Double Win

Better Outcomes
AND
Lower Costs
Penicillin
What if I told you that there is, right in front of us,

*an entire class of innovations*

that can deliver

*double wins?*
What if I told you that these innovations were based on familiar, common-sense principles?
What if I told you that these innovations had the potential to

reinvigorate the careers of burned out physicians?
What if I told you that these innovations required only modest risks and modest size investments?
What if I told you that such opportunities exist:

in every health system,
in every medical condition,
and in every corner of the country?
What if I told you that we’ve been overlooking these innovations, quite literally, for decades?
How is this possible?
How is This Possible?

1. Fee-For-Service Medicine

... more to come ...
What do these innovations look like?
Primary Children’s Hospital
(Salt Lake City)

The Patients

Children with Complex Medical Conditions

The Innovation

More care planning, more care coordination, and more close contact with families.

The Results: A Double Win

Better Outcomes

 Fewer Hospitalizations, Fewer ER Visits
 Higher Satisfaction
 Costs down >10%.
Tens of Thousands Of Similar Innovation Initiatives
Small, Full Time*, Clinical Teams
For Single, Low-Tech, Initiatives
To Redesign Care From Scratch
AND Deliver Better Care
For A Selected Patient Population
Small Full Time Clinical Team

Redesigns Care

Delivers Better Care

Particular Patient Population
Innovation:
The Broad View
Science?
Brand New Ideas?
Technology?
A Cheap and Curative Pill

Cost

Outcomes

1940
Innovation in Aggregate
The Cost Wall
What Now?

Outcomes

Biosciences
Driven
Innovation

Cost
Constraint

Cost

A Second Kind of Innovation

Innovation in Health Care Delivery

Biosciences Driven Innovation

Outcomes

Cost


Cost Constraint
Innovation and the Madness of Fee for Service Payments

1. You get paid ZERO for services you invent

2. You get PENALIZED for keeping patients healthy
Innovation is a two-part challenge:

IDEAS

EXECUTION
The EXECUTION challenge:
Underestimated
Underinvested
An Exception to the Rule

<table>
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<th>IDEAS</th>
<th>EXECUTION</th>
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<td>Biosciences Driven Innovation</td>
<td>REALLY HARD</td>
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<td>Innovation in Health Care Delivery</td>
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Innovation in Health Care Delivery
Four Categories, Four Simple Ideas

1. Standardization
2. Coordination
3. Prevention
4. Improved Medical Decisions
How is This Possible?

1. Fee-For-Service Medicine

2. They Seem Kind of Boring
A Simple Innovation Map
Where is the Opportunity?
Physics of Innovation

\[ R_{\text{tot}} = R_{\text{ops}} + R_{\text{inn}} \]
The Critical Resource: TIME

Ongoing Operations
Part Time Contributions from All

Ongoing Operations

Fraction of Time

People

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The Fundamental Limitation

Project Size
Full Time Contribution from a Few People

Ongoing Operations

Fraction of Time

People

Innovation
Innovation with Full Timers

• Bigger Projects

• Resources are More Reliably Available

• Ability to Practice Clean Slate Team Design (Without Breaking Anything)
This Approach Does Not Enable Clean Slate Team Design

Ongoing Operations

Fraction of Time

People

Innovation
A Simple Innovation Map
Where is the Opportunity?
A “Lab” or “Innovation Center” May Not Be the Answer
Team Redesign ...

...lies at the very core of innovation in health care delivery.
Team Based Medicine

Step One:

Build New Teams From Scratch
A Simple Innovation Map
Where is the Opportunity?

Small

Comfort Zone

Large

Bright, Shiny, and New

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How is This Possible?

1. Fee-For-Service Medicine

2. They Seem Kind of Boring

3. They Fall Into A Giant Hole in Innovation Investment Patterns
Innovation:
The Broad View
Science?
Brand New Ideas?
Technology?
None of the above!
Redesigns Care

Small Full Time Clinical Team

Delivers Better Care

Particular Patient Population
The Population

Frail and homebound elders

The Intervention

Appointments in the patient’s residence. Care planning, care coordination, decision support. 24x7 nursing availability.

Anticipated Results: A Double Win

Avoidance of unwanted and unneeded care. Savings > 2-3x investment in additional care.
What Innovation Leaders Do

1. Choose a Patient Population
2. Understand the Needs of the Population
3. Design and Build Teams From Scratch
4. Invent Operating Routines From Scratch
5. Measure Costs and Outcomes
Tens of Thousands
Of Innovation Initiatives

Tens of Thousands
Of Physician Innovators
Action Steps for Senior Leaders

1. Accelerate Payment Reform
2. Invest in Innovation in Health Care Delivery
3. Do Not Invest in a “Big Idea Hunt.” (Simple Ideas Will Do.)
4. Invest in Small Full-Time Clinical Teams that Redesign and Deliver Better Care for Particular Patient Populations
5. Recruit Physician Innovators
6. Spread Success Stories
Questions
Step Forward

The Opportunity

Right now, not far from where you sit, there is an opportunity for a dramatic double win — an innovation in care delivery that improves outcomes and simultaneously slashes costs.

Sound too good to be true? It’s not. Thanks to the perverse incentives built into fee-for-service medicine, these opportunities have been overlooked for decades.

Now, thanks to the ongoing transition to value-based

What Do Physician Innovators Do?

It will take innovators from all health professions to fix the system. There will be little progress on the largest opportunities; however, without one essential ingredient: physician leadership. A groundswell of tens of thousands of physician innovators is exactly what the system needs.

What do physician innovators do? They choose a specific and local patient population that they care about deeply. They work to fully understand how today’s care falls short of these patients’ needs.

Then, they redesign care from scratch. They build multidisciplinary teams. They deploy providers in nontraditional ways. They sometimes even create new jobs. Finally, they prove that their innovation works. They demonstrate the double win: better outcomes, lower costs.

This website is about physician innovators and for physician innovators. It is designed to connect physician