CORNELL HEALTHCARE SUMMIT

RESTRUCTURING UNIONS TO ACHIEVE QUALITY IMPROVEMENT AND SYSTEMS OUTCOMES
(AS WELL AS TRADITIONAL WORK)

GOALS OF SESSION

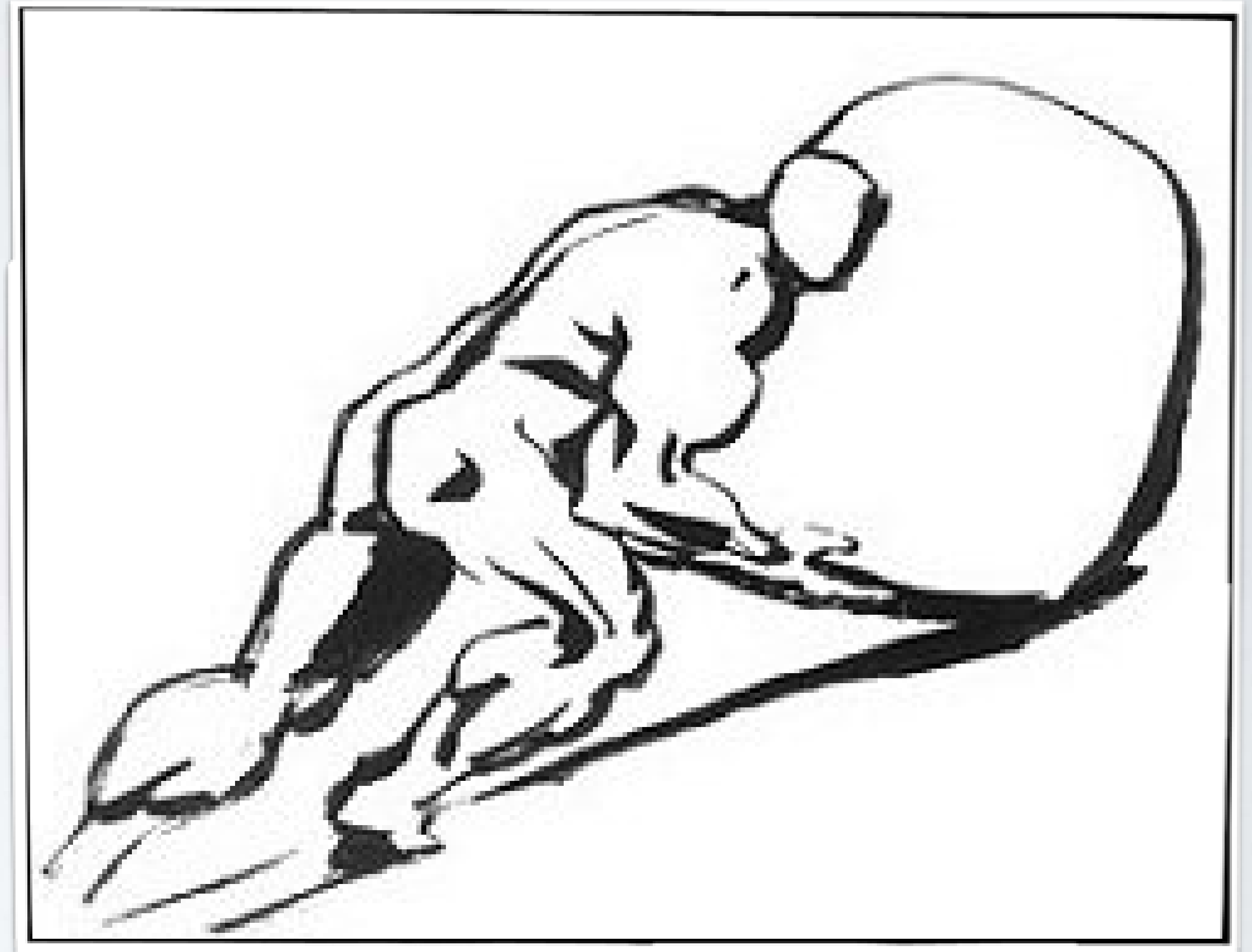
- Consider CIR as case study of union engagement in Quality Improvement efforts, and what that has meant for the functioning of CIR
- Discuss experiences in moving QI/Systems Improvement work in Unionized settings
- Explore issues for possible continued discussion and collaborative work

CIR/SEIU...

- 13,000 members
- 60 hospitals in six states
- Long history of Physician advocacy

....FACES A NUMBER OF CHALLENGES

- CIR--Union (law, employer resistance, physician culture)
- CIR --Safety Nets (payor mix,VBP/ACA, capacity to manage change)
- CIR--Professionals (tradition bound, change adverse, faculty/mentors trained in old system)



2008 WAKE UP CALL

CIR News

Committee of Interns and Residents

SEIU Healthcare®

September 2008

HEALTH CARE FOR AMERICA NOW!

INSIDE:

Institute of Medicine Takes on Resident Work Hours
Pages 3

CIR Rallies for Universal Healthcare
Pages 4-5

Western Region Members Go Green!
Page 7

"We are here today because our patients need access to health care NOW! Not four years from now, not three years from now.

"As a doctor, I see patients every day who suffer because they lack access to care. No one should have to choose between food and medication; between paying an electric bill or being able to purchase medicine they need for their chronic health care problems."

Dr. Brittney DeClerck, CIR delegate, speaking at Health Care for America NOW! kickoff rally in Los Angeles on July 8, 2008 in front of LAC + USC hospital

- Healthcare system on brink of profound change occasioned by HC reform, technological change and market evolution
- Many hospitals/doctors not well prepared to navigate change

TABLE: Characteristics of a Continuously Learning Health Care System

Science and Informatics
• **Real-time access to knowledge**—A learning health care system continuously and reliably captures, curates, and delivers the best available evidence to guide, support, tailor, and improve clinical decision making and care safety and quality.
• **Digital capture of the care experience**—A learning health care system captures the care experience on digital platforms for real-time generation and application of knowledge for care improvement.
Patient-Clinician Relationships
• **Engaged, empowered patients**—A learning health care system is anchored on patient needs and perspectives and promotes the inclusion of patients, families, and other caregivers as vital members of the continuously learning care team.
Incentives
• **Incentives aligned for value**—In a learning health care system, incentives are actively aligned to encourage continuous improvement, identify and reduce waste, and reward high-value care.
• **Full transparency**—A learning health care system systematically monitors the safety, quality, processes, prices, costs, and outcomes of care, and makes information available for care improvement and informed choices and decision making by clinicians, patients, and their families.
Culture
• **Leadership-instilled culture of learning**—A learning health care system is stewarded by leadership committed to a culture of teamwork, collaboration, and adaptability in support of continuous learning as a core aim.
• **Supportive system competencies**—In a learning health care system, complex care operations and processes are constantly refined through ongoing team training and skill building, systems analysis and information development, and creation of the feedback loops for continuous learning and system improvement.

How prepared are Physicians for Change and its challenges?

HOW WE BEGAN TO RESPOND

- Decided in 2009 to lead and meet the challenges
- Accelerated staff learning
- Elected leader deliberation, debate and decision-making on challenges and opportunities
- Sustained rounds of listening/discussions with stakeholders

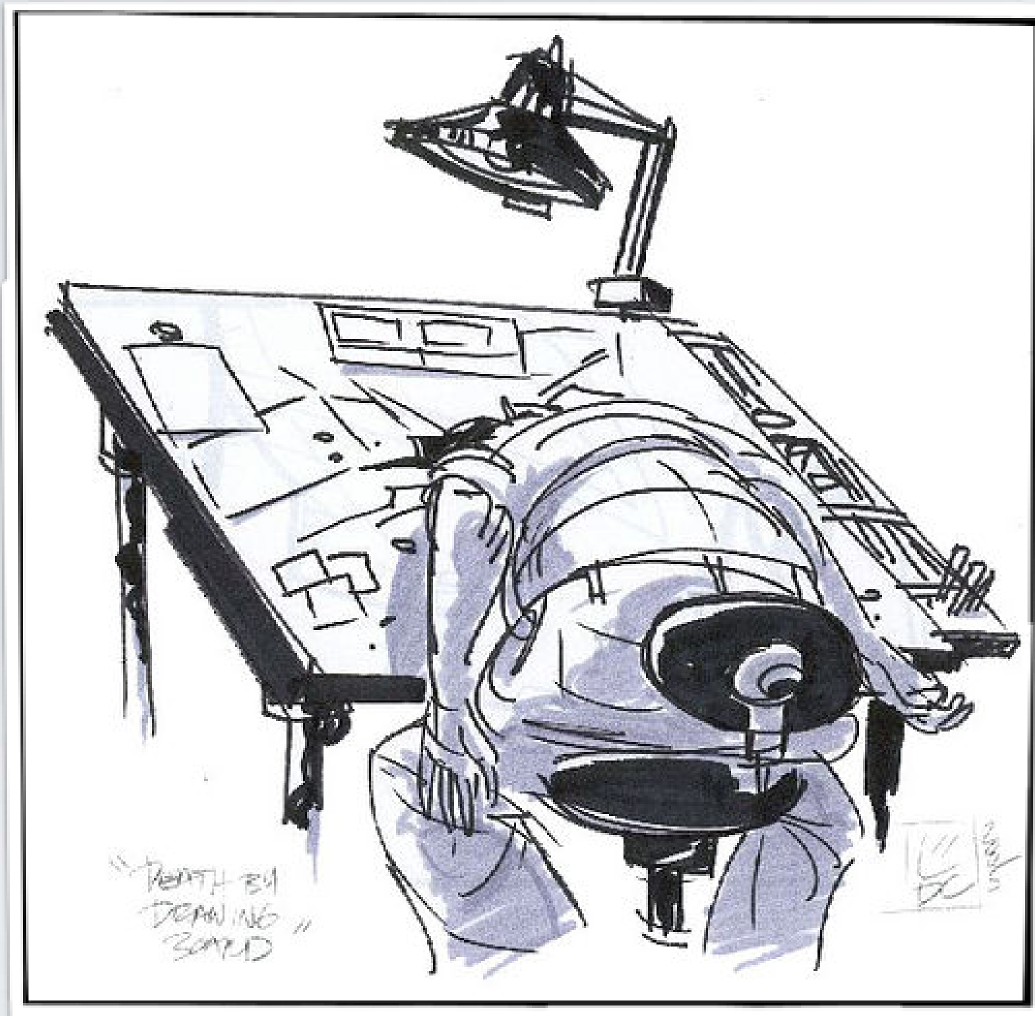
FIRST, WE HAD TO GO BACK TO SCHOOL

- QI is its own "thing" (expertise needed)
- Professionals want Information (Hurd...etc)
- Engaging on QI should occasion an honest discussion of how the organization functions, and moves "through the world"

HOW TO ENGAGE?

- Kaiser Experience
- UCSF as model for resident engagement in QI
- Academic Research

MOVING FROM THE DRAWING BOARD INTO THE FIELD

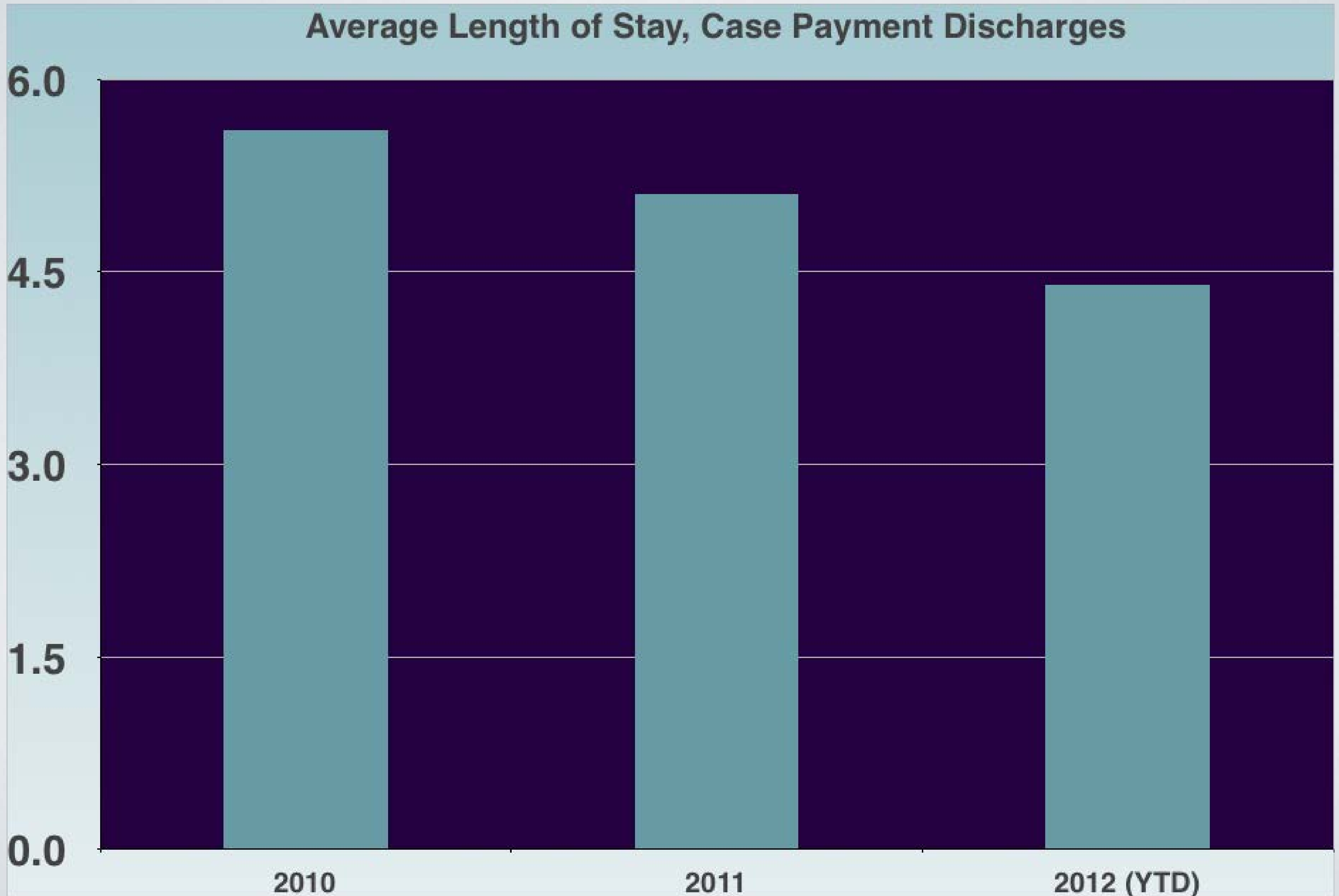


- NYC as testing ground
- Campaigned to engage members/employers/stakeholders
- Built capacity: dedicated staff
- Amassed experience: used the opportunity at hand of bargaining

WHAT WE ACHIEVED....

- Established QI partnerships (incentives, fellowships, jointly funded work)
- Accelerated development of 501(c)3
- Changed tone and substance of employer conversations
- Activated and engaged a much wider spectrum of members
- Had measurable impacts on care delivery through ongoing collaborative projects with hospital partners

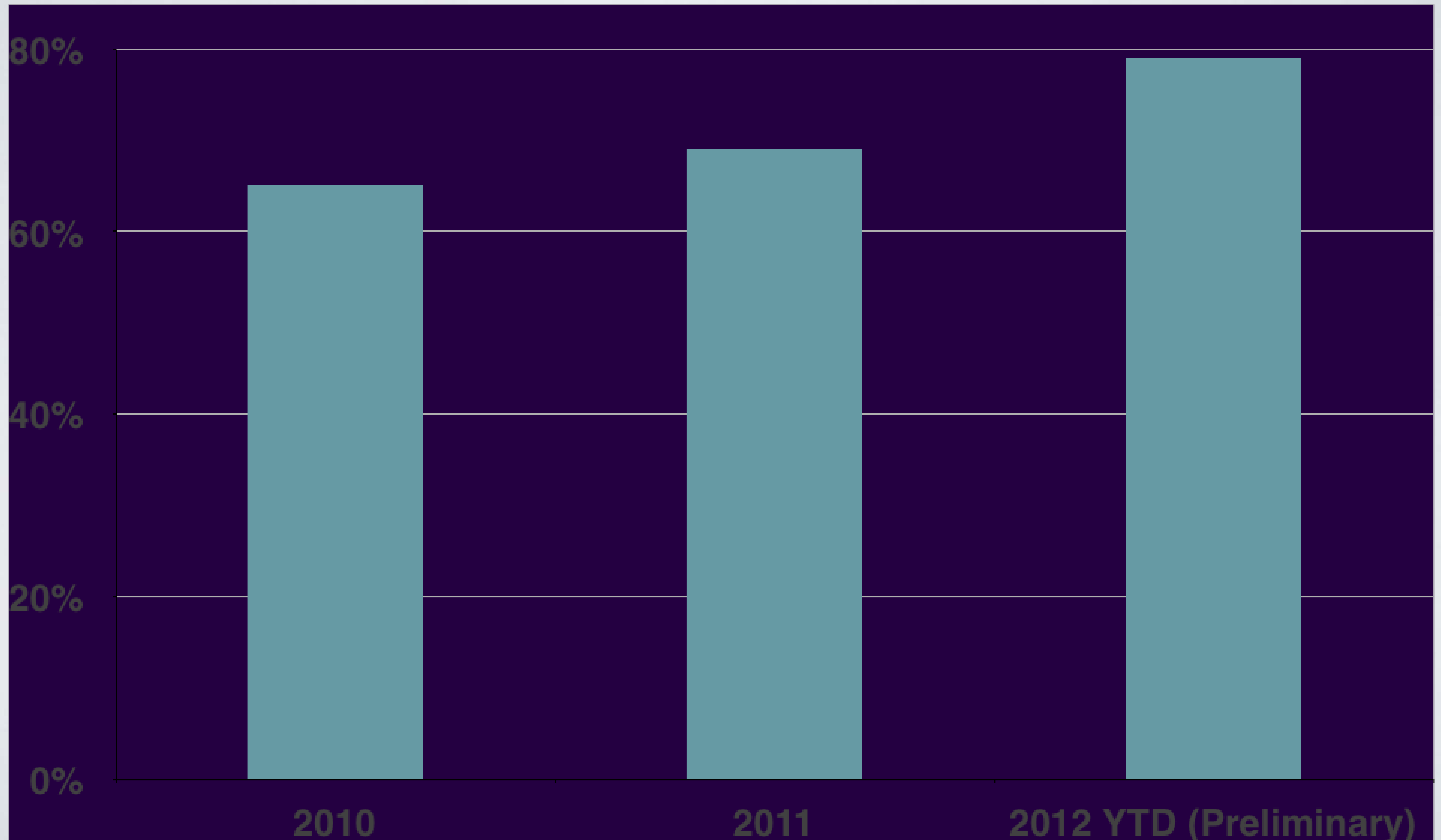
Example: Bronx Lebanon



Bronx Lebanon: ALOS

	MONTH TO DATE			YEAR TO DATE			ACTUAL	VARIANCE
	ACTUAL	BUDGET	VARIANCE	ACTUAL	BUDGET	VARIANCE	YTD 2011	2012-2011
CASE PAYMENT								
A L O S								
MEDICAL	6.6	5.1	(1.5)	4.8	5.1	0.3	5.9	1.1
FAMILY MEDICINE	4.4	4.3	(0.1)	4.4	4.2	(0.2)	4.2	(0.2)
SURGICAL	4.8	5.8	1.0	5.1	5.4	0.3	5.4	0.3
ORTHOPEDICS	6.0	6.0	0.0	6.3	6.7	0.4	7.9	1.6
OBS/GYN *	3.1	3.1	0.0	3.0	3.0	0.0	3.1	0.1
PEDIATRICS	3.5	2.9	(0.6)	2.7	3.0	0.3	3.0	0.3
NEONATAL	14.3	14.6	0.3	13.0	14.1	1.1	14.4	1.4
NEWBORN	2.3	2.7	0.4	2.6	2.8	0.2	2.8	0.2
TOTAL CASE PAYMENT	**5.4**	**4.7**	**(0.7)**	**4.4**	**4.7**	**0.3**	**5.1**	**0.7**

% responding "Always" on Bronx Lebanon HCAHPS Doctor Communication Questions

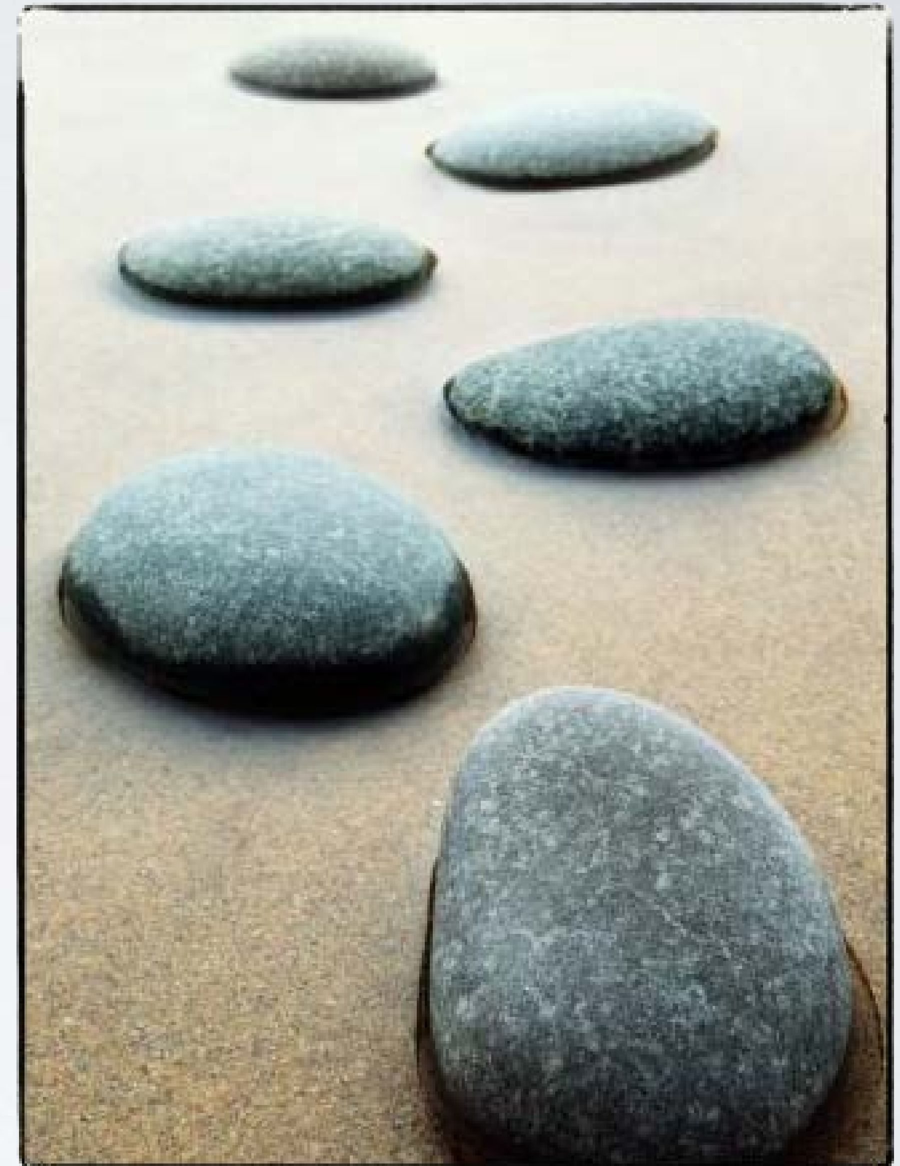


Example: Maimonides

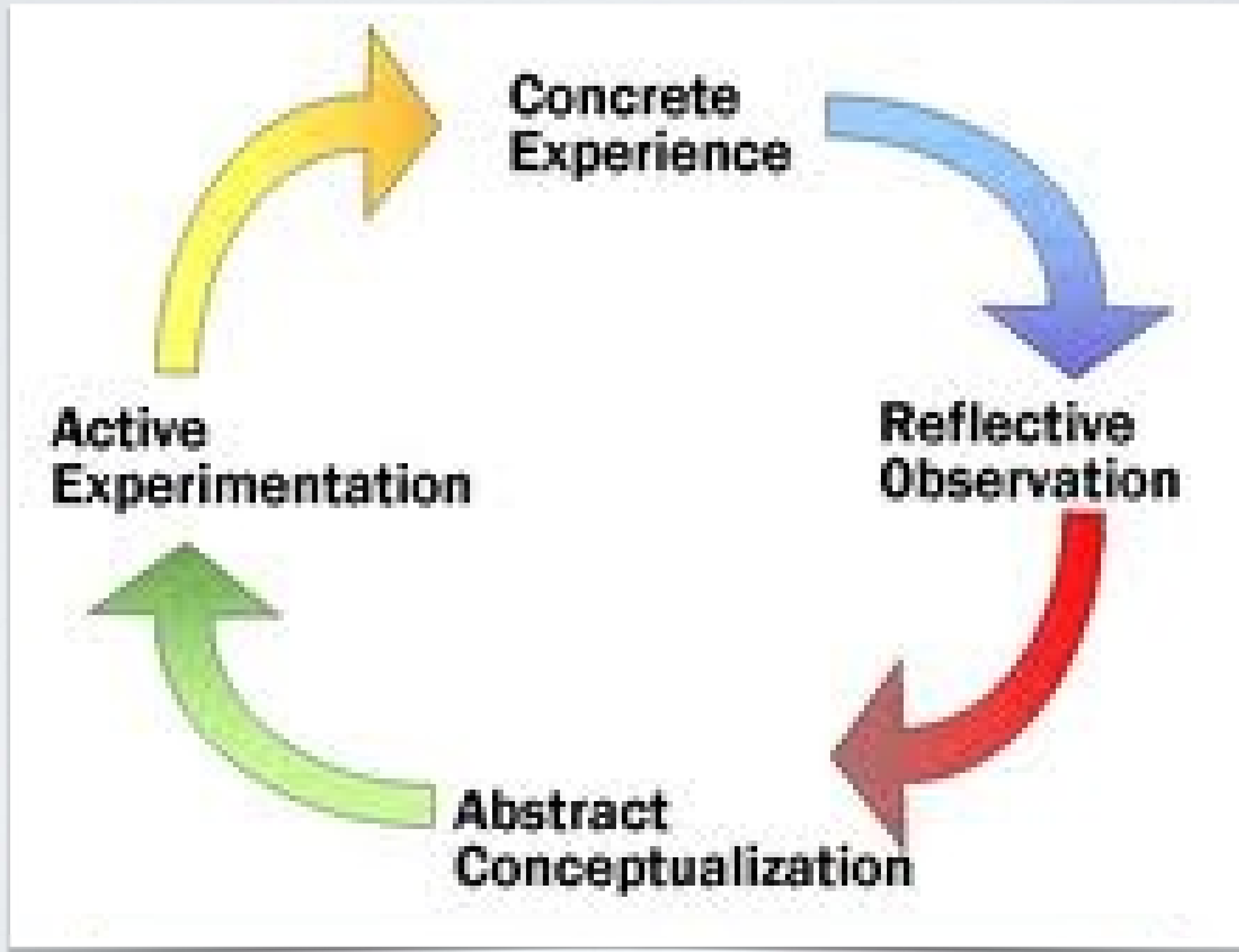
	Qualitative Compliance			Quantitative Compliance
	Baseline (May 2011 Chart Review)	*Target*	**May 2012 Chart Review**	
Internal Med	57%	*77%*	**89%**	92%
Pediatrics	66%	*86%*	**59%**	77%
Psychiatry	39%	*59%*	**83%**	92%
Gen Surgery	33%	*53%*	**41%**	72%
Orthopedics	39%	*59%*	**71%**	100%

NEXT STEPS

- Course correct in Hospitals where QI work is underway
- Move program to other regions of CIR
- Rethinking our Patient Care Trust Funds
- Meet the unmet need of peer to peer communication/education, desire for information and analysis
- Continue to expand and deepen conversations with industry, professional and academic stakeholders

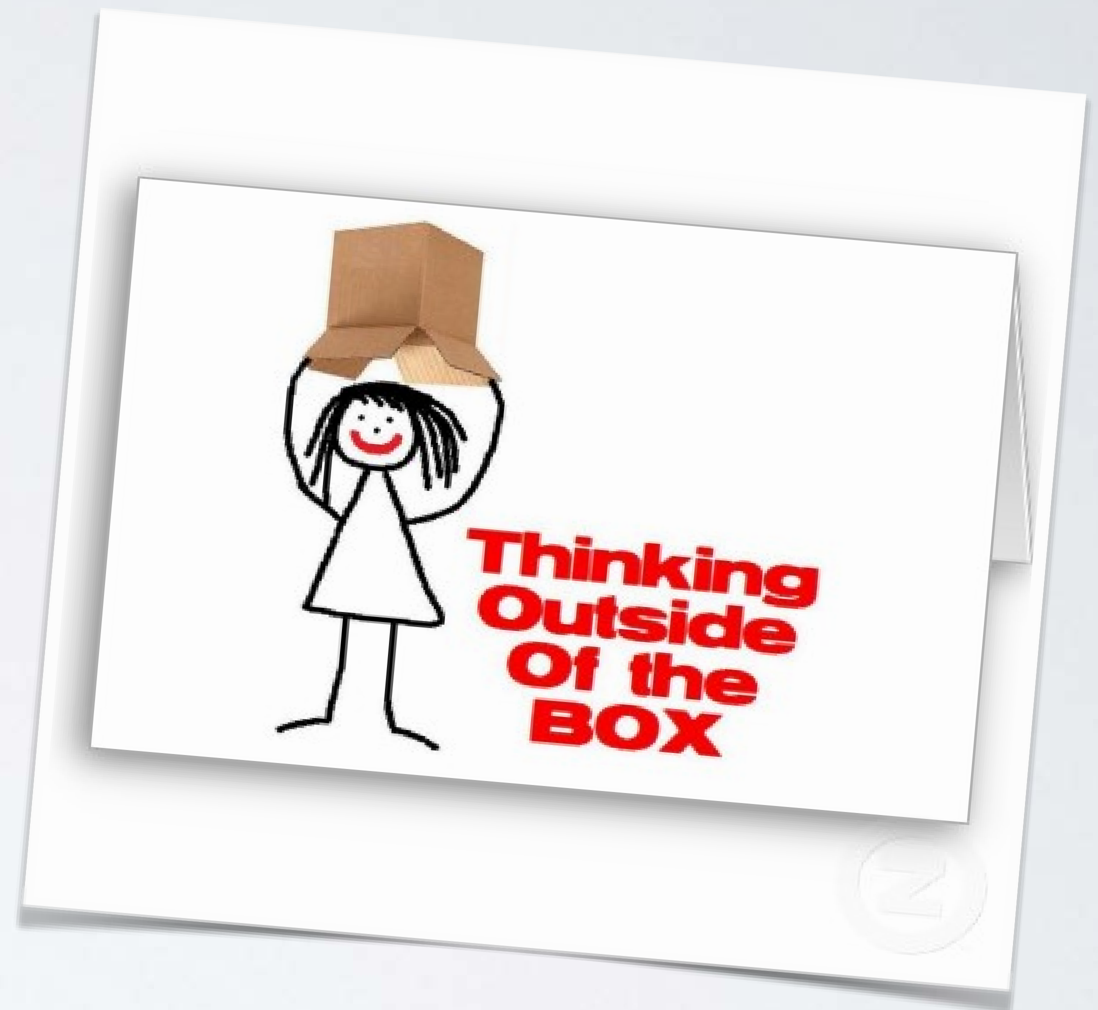


WHAT ARE WE LEARNING?



OUR STARTING POINT FOR LEARNING

We needed to think outside the NLRB box.....



HOW WE THOUGHT ABOUT "EVOLUTION"

SIMPLE QUESTIONS

TACTICAL

"How do we work?"

STRATEGIC

"What do we want to achieve?"

CULTURAL

"Who do we want to be?"

Organization Identity ?

WHO DO WE WANT TO BE: CORE PURPOSE

- **Uniting resident physicians for a stronger voice**

WHO DO WE WANT TO BE: VALUES

- **Advocacy**
- **Service**
- **Learning**
- **Community**

Give Me a Lever Long enough and a Fulcrum on Which to place it, and I Shall Move the World.

Archimedes

WHAT DO WE WANT TO ACHIEVE: STRATEGIC PROPOSITIONS

- We can grow CIR in size and influence by anticipating the major changes (and tensions) in healthcare organization and care delivery and being an "early adapter"

- We can create value for members and non-members by helping physicians at the beginning of their career prepare themselves for a transformed practice environment, in which CIR becomes a community where <u>understanding</u> of change, and <u>approaches</u> and <u>leadership</u> to shape change consistent with core values, can be forged

ὅς ἄν βούλεται τήν γῆν κινῆσαι κινησάτω τὸ πρῶτον ἑαυτόν

TACTICS
STRATEGY
VISIBLE
CULTURE
HIDDEN
BELOW THE
WATER LINE.
HIDDEN!

HOW DO WE WORK?

- Executive Board functioning
- Staff recruitment and training
- Delegate recruitment
- Management/Supervision
- Analyzing traditional drivers of union effort against desired outcomes (EROEI)
- Communication content
- Programming

Problem
Why? Why?
Why? Why? Why?
Why? Why?
Why? Why?
Why?
Root cause

HOW SHOULD WE WORK?

- Organizational Development
- QI expertise
- Results driven
- Sustained Community Engagement
- Partnership and Allies
- New Membership Category

TAKEAWAYS FOR CIR...

- QI engagement best practices can be discerned, learned and disseminated

- Making QI "stick" in practice requires organizational "engineering"

- QI is a way to exercise power that makes sense: to members, staff and stakeholders

DISCUSSION