Systemness:

The Next Frontier for Integrated Health Care

Perspective From Two Large Federal Health Systems

Observations From The Commercial Health Sector

James B. Peake, MD
Lieutenant General, USA Army (Ret)
6th Secretary of Veterans Affairs
Senior Vice President, CGI
Definition of an expert .... Someone from out of town with a briefcase and grey hair

My Perspectives

• DoD... Military Health System
• Department of Veterans Affairs
• View of Civilian Health Industry - CGI
Two GREAT Systems
Two GREAT Missions

HEALTH & FITNESS

RETURN TO DUTY

SPECIALIZED RECOVERY

LONG TERM REHAB

MILITARY HEALTH SYSTEM
DEPT OF DEFENSE

VETERANS HEALTH ADMIN
DEPT OF VETERANS AFFAIRS
The Military Health System

The Army Medical Department
Hospitals to Health Systems

Army Surgeon General..... *Two* Roles  - Unity of Effort

- **Staff Advisor** – to Army Secretary and Chief of Staff Policy Maker
  - Peacetime Care
  - Go to War Policy / Structure

- **Commander of the Medical Command**
  - All Medical Facilities
  - Preventive Medicine and Public Health
  - Research and Medical Logistics
  - Training – Medical and Leadership
UNITED STATES ARMY MEDICAL COMMAND
Proposed Transformation of Regional Medical Commands
Regional Dental Commands
*Regional Veterinary Commands

MEDCOM Headquarters
Fort Sam Houston, TX
Major Subordinate Commands

Western RMC
Pacific RMC
Southern RMC
Europe RMC
There are currently four of these regional commands:

- Regional Health Command - Europe.
- Regional Health Command - Central.
- Regional Health Command - Atlantic.
- Regional Health Command - Pacific.
AMEDD Mission Map

Medical Readiness for the Transforming Army

Project and Sustain A Healthy and Medically Protected Force

- Healthy soldiers
- Protected from disease and injury
- Lower Army’s medically related costs

Deploy a Trained and Equipped Medical Force that Supports Army Transformation

- Trained Medics
- Flexible Medical Forces
- Smaller Footprint
- Reduce cost of ownership of the deployable force

Manage the Care of the Soldier and the Military Family

- Quality, Compassionate Healthcare
- Passion for Eliminating Wasted Time
- Healthy Patients and Families are #1
- Eliminate the Hassle Factor
- Optimize Total (MCSC+ Direct) System Efficiency

DoD/Army/Soldiers

Financial

Beneficiary/DoD/Army

Financial
Decision Support Center

27 Systems Feeding Data

Benchmarking - Internal and External

Clarity on Sources of Data

Drillable

Transparency

Management Review

Linked to Balanced Score Card
Philosophy

Quality Assurance

Patient

Education

Clinician

Patient Data

Communication

Applications

Prevention

Clinical Decision

Population Health

INFORMATION At The CORE
A Systemness Journey . . . History / Tradition
Changing Environment

Service Specific

Executive Agent

Shared Service

Integrated Command and Control
• SINGLE POT OF MONEY - DEFENSE HEALTH APPROPRIATION
• CENTRALIZED CONTRACTS FOR NETWORK SUPPORT
• TRICARE LEAD AGENTS
Joint Operations

Potential Market Areas for Joint Medical Operations

Synergy, Efficiency, Quality

. . . Moving Beyond Artificial Boundaries
"After careful study and deliberation, the conferees conclude that a single agency responsible for the administration of all MTFs would best improve and sustain operational medical force readiness and the medical readiness of the armed forces, improve beneficiaries’ access to care and the experience of care, improve health outcomes, and lower the total management cost of the military health system,” . . . “The current organizational structure — essentially three separate health systems each managed by one of the three services — paralyzes rapid decisionmaking and stifles innovation in producing a modern health care delivery system.”
“In addition, the current stove-piped military health system command structure leads to inevitable turf wars among the military services and the Defense Health Agency, paralyzing decision-making and stifling healthcare innovation.”
Telemedicine

*Enhancement of use of telehealth services in military health system* (sec. 718)

The Senate bill contained a provision (sec. 705) that would require the Secretary of Defense, within 1 year of the date of enactment of this Act, to incorporate the use of telehealth services throughout the direct and purchased care components of the military health system. The provision would require the Department to make telehealth services available to: 1) improve access to primary care, urgent care, behavioral health care, and specialty care; 2) perform health assessments; 3) provide diagnoses, treatments, interventions, and supervision; 4) monitor individual health outcomes of covered beneficiaries with chronic diseases or conditions; 5) improve communication between health care providers and patients; and 6) reduce health care costs for beneficiaries and the Department of Defense.

The provision would require the Secretary to establish standardized payment methods to reimburse health care providers for
Establishment of advisory committees for military treatment facilities (sec. 731)

The Senate bill contained a provision (sec. 731) that would require the Secretary of Defense to establish an advisory committee for each military medical treatment facility (MTF). Each advisory committee would include six beneficiaries eligible for health care services in the military health system: 1) two Active-Duty servicemembers; 2) two Active-Duty family members; and 3) two military retirees.

The House amendment contained no similar provision.

The House recedes with an amendment that would not prescribe the composition of members of an advisory committee established by the Secretary. The amendment would also clarify that each advisory committee shall provide advice to the commanding officer or director of a MTF on the administration and activities of the facility as it relates to the experience of care for beneficiaries.
NDAA Expectations from the SYSTEM

- Creating Health Value (8)
- Enhancing Access to High Quality Healthcare (6)
- Improving Beneficiaries’ Health Outcomes (3)
- Improving and Maintaining Operations Medical Force Readiness (8)
- Demanding Performance Accountability (3)
- Driving Efficiencies and Eliminating Waste (6)
- Modernizing TRICARE Medical Support contracts (6)
VA Major Business Lines
FY12 Total VA Funding: $127 Billion

- National Cemetery Administration (NCA)
  - Memorials & Burials
  - Headstones & Markers
  - National Shrines
  - State Grants

- Veterans Benefits Administration (VBA)
  - Life Insurance
  - Home Mortgage
  - Education (G.I. Bill)
  - Comp & Pension
  - Vocational Rehab
  - Employment Services

- Veterans Health Administration (VHA)
  - Primary/Specialty Care
  - Long-Term Care
  - Rehabilitative Care
  - Health Promotion
  - Mental Health Services
  - Prosthetics Services
  - Medical Research
Academic Affiliations

1946
<table>
<thead>
<tr>
<th>Service</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollees</td>
<td>8.76 Million</td>
</tr>
<tr>
<td>Unique Patients Treated</td>
<td>6.33 Million</td>
</tr>
<tr>
<td>Outpatient Visits</td>
<td>83.6 Million</td>
</tr>
<tr>
<td>Outpatient Surgeries</td>
<td>292,500</td>
</tr>
<tr>
<td>Inpatient Admissions</td>
<td>703,500</td>
</tr>
<tr>
<td>Lab Tests (Inpatient &amp; Outpatient)</td>
<td>268.3 Million</td>
</tr>
<tr>
<td>Prescriptions Dispensed (30-Day Equivalent)</td>
<td>266.2 Million</td>
</tr>
<tr>
<td>Prosthetic Services Performed</td>
<td>14.5 Million</td>
</tr>
</tbody>
</table>
VA’s Health Care Expertise

VA is one of the largest civilian employers in the federal government and one of the largest health care employers in the world.

277,000+ Total VHA Employees

84,000+ Veteran Employees

21,000+ Physicians

67,000+ Nurses*

*Includes registered nurses, licensed practical nurses and licensed vocational nurses.
In 1996, VA began the creation of Veterans Integrated Service Networks (VISNs).

- 152 Medical Centers
- 990 Outpatient Clinics
- 300 Vet Centers
- 70 Mobile Vet Centers
- 102 Domiciliary Residential Rehabilitation Programs
- 134 Community Living Centers

Source: FY 2012 End-of-Year Pocket Card
“Kizer had cut more than half of the 52,000 hospital beds in order to open 300 new community clinics, helping the agency treat 700,000 more patients.”
VISNs - Veterans’ Integrated Service Networks
Led by VISN Directors

- 8.5 Million Enrolled
- 6.5 Million Unique Users
- 152 Medical Centers
- 800 Clinics
- 300 Vet Centers
- 270 Health Employees
- 50 States + Territories

Headquarters – Washington DC
Secretary of Veterans Affairs – Cabinet Position
VISN 21: Sierra Pacific Network

VA Medical Centers

Central California VA Health Care System (Fresno, CA)
Livermore (Livermore, CA)
Menlo Park (Menlo Park, CA)
VA Northern California Health Care System (Mather, CA)
VA Pacific Islands Health Care System (Honolulu, HI)
VA Palo Alto Health Care System (Palo Alto, CA)
VA Sierra Nevada Health Care System (Reno, NV)
VA Southern Nevada Healthcare System (N. Las Vegas, NV)

Community Based Outpatient Clinics

Clearlake VA Outpatient Clinic (Clearlake, CA)
Eureka VA Outpatient Clinic (Eureka, CA)
Fremont Clinic (Fremont, CA)
Merced Community-Based Outpatient Clinic (Merced, CA)
Oakhurst Community-Based Outpatient Clinic (Oakhurst, CA)
Pahrump Community Based Outpatient Clinic (Pahrump, NV)
San Bruno VA Outpatient Clinic (San Bruno, CA)
Santa Rosa VA Outpatient Clinic (Santa Rosa, CA)
SFVA Downtown Clinic (San Francisco, CA)
Tulare Community-Based Outpatient Clinic (Tulare, CA)
Ukiah VA Outpatient Clinic (Ukiah, CA)
VA American Samoa CBOC (Pago Pago, AS)
VA Carson Valley Outpatient Clinic (Gardnerville, NV)
VA Diamond View Outpatient Clinic (Susanville, NV)
VA Guam Community Based Outpatient Clinic (Agana Heights, GU)
VA Hilo Community Based Outpatient Clinic (Hilo, HI)
VA Kauai Community Based Outpatient Clinic (Lihue, HI)
VA Kona Community Based Outpatient Clinic (Kailua-Kona, HI)
VA Lahontan Valley Outpatient Clinic (Fallon, NV)
VA Leeward Community Based Outpatient Clinic (Ewa Beach, HI)
Three inpatient facilities:
• Palo Alto
• Menlo Park
• Livermore

Seven outpatient clinics:
• San Jose
• Fremont
• Capitola
• Monterey
• Stockton,
• Modesto
• Sonora
The Evolution of VistA

- 1977 – ANSI Standardization of MUMPS
- 1977-78 – CASS – Computer Assisted System Staff
- 1979-81 – Underground in the VA

- 1981-82 Becoming “Legal”

- Decentralized Hospital Computer Program – DHCP ‘82

VistA ‘94
VistA Value.

Open Source
### 2009 VHA Quality and Safety Metrics

<table>
<thead>
<tr>
<th>Metric</th>
<th>2009</th>
<th>2008</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unadjusted Mortality Acute Care</td>
<td>2.3%</td>
<td>3.0%</td>
<td>No national benchmark; 2008 Kaiser-P study = 4.5%</td>
</tr>
<tr>
<td>Unadjusted Mortality ICU</td>
<td>8.0%</td>
<td>8.0%</td>
<td>No national number- 2008 Kaiser-P study = 8.9% (other studies up to 20% mortality)</td>
</tr>
<tr>
<td>Catheter Line Associated Bacteremia (CLAB)</td>
<td>1.7/1000 Line days</td>
<td>2.15/1000 line days</td>
<td>No national benchmark; recent Nosocomial Infections Survey. Rate approx. 1.8-2%</td>
</tr>
<tr>
<td>Ventilator Associated Pneumonia (VAP)</td>
<td>2.46/1000 Vent days</td>
<td>3.42/1000 Vent days</td>
<td>No benchmark; in Q1 2004, VHA = 8.8/1000 vent days (72% decrease)</td>
</tr>
<tr>
<td>MRSA infections – Acute Care</td>
<td>0.37/1000 Bed days</td>
<td>No Data</td>
<td>No benchmark; in Oct 2007, VHA=0.53/1000 days (32% decrease)</td>
</tr>
<tr>
<td>MRSA Infections – ICU</td>
<td>0.61/1000 Bed days</td>
<td>No Data</td>
<td>No benchmark; in Oct 2007, VHA=1.82/1000 days (67% decrease)</td>
</tr>
<tr>
<td>MRSA Screening – ICU/ Acute Care</td>
<td>94%/93%</td>
<td>No Data</td>
<td>None</td>
</tr>
<tr>
<td>DVT prevention (high risk, non-operative, acute care)</td>
<td>68%</td>
<td>57%</td>
<td>Literature: approx 30-40%</td>
</tr>
<tr>
<td>ICU non-operative DVT prevention</td>
<td>76.3%</td>
<td>68.0%</td>
<td>Literature: approx 30-40%</td>
</tr>
<tr>
<td>Acute care Length of Stay</td>
<td>4.21 days</td>
<td>4.39 days</td>
<td>Medicare average approx 4.9 days</td>
</tr>
</tbody>
</table>

Areas in Green highlight substantial improvement.
<table>
<thead>
<tr>
<th>CLINICAL PERFORMANCE INDICATOR</th>
<th>VHA FY 07 (1)</th>
<th>VHA FY 06 (1)</th>
<th>HEDIS (2) Commercial 2006</th>
<th>HEDIS (2) Medicare 2006</th>
<th>HEDIS (2) Medicaid 2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast cancer screening</td>
<td>86%</td>
<td>85%</td>
<td>69%</td>
<td>70%</td>
<td>49%</td>
</tr>
<tr>
<td>Cervical cancer screening</td>
<td>91%</td>
<td>91%</td>
<td>81%</td>
<td>NA</td>
<td>66%</td>
</tr>
<tr>
<td>Colorectal cancer screening</td>
<td>78%</td>
<td>76%</td>
<td>55%</td>
<td>53%</td>
<td>NA</td>
</tr>
<tr>
<td>LDL Screening after AMI, PTCA, CABG</td>
<td>93%</td>
<td>92%</td>
<td>87%</td>
<td>88%</td>
<td>76%</td>
</tr>
<tr>
<td>LDL Cholesterol &lt; 100 after AMI, PTCA, CABG</td>
<td>62%</td>
<td>60%</td>
<td>57%</td>
<td>56%</td>
<td>36%</td>
</tr>
<tr>
<td>Beta blocker on discharge after AMI</td>
<td>98%</td>
<td>98%</td>
<td>98%</td>
<td>94%</td>
<td>88%</td>
</tr>
<tr>
<td>Diabetes: HgbA1c done past year</td>
<td>97%</td>
<td>96%</td>
<td>88%</td>
<td>87%</td>
<td>78%</td>
</tr>
<tr>
<td>Diabetes: Poor control HgbA1c &gt; 9.0% (lower is better)</td>
<td>16%</td>
<td>17%</td>
<td>27%</td>
<td>27%</td>
<td>49%</td>
</tr>
<tr>
<td>Diabetes: Cholesterol (LDL-C) Screening</td>
<td>92%</td>
<td>96%</td>
<td>83%</td>
<td>85%</td>
<td>71%</td>
</tr>
<tr>
<td>Diabetes: Cholesterol (LDL-C) controlled (&lt;100)</td>
<td>64%</td>
<td>61%</td>
<td>43%</td>
<td>47%</td>
<td>31%</td>
</tr>
<tr>
<td>Diabetes: Good Control HgbA1c &lt;7</td>
<td>48%</td>
<td>47%</td>
<td>42%</td>
<td>46%</td>
<td>30%</td>
</tr>
<tr>
<td>Diabetes: Eye Exam</td>
<td>85%</td>
<td>85%</td>
<td>55%</td>
<td>62%</td>
<td>51%</td>
</tr>
<tr>
<td>Diabetes: Renal Exam</td>
<td>91%</td>
<td>66%</td>
<td>80%</td>
<td>85%</td>
<td>75%</td>
</tr>
<tr>
<td>Diabetes: BP &lt; 140/90</td>
<td>77%</td>
<td>78%</td>
<td>61%</td>
<td>58%</td>
<td>57%</td>
</tr>
<tr>
<td>Hypertension: BP &lt; 140/90 most recent visit</td>
<td>76%</td>
<td>75%</td>
<td>60%</td>
<td>57%</td>
<td>53%</td>
</tr>
<tr>
<td>Smoking Cessation Counseling (3)</td>
<td>83%</td>
<td>80%</td>
<td>74%</td>
<td>44%</td>
<td>43%</td>
</tr>
</tbody>
</table>
## Clinical Indicator

<table>
<thead>
<tr>
<th>Clinical Indicator</th>
<th>VA Average Percent (1)</th>
<th>HEDIS 2011 (2)</th>
<th>DELTA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2012 (6)</td>
<td>2011 (6)</td>
<td>2010 (6)</td>
</tr>
<tr>
<td>Breast Cancer Screening</td>
<td>87</td>
<td>85</td>
<td>87</td>
</tr>
<tr>
<td>Cervical Cancer Screening</td>
<td>93</td>
<td>93</td>
<td>94</td>
</tr>
<tr>
<td>Cholesterol Management for Patients with Cardiovascular Conditions: LDL-C Control (&lt;100 mg/dL)</td>
<td>70</td>
<td>71</td>
<td>69</td>
</tr>
<tr>
<td>Cholesterol Management for Patients with Cardiovascular Conditions: LDL-C Screening</td>
<td>96</td>
<td>96</td>
<td>96</td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td>82</td>
<td>82</td>
<td>82</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care - Blood Pressure Control (&lt;140/90)</td>
<td>80</td>
<td>81</td>
<td>82</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care - Eye Exams</td>
<td>90</td>
<td>90</td>
<td>91</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care - HbA1c Testing</td>
<td>98</td>
<td>99</td>
<td>99</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care - LDL-C Controlled (LDL-C&lt;100 mg/dL)</td>
<td>68</td>
<td>69</td>
<td>70</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care - LDL-C Screening</td>
<td>97</td>
<td>97</td>
<td>97</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care - Medical Attention for Nephropathy</td>
<td>95</td>
<td>95</td>
<td>96</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care - Poor HbA1c Control (8)</td>
<td>19</td>
<td>17</td>
<td>15</td>
</tr>
<tr>
<td>Controlling High Blood Pressure - Total</td>
<td>77</td>
<td>78</td>
<td>79</td>
</tr>
<tr>
<td>Medical Assistance with Smoking Cessation - Advising Smokers To Quit 3</td>
<td>96</td>
<td>97</td>
<td>97</td>
</tr>
<tr>
<td>Medical Assistance with Smoking Cessation - Discussing Medications</td>
<td>94</td>
<td>94</td>
<td>94</td>
</tr>
<tr>
<td>Medical Assistance with Smoking Cessation - Discussing Strategies 3</td>
<td>96</td>
<td>97</td>
<td>97</td>
</tr>
<tr>
<td>Flu Shots for Adults (50-64) 3</td>
<td>65</td>
<td>65</td>
<td>71</td>
</tr>
<tr>
<td>Flu Shots for Adults (65 and older) 3, 4, 5</td>
<td>76</td>
<td>79</td>
<td>82</td>
</tr>
<tr>
<td>Immunizations: Pneumococcal 3,4, 5</td>
<td>93</td>
<td>94</td>
<td>95</td>
</tr>
</tbody>
</table>

*Source: Office of Analytics and Business Intelligence Updated 11/28/2012*
Rich Research History

The groundbreaking achievements of VA researchers—60% of whom also provide direct patient care—have resulted in 3 Nobel Prizes, 6 Lasker Awards, and numerous other distinctions.
Million Veteran Program (MVP)

VA is partnering with Veterans to learn more about how genes affect health by establishing a program where Veterans can volunteer to link their DNA with their health information.

Over the next 5 to 7 years, the MVP database is expected to develop new knowledge that may eventually lead to better treatments and preventive measures for many diseases, including common illnesses such as heart disease, diabetes, and cancer.
Veterans Give High Marks to VA Pharmacies

J.D. Power and Associates, a firm specializing in consumer surveys, recognized VA’s Consolidated Mail Outpatient Pharmacy as “Among the Best” mail order systems in the country in 2009, 2010, 2011 and 2012.

VA ships 460,000 prescriptions to Veterans every workday.
Evolution of *Bar Code Medication Administration* (BCMA) within the Department of Veterans Affairs. 

Coyle GA, Heinen M.

Abstract

The Department of Veterans Affairs Medical Center implemented Bar Code Medication Administration (BCMA) between 1999 and 2000 in 161 Medical Centers or Health Systems....Nurses have moved from manual to electronic medication documentation ... A marked decrease in medication administration errors is a result of implementing BCMA.
VA hopes to scrap copay for home video consults

By: Brian Dulan | Apr 11, 2012

Tags: Department of Veterans Affairs | VA mobile health care | video consultation | mental health

As expected, the Department of Veterans Affairs plans to do away with copays for in-home health care services in an effort to increase access to the services for veterans with mental health conditions, who are too ill or have mobility issues. According to the National Register, unless the VA provides appropriate community equipment, services will be deteriorated.

Neil Evans, MD

"Specifically, the regulation is amended to remove in-home video telehealth care from having any required equipment," the VA writes. "The removal is broader that copays have previously disregarded veterans from using in-home video telehealth as a viable option for care, but it also allows some veterans to access the benefits of these services without incurring costs that are otherwise prohibitive."
Increasing Access to Care via Telehealth

Since FY 2009, Telehealth funding has increased by 368% to $334.8M.

<table>
<thead>
<tr>
<th>In FY 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Transactions:</strong></td>
</tr>
<tr>
<td>- 1 million+ prescriptions refilled online per month</td>
</tr>
<tr>
<td><strong>Communications:</strong></td>
</tr>
<tr>
<td>- 1 million patients using VA secure email with providers</td>
</tr>
<tr>
<td><strong>Expert Care:</strong></td>
</tr>
<tr>
<td>- More than 2 million Telehealth visits</td>
</tr>
<tr>
<td>• 150,000 patients case-managed by home telehealth (HT)</td>
</tr>
<tr>
<td>• 250,000 patients used clinical video telehealth (CVT) between VA clinics; 4,000+ received CVT visits directly into their homes</td>
</tr>
<tr>
<td>• 380,000 used store and forward telehealth (SFT) technology</td>
</tr>
<tr>
<td>- 350,000 eConsults</td>
</tr>
<tr>
<td><strong>Information Sharing:</strong></td>
</tr>
<tr>
<td>- 1 million patients using Blue Button to download EHR data</td>
</tr>
</tbody>
</table>
Veterans Health Administration, Washington, D.C.

**Going beyond the four walls of the hospital**

In the march to bring care to the patient, rather than the patient to the care, the Veterans Health Administration is leading the charge. With a diverse patient population that's dispersed from the coast of Guam to the mountains of Colorado to the Florida Panhandle, the VHA has embraced a digital health strategy that ambitiously uses telemedicine and is pushing the system to become a testing lab for other care innovations.

"We believe that our success — and future success — depends upon health information being available at the point of care," says Theresa Cullen, M.D., medical information officer at the nation's largest delivery system, which operates four centers and 1,400 outpatient clinics and...
Technology has transformed the VA

Veterans' hospitals used to be a byword for second-rate care or worse. Now, thanks to technology, they're national leaders in efficiency and quality.

By David Stires, FORTUNE writer
May 11, 2006: 2:44 PM EDT

(FORTUNE Magazine) - An avuncular man with a gravelly voice, Dr. Michael Simberkoff, 69, fires up his computer. With a keystroke, he's on a page that lists a patient's complete health record, including office visits, drug prescriptions, and lab tests.

"Absolutely everything is available," says the chief of staff at the Manhattan campus of the VA New York Harbor Health Care System. Up pops a reminder telling him the patient - a 44-year-old diabetic - is due to have an eye exam. Simberkoff dispatches the man to the eye clinic on the second floor, where an ophthalmologist administers the test. An alert soon flashes on Simberkoff's screen saying the exam has been completed.

On the 11th floor, nurse Lumara Romero is using the same computer network to make sure she's giving the right medication to a 60-year-old patient with high blood pressure. With a handheld device, she scans a bar-coded bracelet on her patient's wrist and then a bar code on the drug's bottle. A nearby computer linked to the hospital pharmacy confirms that she's giving the right drug to the right patient.

In the Tele-Health unit on the sixth floor, nurse Maggie Kong-Lopez is reading the vital statistics of a 57-year-old patient in Queens, sent to her computer via a Telebuddy that the VA has rigged at his home.

Today the news is worrisome: The patient, who is suffering from...
A personal My HealtheVet account provides Veterans with 24/7 online access to a variety of tools to manage their health care.
Hospitals to Health System
In-Patient to Ambulatory
CBOCs to PACTs
Ambulatory to Home
Home to Personal Devices

Technology Adoption
Quality Measurement
Information Ubiquity
"The Veterans Health Administration (VHA) is transforming into a major health care payer in addition to its role as a provider."
Parallels (?)
Lafayette General Health – 9 Years Into Their Journey

- **Lafayette General Medical Center**
  (The flagship hospital)
- **Lafayette General Surgical Hospital**
- **St. Martin Hospital**
- **University Hospital & Clinics (UHC)**
- **Acadia General Hospital** and
- **Abom Kaplan Memorial Hospital**
- **LGMD Physician Group**

+ **Nine professional centers**
+ **Clinical affiliations with five other hospitals.**
+ **Two New Large Physician Practices**
What I Saw and Heard

• Culture
• Standards
• Common IT Systems – Cerner as base EMR
• Analytics Across the System – IBM Explorys
• Governance:
  • Overarching board and CEO
  • Local Boards – generally advisory
  • Some Subordinate Institutions have CEO, others directors
  • All leadership Rated on a common system with regular feedback
Standards Of Behavior... At Every Facility

An Example: The “little” things!

Communication

• I will use **AIDET** always.
  • (Acknowledge) I will make eye contact, smile, promptly acknowledge those that approach me and use names.
  • (Introduce) I will wear my name badge on the upper, front part of my body and verbalize who I am and what I do.
  • (Introduce) I will promote confidence in LGH by managing up our team and hospital.
  • (Duration) I will provide timeframes for follow-up/next steps in service and updates when necessary.
  • (Explanation) I will actively listen and explain things in a way people can understand.
  • (Thank) I will recognize, praise and thank our patients and team.
From Lafayette General Hospital . . . To Lafayette General Health

9 Year Journey . . . 2 hospitals ➔ 6 owned + 5 affiliates + new practices

A Health System
SYSTEMNESS - Fundamental Ingredients

• Culture

All underpinned by a shared vision of the outcome... Coordinated care; right time; right venue; right providers; whether at home, community, clinic, local hospital, tertiary hospital; quaternary hospital

• Standardization but sensitive to locale

• Fundamental importance of Information

  Transparency

  Absolutely increasingly Digital Enablement - Technology

• Parallel Research and training the next generation of providers

• Appreciating the intersection of the social determinants of health, the health system and the health-CARE system and the return-to-health system

A JOURNEY
Political Overlay

Because healthcare is so important

• Not much else that can be as politically galvanizing... yet so hard to understand given the individuality and the complexity
• Press can always find the anecdote and make it a headline
• Big hand little map... but doing the right thing as well.
  • Press
  • GAO
  • Watch Dog’s (self proclaimed) get paid/get advertisement/get notoriety
• Constancy of purpose... not to be the best individual, best individual institution, but purpose to the larger goal and acknowledging the best individual and individual institution.
3 New Handles and 5 New Heads . . . Still George Washington’s Axe!
Are You Bold Enough To Move Beyond The Status Quo?

• Evolution Vs Revolution (Valuing All The Existing Goodness)

• Fiddler On The Roof...... Tradition....... Tradition!!!

• George Washington’s Ax.... 5 New Handles And 3 New Heads!
Thank You