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Kaiser Sets a New Standard

Alison Arieff writes books and a blog on design and popular culture. In her most recent blog she writes, "'Optimistic' may be about the last word you'd choose to describe the health care industry. Or maybe 'innovative.' But the work now being undertaken by Kaiser Permanente, the nation's largest not-for-profit health plan, would make you gravitate toward those descriptors. Kaiser's collaborative, institution-wide effort known as KP Innovation could revolutionize health care for the whole industry."

She continues, "Over the past few years, I've noticed that there was something very different about the way Kaiser communicated its brand. Their 'Thrive' campaign, created by Campbell-Ewald, posits Kaiser less as a medical/institutional service than a lifestyle. Both in print and on TV, the ads are visually compelling (clever puns, blueberries elevated to high art) and emotionally engaging (online medical records not only streamline procedures, they save trees and the planet), with voiceovers by the appealing Allison Janney, formerly of 'The West Wing.' The intended message is not how well Kaiser will care for you when you're sick, but rather how Kaiser helps deliver wellness and can enhance the quality of your life."

"It would be easy to dismiss 'Thrive' as a great piece of ad work, one likely masking larger institutional deficiencies. But the thing is, Kaiser has invested an incredible amount of its resources to align itself with the brand message conveyed by 'Thrive.' Their efforts to improve the patient experience touch all facets, from designing greener, healthier buildings to increasing the amount of time nurses spend at bedside. And they are helping resuscitate an industry that's never been more in need of fresh air."

"I've written here about how even the most seemingly innocuous details of the health care environment – a dead potted plant in a doctor's reception room, an ill-fitting hospital gown, a blaring television – can contribute to an unpleasant, at times even devastating experience. Recognizing that reality, Kaiser's National Facilities Services (N.F.S.) group has, since 2007, been working on the Total Health Environment, a program that is applying design thinking to every aspect of Kaiser's operations, from medical records to medication administration, color palettes to carpet."

"'Total health' becomes a principle on which to build new facilities and remodel existing ones. Though certainly not the first health care provider to improve its facilities and service (an exemplar is the Mayo Clinic), Kaiser Permanente may be the first to reach so many people. KP has nearly nine million members spread from Washington, D.C., to Hawaii, a team of 14,000 physicians and a workforce of 167,000."

"Early on, N.F.S. team members began touring several of Kaiser's facilities, taking note of all aspects that were distinctly 'not thriving.' They visited both competing institutions and analogous places (like cafés, hotels and retail establishments). They interviewed all relevant stakeholders, from orderlies to patients' family members, about their experiences, and anyone who has ever visited doctors' offices and hospitals would nod in agreement with many of the Kaiser team's findings."

"Some of what the team learned (quotes in parentheses are from interviews): People can't find entrances or parking or where they need to go ('There are so many signs! All the buildings look alike!'). Grand lobbies instill anxiety rather than awe. Waiting rooms

(Continued...)

Kaiser Sets a New Standard (Continued)

are dreadful, time-wasting, uncomfortable ('Why are these magazines so old?'; 'I hope I don't catch anything'). Cafeterias = inedible food + unpleasant environment ('Is this café clean?'). Examination and hospital rooms are impersonal, isolating and not family-friendly ('I hope nobody walks in without knocking'; 'I am so bored'; 'Can my daughter sit with me?'). People need more information, more connection, more control."

"The collaborative team designated 22 key experiences that together add up to what they call a 'Total Health Journey.' These touch on each moment of the patient's experience, from the approach to the facility to the route down the corridor to any stop made along the way, whether at check-in, in an exam room, or at the cafeteria, pharmacy or bathroom. The design solutions that emerged included things as seemingly obvious as clearly marked signage; stairwells that might actually encourage people to take the stairs (and remove the fear that anyone who does so might end up locked in between floors); the creation of outdoor spaces that provide escape and respite, not to mention natural light; transforming typically unwelcoming cafeterias to more people-friendly cafés; and an exam room that emphasizes comfort, privacy and personal control."

Key Experience #13, for example, addressed the waiting room, which traditionally features linear seating arrangements. Kaiser eschews the typical "bus station seating" for comfortable chairs, with brighter color palettes, and the more flexible seating allows for situation – or needs-based configurations.

Key Experience #19 focuses on the patient room. A multi-disciplinary, multi-regional panel of experts (nurses, infection-control specialists, Kaiser members, brand consultants and others) developed a template flexible enough to work for a variety of patient populations across all Kaiser facilities. They addressed problems including harsh lighting, lack of storage, a surplus of "hard" spaces (with few softer ones) and the intimidating amount of equipment and technology a patient was confronted with from the entryway and from the bed.

Innovations include more effective and attractive receptacles for waste management and soiled linen, increased storage space, better equipment organization and more readable patient care information in the nurse zone; and greater privacy and more comfortable furniture in the family zone.

Something as simple as redesigning the headwall into a more efficient, modular headboard saved \$2,369 per room – and is far more comfortable to boot. Language was rethought

as well: this new room is a "guest room," not a "patient room," part of a larger move toward thinking about health and wellness rather than sickness.

Integral to the Total Health endeavor has been its embrace of sustainable materials, systems and technology, from denim insulation for walls to the introduction of farmers markets at 30 facilities in six states. (Other hospitals are embracing similar food and farm innovations. San Francisco's newly rebuilt Laguna Honda Hospital will feature a therapeutic farm and garden for patients.) The move toward sustainability can be credited in large part to committed KP leadership. But of course much of the cost-saving is possible because of Kaiser's size, which gives them incredible buying power.

In 2000, for example, Kaiser launched a national campaign to remove polyvinyl chloride (PVC) from products and building materials, including carpets. At the time, PVC was ubiquitous in healthcare settings, even though the material is a major source of dioxin, a known human carcinogen. Working with the carpet manufacturer Collins and Aikman (now known as Tandus), KP helped create a new type of carpet backing that is PVC-free (it's made from recycled safety glass from car windshields), while also meeting performance requirements for healthcare settings. Four years later, the new carpet was on the market. Since 2004, approximately 10 million square feet of this carpet has been installed in Kaiser Permanente facilities – and it is also available to the healthcare industry at large.

Though hospitals will end up looking better, these efforts aren't about decorating, they're about outcomes. Numerous studies point to the benefits of the design strategies and environmental interventions KP has proposed and implemented. Factors like the quality and intensity of light, access to natural light, the noise level in a room, the privacy afforded by single-patient rooms – all of these affect patient health, satisfaction, soundness of sleep and speed of healing. Views of nature have been shown to decrease depression, pain, stress and even length of hospital stays. Floor plans that are designed to help healthcare workers do their work more effectively (as well as increase privacy and comfort of patients) can reduce falls, improve patient communication and lessen stress for all.

Kaiser has made a commitment to share its research, from process to product, for free.

"What we need is a health care system"

By: Ron J. Anderson, MD, MACP, President & Chief Executive Officer of Parkland Health & Hospital System

Ron J. Anderson, MD, MACP, the President & Chief Executive Officer of Parkland Health & Hospital System in Dallas, Texas, wrote the following very thoughtful President's Letter for a recent Parkland publication, which is shared here with his permission:

"Much debate is centered on health care reform. When a health care reform bill spanning more than 1,000 pages was submitted, more than 400 amendments were filed within days. Throughout this discussion, a lot of information has been passed around – some accurate and some sensational. It's frustrating when politics hinder the chance of well-meaning reform, but we can't let perfect get in the way of a chance to get better.

"For me, the issue boils down to one point that is not up for debate. The current system is not sustainable. Costs are soaring, funding is declining and some 47 million Americans are left out of the current system. We have the best sick care system in the world for those who have money.

"What we need is a health care system. Now is the time to step up and address it. If we don't, then we're just leaving problems for our children that will continue to compound and cost more. It's time to take a serious look at how insurance is structured in the U.S. Too many people are left without access to primary medical care.

"How can we truly create a health care system? One that promotes well being, prevention and education so that we keep people well and therefore productive rather than intervening with medical care once they are already ill or injured?

"A fair reimbursement, not paying before realizing costs, is necessary to make reform work and to provide access for publicly supported or subsidized patients. We must get rid of cost-shifting and implicit funding scenarios

in order to create an accountable model of reform. Payment should be value-based, meaning we're paid based on performance and quality. Payment should be focused on best practices, tracking, analysis and excellent outcomes.

"We must make crucial investments in infrastructure. Many facilities are outdated. But we must also make crucial investments in information systems and technology; not just to be faster, but to provide better care. With IT systems we can better track and analyze to find opportunities to improve protocols and even prevent illness or injury by finding points for intervention, prevention and education.

"A change of this magnitude will require a little sacrifice from all of us to make it work. And we must all hold each other accountable. It's important to understand that health care reform requires a certain amount of personal responsibility. Reform should encourage patients, providers and communities to engage as partners in health care. Reform should encourage healthy lifestyles, adherence to treatment plans and active self-management.

"We should all take some responsibility for reform. You have an important role. Let your legislators know that you want a solution, that you want them at the table. Don't buy into propaganda, but rather seek out the facts, be informed and stay involved."

Ron makes some excellent points about healthcare reform that ought to be addressed if we are going to have meaningful reform of our healthcare system – what do you think?



I would like to hear your comments.
Send them to:
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Reform Unlikely to Have Wide Effect

The *New York Times* reporter, Reed Abelson, recently wrote about the people who currently have health insurance and how a new health bill is likely to affect them.

He stated, "Now that the Senate has caught up with the House by passing a sweeping health care bill, lawmakers are on the verge of extending coverage to the tens of millions of Americans who have no health insurance."

Then he wondered, "But what about the roughly 160 million workers and their dependents who already have health insurance through an employer? For many people, the result of the long, angry health care debate in Washington may be little more than more of the same."

"There are still many gaps to bridge between the House and Senate bills. But even before the House-Senate negotiations begin... this month... both bills offer this assurance: If you lose your job or move to one that does not provide benefits, there should be better alternatives when shopping for your own coverage."

"And both the House and Senate bills share the same basic goal of placing new rules on insurers so that even someone with a pre-existing medical condition, or a few years to go before qualifying for Medicare, should have a much easier time finding a relatively affordable policy."

Proposed changes for employer-provided coverage seem aimed mainly at workers whose benefits are either very generous or exceedingly skimpy.

On the generous end, about a fifth of employers now offer health plans that could be affected by a new 40 percent excise tax in the Senate bill on so-called Cadillac policies, according to an estimate by Mercer, a benefits consulting firm. That tax, to be imposed on annual premiums that exceeded \$23,000 for family coverage, would go into effect in 2013. For example, if an insurer, or a self-insured employer, offers a plan costing \$25,000, it must pay a 40 percent tax on the \$2,000 that is above the threshold, or \$800.

If the excise tax survives the House-Senate negotiations, it is hard to predict how employers will respond. But almost two-thirds of the employers recently surveyed said they were likely to reduce employee benefits rather than pay the tax.

The public policy goal of the tax, in theory, is to have everyone spend less on medical care, even if it means using it less.

"We know people will use less care under such plans," said Paul Ginsburg, president of the Center for Studying Health System Change, a nonpartisan group.

What is not so clear, Mr. Ginsburg said, is whether people will make – or be able to make – rational choices between treatments that are not particularly effective and treatments that may help them from becoming sicker later.

Still unclear is whether any of the new standards – the lifetime caps, the out-of-pocket maximums, the minimum coverage standards – would apply to employer-based policies.

Because most big companies already offer plans that would meet the minimum standards being set, their workers would probably be unaffected by the new rules in any case.

The real unknown, of course, is whether any final legislation will accelerate the rise in premiums or slow it. At least one impartial analysis, by the nonpartisan Congressional Budget Office, concluded that the legislation was not going to have much of an effect on the cost of premiums either way.

There are plenty of doomsayers who argue that the cost of expanding coverage to millions of people, many of whom will need help to pay their premiums, is going to be borne by everyone else. But there are others, including President Obama, who argue that the legislation will make health insurance more affordable than it would be otherwise. "If we don't pass it," he recently said during a television interview, "here's the guarantee – your premiums will go up, your employers are going to load up more costs on you."

About



PHNS provides IT services for hospitals, other healthcare providers and businesses. PHNS' IT services include application hosting, co-location and managed services; electronic off-site data back-up and data vaulting; business continuity solutions; disaster recovery services; and systems integration services. PHNS also provides comprehensive business process solutions for hospitals including admitting, HIM (including medical record management and storage, transcription, coding, release of information and electronic medical record services) and revenue cycle services. PHNS creates business-healthy hospitals by improving operations, enhancing technology and increasing cash on hand, which allows hospitals to focus on their core competency – patient care. PHNS has approximately 1,670 customers, including approximately 400 hospital IT and business process customers and approximately 1,270 IT customers. PHNS is headquartered in Dallas, Texas. See www.phns.com for additional information about PHNS.