

The Radical Redesign of Healthcare: Changing the Balance of Power

A LECTURE BY

DONALD BERWICK

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Mayer Auditorium, Health Science Campus
University of Southern California

ABOUT DONALD BERWICK

- Donald Berwick is president emeritus and a senior fellow at the Institute for Healthcare Improvement.
- He served as administrator of the Center for Medicare and Medicaid Services in the Obama Administration and has spent more than three decades working to transform the healthcare system.
- He began his career as a pediatrician.
- Berwick is committed to approaching the problems in our healthcare system with optimism grounded in science.

THE INSTITUTE FOR HEALTHCARE IMPROVEMENT

The nonprofit Institute for Healthcare Improvement uses improvement science to advance and sustain better outcomes in health and healthcare across the world. IHI was founded in 1991, building on work that began under the leadership of Donald Berwick in the 1980s.

IHI'S STRATEGY HAS FOUR KEY ELEMENTS:

1. Pursuing safe and high-quality care. "Our health systems still have too much waste and harm, and too little patient-centeredness and care equity," IHI believes.
2. Improving the health of populations. IHI's global reach enables them to work collaboratively with individuals and organizations in places where health is shaped — in neighborhoods, schools, workplaces, and faith communities.
3. Building the capability to improve. IHI strengthens the global capacity to improve healthcare systems by bringing together like-minded colleagues, providing opportunities for global networking and collaborations, and offering education through IHI's open school.
4. Innovating and sparking action. IHI leverages the learning they support and facilitate by sharing tools and ideas globally "to uncover, invent, test, popularize, and spread ideas from all corners of the world that can dramatically improve patient care and the health of populations."



CHANGING THE BALANCE OF POWER

Berwick posits that engaging and empowering patients and their families is the single most important factor in improving care quality and redesigning the healthcare system more broadly. Berwick's recommendations for how to shift the balance of power include

- Use what the patient and family bring. Accept their gifts.
- Talk less. Ask more.
- Make transparency limitless.
- Protect privacy; but improve HIPAA (the Health Insurance Portability and Accountability Act).
- Equip homes and communities to replace institutions.
- Share decision making.
- Do not design core systems around hard cases.

PATIENT- AND FAMILY-CENTERED CARE

Patient- and family-centered care goes beyond the simple involvement of patients and families in their care to new models of care that shift the conversation from “What’s the matter?” to “What matters to you?”

The Institute for Healthcare Improvement is working to improve the care experience and to increase the level of the patients’ voice and influence in that experience. IHI’s focus on person- and family-centered care includes

- Developing care pathways that are co-designed and co-produced with individuals and their families;
- Ensuring that people’s care preferences are understood and honored, including at the end of life;
- Collaborating with partners on programs designed to improve engagement, shared decision making, and compassionate, empathic care; and
- Working with partners to ensure that communities are supported to stay healthy and to provide care for their loved ones closer to home.

Patient-centered care means trusting patients with their own health where appropriate. For example, a program that promoted self-administered antibiotic treatment saved more than 27,000 hospital stays and \$40 million at a medical center in Texas. In another example, a child who needs a feeding tube as part of daily life worked with his care team to learn how to insert it himself. Patients can even learn how to do self-dialysis. These kinds of self-administered care initiatives save money, reduce waste, and put patients at the center.

IMPROVEMENT SCIENCE

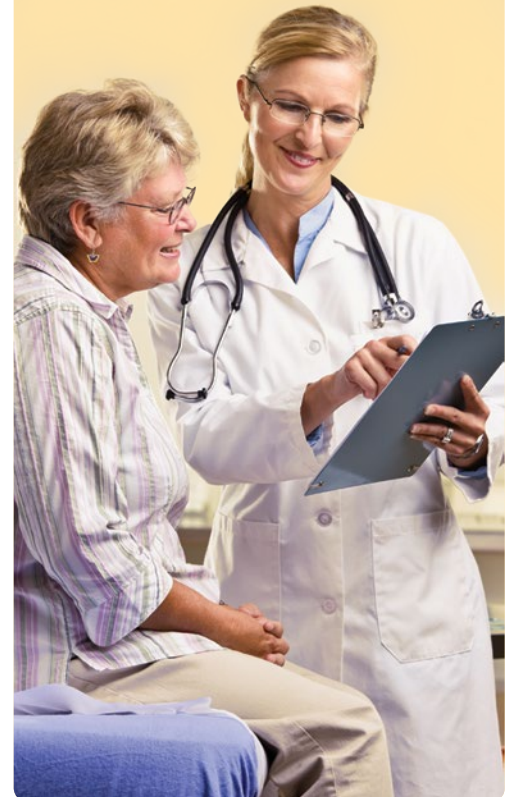
IHI’s approach to improving quality, safety, and value in healthcare is based on “the science of improvement.” Improvement science is an applied science that emphasizes innovation, rapid-cycle testing in the field, and spread in order to generate learning about what changes, in which contexts, produce improvements. It is characterized by the combination of expert subject knowledge with improvement methods and tools. It is multidisciplinary, drawing on clinical science, systems theory, psychology, statistics, and other fields.

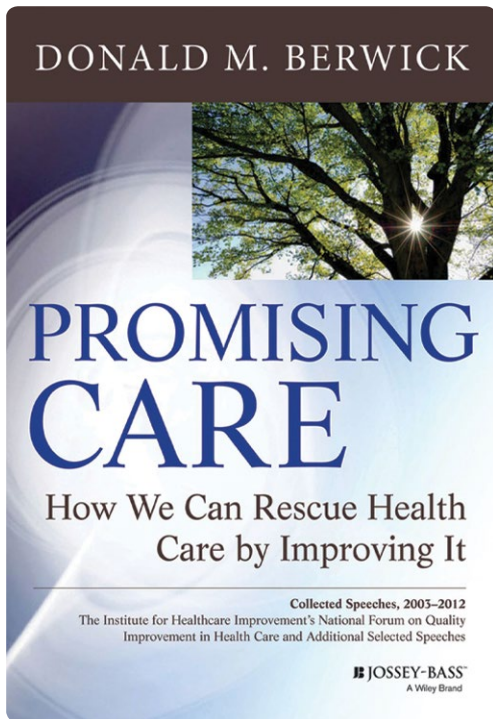
Improvement science employs the Model for Improvement, based on the work of management consultant W. Edwards Deming (1900–1993). The

A RADICAL REDESIGN OF HEALTHCARE

Donald Berwick advocates a radical redesign of our healthcare system. To achieve “care better than we’ve ever seen, health better than we’ve ever known, cost we can all afford ... for every person, every time,” the Institute for Healthcare Improvement suggests the following radical redesign principles:

- ⊙ **Change the balance of power**
- ⊙ **Standardize what makes sense**
- ⊙ **Customize to the individual**
- ⊙ **Promote well-being**
- ⊙ **Create joy in work**
- ⊙ **Make it easy**
- ⊙ **Move knowledge, not people**
- ⊙ **Collaborate/cooperate**
- ⊙ **Assume abundance**
- ⊙ **Return the money**





Model for Improvement asks three questions: What are we trying to accomplish? How will we know that a change is an improvement? What changes can we make that will result in improvement? The model then employs Plan-Do-Study-Act (PDSA) cycles for small, rapid-cycle tests of change.

FOR FURTHER REFLECTION

- ⦿ How have you experienced the U.S. healthcare system? Has it worked for you? Has it not? How so?
- ⦿ What would you like to see changed about the healthcare system?
- ⦿ As members of this society, what are our responsibilities to become active agents of change in redesigning healthcare?
- ⦿ What do you think of the proposals offered by Donald Berwick?

IF YOU LIKED THIS EVENT, YOU MIGHT WANT TO CHECK OUT:

- ⦿ The Institute for Healthcare Improvement
www.ihl.org

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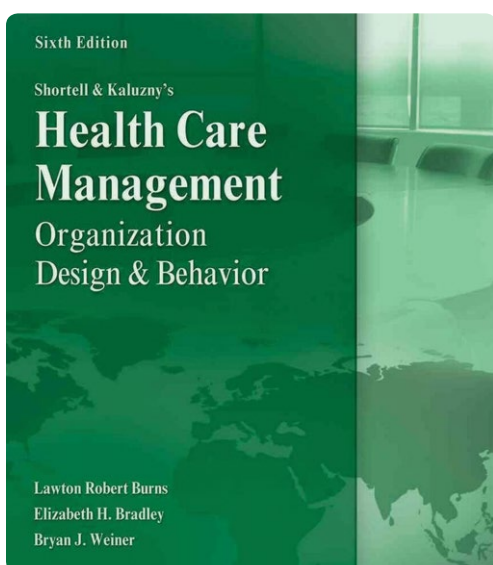
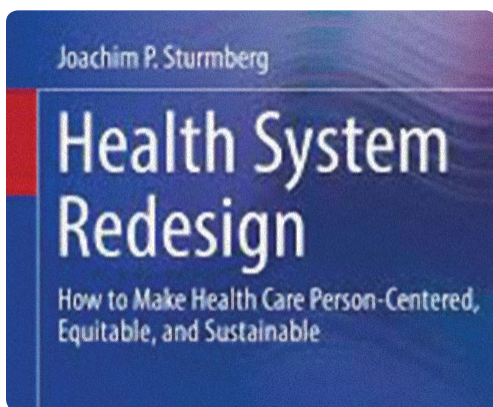
FRANCES LEZCANO and ALVARO QUEZADA of the USC Libraries selected the following resources to help you learn more about today's event. These are all electronic resources provided by the USC Libraries, which you can access at the bit.ly links below or through the search bar on the USC Libraries homepage at libraries.usc.edu.

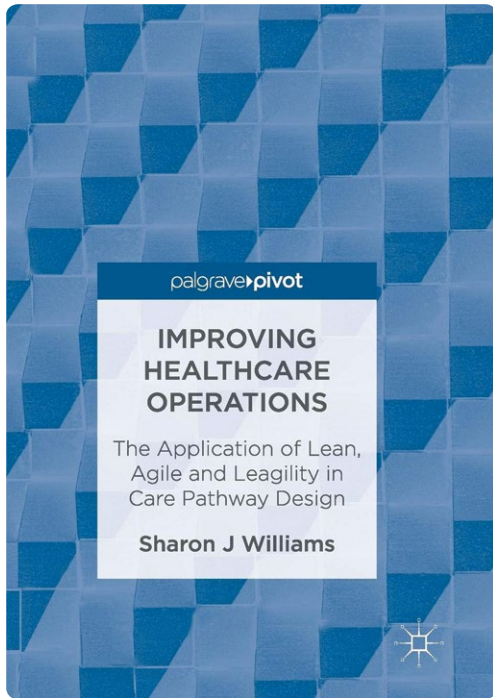
BOOKS

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- ⦿ Weiner, Bryan Jeffrey, Lawton R. Burns, Elizabeth H. Bradley, Stephen M. Shortell, and Arnold D. Kaluzny. *Shortell and Kaluzny's Health Care Management: Organization, Design, and Behavior*. 6th ed. Boston: Delmar Cengage Learning, 2012.
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DATABASES

- ⦿ Pubmed
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- ⦿ Web of Science
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ARTICLES

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