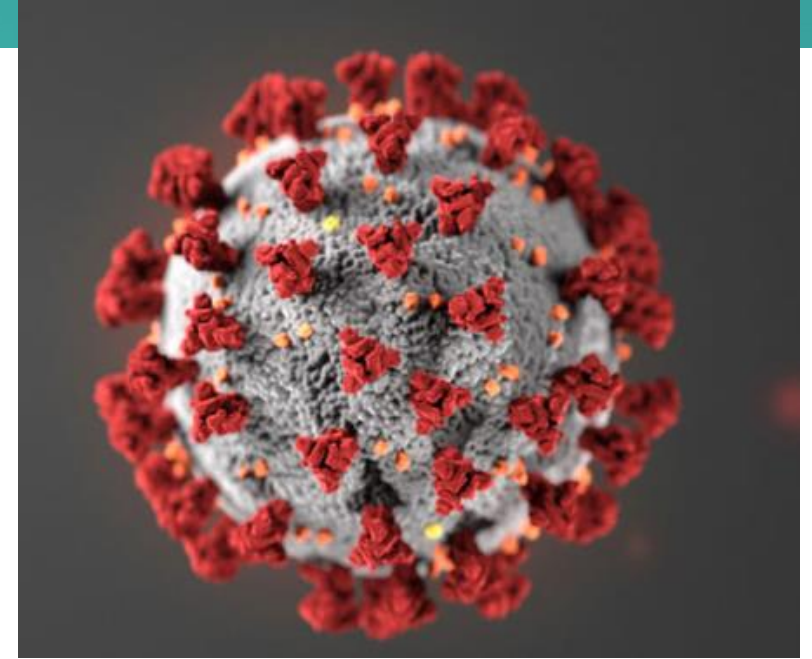
Lisa Cron, Wired for Story

SOGI/SGN

- S/B: We had Custom designed Workflow and Tools
- A: Moving to EHR standard tools would Improve Quality and Safety.
- R: Enterprise project (People and Technical)
 - Cultural Training for All Employees
 - Implement EHR Tools
 - Optimize Patient Data
 - Leverage Interface Optimization
 - Optimize Previous Preferred Name Implementation

SOGI/SGN

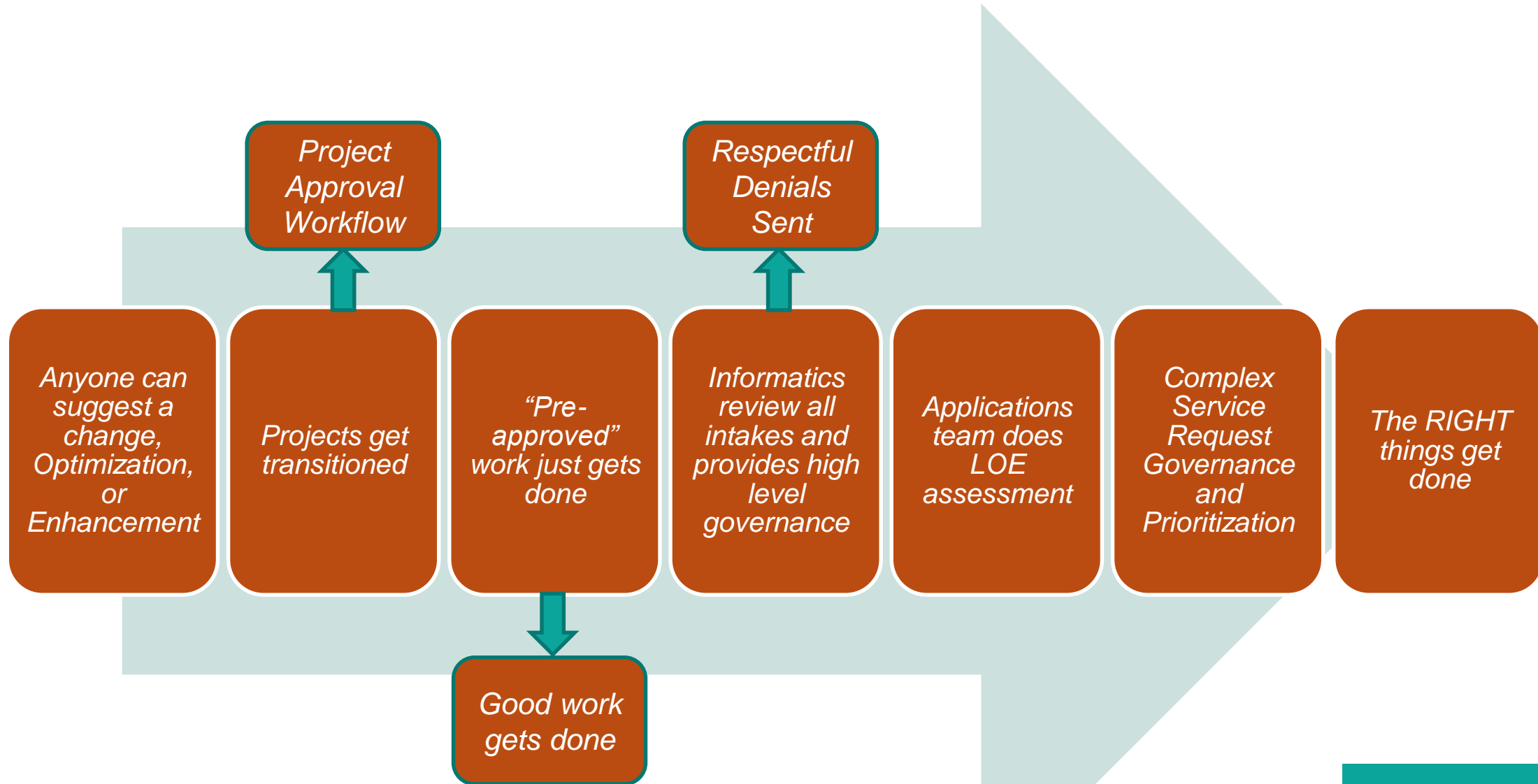
- Planed Metrics/Key Results
 - Cultural training for All employees
 - Planned for Q1-Q3 2020
 - Implement EHR Tools
 - Go-live with Foundation tools Nov 2020
 - Leverage Interface Optimization
 - Required for implementation
 - Managed from many thousands of hours to several hundred
 - Account for Data management issues
 - Managed from 10-20K hours to several hundred
 - Optimize preferred name and Clinical data acquisition
 - All encounters to Document or Update Gender identity and Sex-Assigned at Birth (SAB)



Ambulatory Med Admin Record (MAR)

- Quadruple AIM” (+) Quality, (-) Clinician Sat, (-) Efficiency
 - Quality trumps all...except when it doesn't
- Accurate documentation, Med CDS, etc.
- Many previous attempts
- Workflow impacts vs. Policy/regulations
- Informatics Value? The elephant in the room.

Informatics Value and the Intake Process



COURT MARSHALL OF CAPT. JAMES



- COMPUTER: James T. Kirk, Captain, Starship Enterprise. Commendations, Palm Leaf Of Axanar Peace Mission, Grankite Order of Tactics, Class of Excellence, Prantares Ribbon of Commendation, Classes first and second
- PROSECUTOR: The prosecution concedes the inestimable record of Captain Kirk.
- DEFENSE: I wouldn't want to slow the wheels of progress. But then on the other hand, I wouldn't want those wheels to run over my client in their unbridled haste.

“Marketing is no longer about the stuff you make but about the stories you tell.”

NERD ALERT

COURT MARSHALL OF CAPT. JAMES T. KIRK



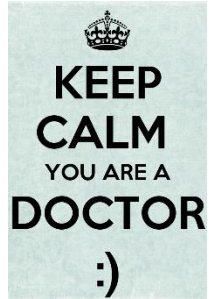
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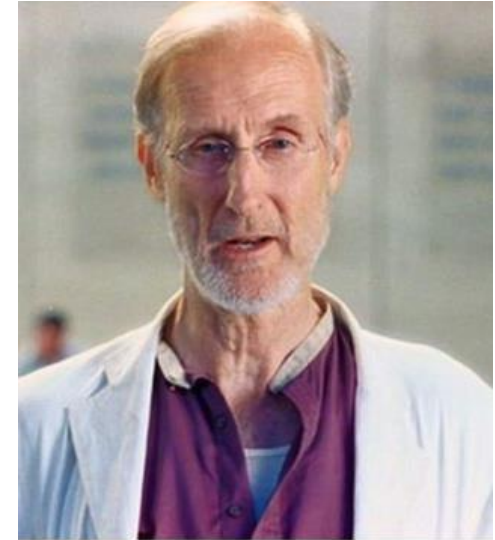
Building a Culture of Value and your Brand

- Solve a problem, don't schedule a meeting
- Think outside and in-front of the box
- Engage at the start and don't let go till it is done
- Demonstrate the value provided
- They are your customers but also your partners

Example of Ideas to live by



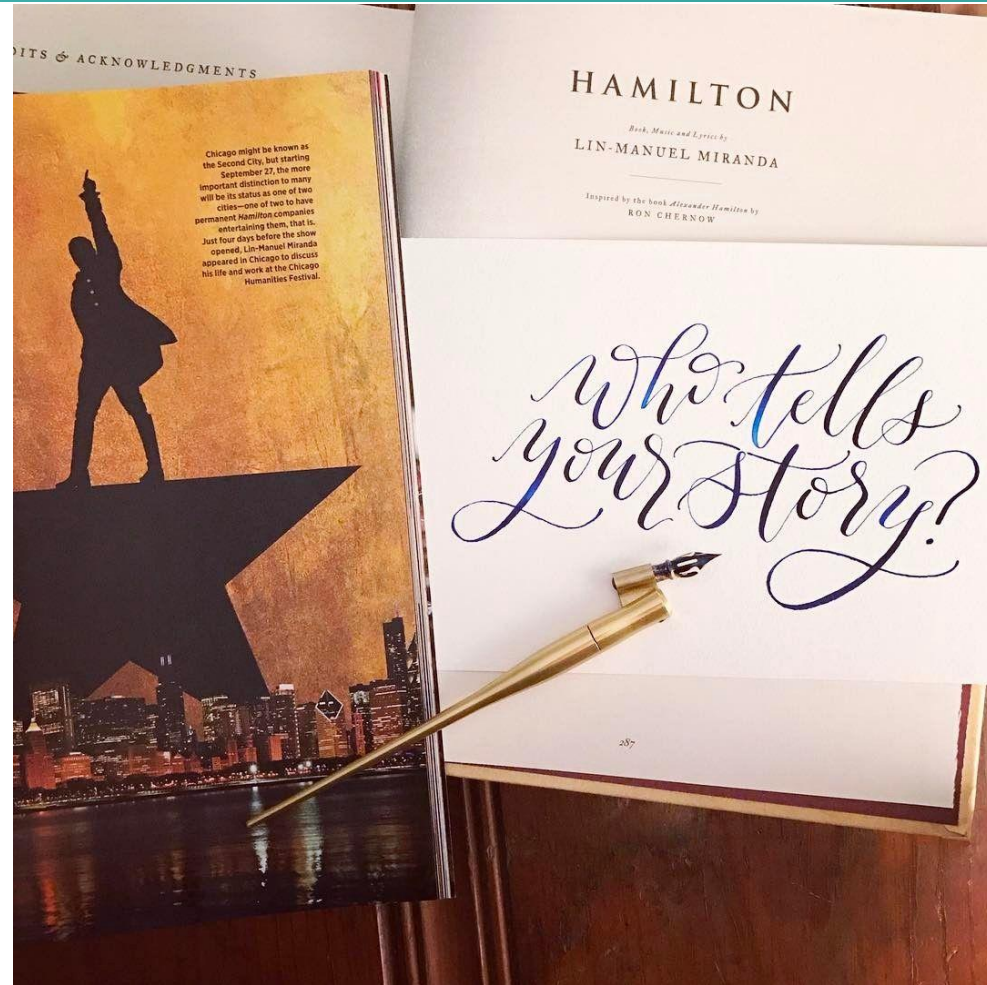
- It is amazing what you can accomplish if you do not care who gets the credit... but claim (humbly) credit for a job well done
- Being a “Dr.” raises the volume of your voice.
 - Speak softly, listen intently
- Sometimes asking a question is far more impactful than answering one...If it is the right question
- “You can say that because you are a Doctor”
- It is always the team
- Never waste a good crisis
- TT_ and _SS



"That, **Doctor**, is the right question."
" Program terminated. "

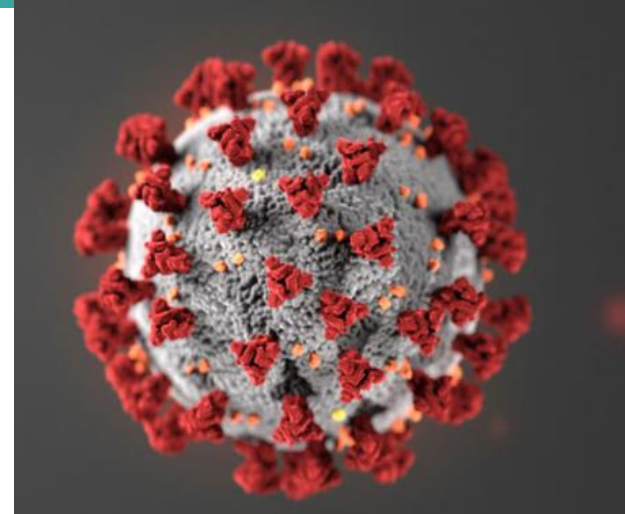


Who tells your story?



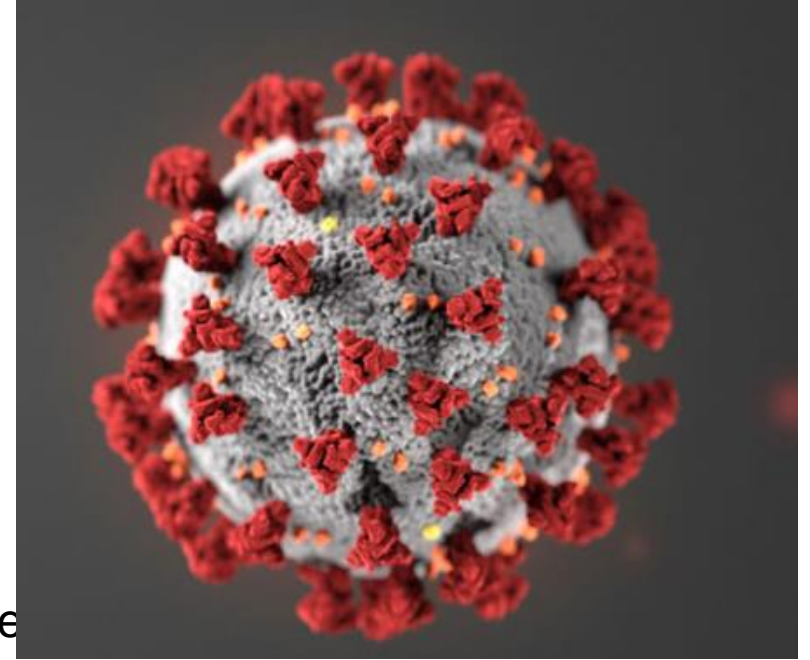
The COVID Crisis

- Constantly Changing Objectives
 - Screening questions, Testing criteria
- Ordering, CDS, Reporting
 - Too Hard/Easy, Too much/not enough, Int./Ext.
- Scarcity: PPE, Testing, ICU beds, Ventilators
- Ever changing regulations
 - Quarantine
 - Testing
 - Patient Instructions
- But we learned and grew...



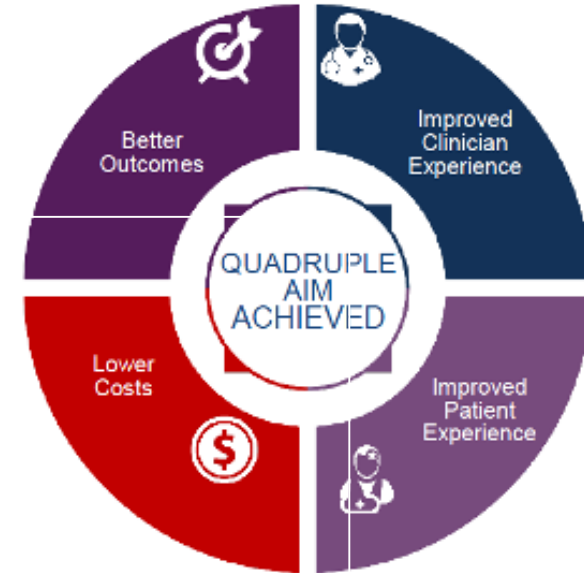
COVID Tested Us in Ways we Never Imagined

- Change Management/Liaison
 - Several go-lives/week then weekly then bi-weekly
 - Communication and training/support TAT
- Problem solving
 - Manage demand and capacity of Testing via orders
 - Internal Operational Dashboards inaccurate and insufficient
- Problem Solving and Governance:
 - External Reporting constantly changing: New data sourced or created
 - Data Governance (Clinical) vital
- Leadership: Throughout the process Informatics:
 - Supported Senior Leader
 - Led or Supported the Analyst Team and Data and Analytics teams



The Value of Informatics

- Physician's Helpdesk
- Clinician Police
- Implementer
- Physician Champion
- Blame taker
- Liaison
- Problem Solver
- Change Agent
- Governor
- Leader



Measure what matters

Questions?