Team 6
Cleveland Clinic – Improving the Patient Experience

Nashville, December 5th, 2013

Chester, Hermann, Math, Shrestha, Winkler
“I have come to understand that there is more to quality healthcare than great outcomes. There is the entire experience that patients have, from the moment they call for an appointment to the moment they arrive at the hospital – fearful and concerned - to the moment they get in their cars and drive away” – Dr. Delos Cosgrove, CEO
Agenda

1. Introduction – Cleveland Clinic
2. Cleveland Clinics’ Performance
3. Patients First! Model
4. Success and implications
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Overview of Cleveland Clinic

**Founded in**

1921

**Cleveland Clinics in numbers**

- 8 community hospitals, 16 family health and ambulatory surgery centers, 59 specialty centers
- 42,000 employees: over 2,400 staff physicians, 9,000 nurses, and 3,000 affiliated community physicians
- 4.2 million patient visits, including 167,100 admissions, 191,500 surgical cases, and more than 436,000 emergency visits
- Operating revenues of $5.9 billion with operating income of $250 million in 2010

**Worldwide Locations**

**Worldwide footprint**

**Global locations**
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Cleveland Clinic performance in medical outcomes – successful management of outcomes and costs

Innovation
- History of breakthrough medical innovations e.g.
  - 1st isolation of serotonin
  - 1st bypass surgery
  - Nation’s first near-total face transplant

Clinical outcomes
- One of the TOP ranked hospitals

Research
- Lerner Research Institution one of the largest in US
- On of the largest medical education programs

Cost containment
- Highly cost effective operations and services

Cleveland Clinics has delivered an outstanding performance in delivering healthcare services
Cleveland Clinics performance in patient experience – still room for improvement


Source: Centers for Medicare & Medicaid services
Chester, Hermann, Math, Shrestha, Winkler
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The ultimate goal of Cleveland Clinic is to increase their profit by leveraging their two strategic pillars: Reduce cost and Improve patient health care.

- **Health care outcomes**
- **Patient Experience**

**Current status:**
- Reduce cost: :smiley:
- Improve patient health care: :smile:
- :frowning:

**Trend:**
- High cost pressure due to rising cost in health care in general
- Becomes “commoditized”
- Major competitive advantage in the future

**Profit increase** = **Reduce cost** + **Increase revenue**

Chester, Hermann, Math, Shrestha, Winkler
Background on the Patient First! model

**Patient experience on mainstream healthcare agenda**

- **Increasing competition** between healthcare providers all delivering the same high quality outcomes -> “commodity”
  - Differencing factor / competitive advantage: **non pure clinical components such as patient experience**

**Patient satisfaction surveys**

- Patients have **greater access to comparative data** on providers (since 2008)
  - HCAHPS\(^1\) scores will be **linked to federal financial reimbursements**
  - Attracting patients and receiving reimbursements is **no longer purely depending on medical outcomes** but on **patient satisfaction** (e.g. empathy)

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**Competitiveness at risk**

**Profitability at risk**

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Make patient experience a strategic objective of Cleveland Clinic (2010) – first hospital to introduce this

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1. Hospital Consumer Assessment of Healthcare Providers and Systems
The introduction of the Office of Patient Experience

Guiding principals

- Most effective initiatives are often the **simplest and most-cost efficient** (e.g. communication)
- Expectations management is key
- “Process determines outcome“
- Make process and outcomes **measurable**
- Put the **patient in charge** when possible
- Fit Patient Experience under the organizational goal of providing **high-quality care at low cost**
- Making **everyone a "care giver"**

OPE – Office of Patient Care (2010)

- Promote and systematize high-quality care
- Ensuring patient comfort
- Guarantee patients’ educational, emotional, and spiritual needs are met
- Budget: $6.4 million (2010)
OPE programs drive the success of Patients First! through improved workflow and structure...

- Physicians are all on one-year salaried contracts, no bonuses and no financial incentives
- Ensuring quality: no unnecessary services → Lower cost
- Performance analysis: Higher salary through higher quality

- Patients are able to log on through the patient portal, view their providers entire schedule and make their own appointment
- Easier for patients to see the doctors → Lower arrival rate $\lambda$ → Lower queue length $L$ → More convenience → Higher satisfaction

- Claim: “being sure that patients understand what’s going on with them as well as what’s supposed to happen next“
- Creation of educational materials (also online): Providing information on follow ups, individual visits, continuing care…
- Less time spent in process $W$ → Lower queue length $L$

An increase in flexibility and saving time improves a patient’s experience
...but also make use of technology in order to meet the goals of Patients First!

- Open medical records are now put online in personal health records
- Increasing access to electronic patient information
  Soon to come: **Review of physicians notes** for patients available
- **Lower number of requests** → **Lower process time** \( W \) → **Lower L**

- Email and other electronic formats introduced on the clinic’s patient portal → More convenience
- Big savings potential through coaching patients in its use and therefore **eliminating unnecessary office visits**
- **Lower number of patients coming in** → **Lower** \( \lambda \) → **Lower L**

- Patients are able to enter own data into their patient records → Increasing patient engagement
- Information part of clinical workflow → **Tracking a patient’s progress** → **Possibility to modify care** → **Quicker healing process** → **Lower** \( W \) → **Lower L and higher quality** → **Higher satisfaction**

An increased use of modern technology increases efficiency as well as quality
### Enabling factors for the Patient First! model

#### Institute-based reorganization

<table>
<thead>
<tr>
<th><strong>Implementation process</strong></th>
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<tbody>
<tr>
<td><strong>Re-structure</strong> clinic into 18 multidisciplinary teams with experienced physician in the lead (i.e. pooling)</td>
</tr>
<tr>
<td>Define <strong>team purpose</strong> and aim of the department with clear targets</td>
</tr>
<tr>
<td>Define <strong>measureable outcomes</strong> to track the performance of the teams</td>
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<tr>
<td>Align <strong>incentives</strong> of the different stakeholders (e.g. neurosurgery, neurology and psychiatry)</td>
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<tr>
<td>Establish <strong>knowledge management</strong> for best practice implementations to speed up process</td>
</tr>
<tr>
<td>Use a <strong>data to drive operation improvements</strong> and <strong>cost cutting</strong> (e.g. root-cause analysis)</td>
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#### Information systems

<table>
<thead>
<tr>
<th><strong>IT structure</strong></th>
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</thead>
<tbody>
<tr>
<td>Single <strong>fully integrated medical record system</strong>, longitudinal organization by patient</td>
</tr>
<tr>
<td><strong>Most stable available system</strong> delivering high performance</td>
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</tbody>
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<table>
<thead>
<tr>
<th><strong>MyPractice</strong></th>
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<tbody>
<tr>
<td>Accessible to all physician (licenses also out of network)</td>
</tr>
<tr>
<td>Electronic record system, reorder function and fully integrated administration system</td>
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<table>
<thead>
<tr>
<th><strong>MyChart</strong></th>
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<tr>
<td>Provides physicians and patients access to patient specific data</td>
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<tr>
<td>See prescriptions, set up appointments, notify doctors about changes</td>
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Establishes a value driven organization including the supporting IT
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Cleveland Clinics Performance in patient experience – after the model was introduced


<table>
<thead>
<tr>
<th>Category</th>
<th>2008 Values</th>
<th>2012 Values</th>
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</thead>
<tbody>
<tr>
<td>Overall satisfaction</td>
<td>55%</td>
<td>92%</td>
</tr>
<tr>
<td>Room cleanliness</td>
<td>4%</td>
<td>71%</td>
</tr>
<tr>
<td>Nurses’ communication</td>
<td>16%</td>
<td>72%</td>
</tr>
<tr>
<td>Doctors’ communication</td>
<td>14%</td>
<td>64%</td>
</tr>
<tr>
<td>Communication about medication</td>
<td>17%</td>
<td>66%</td>
</tr>
<tr>
<td>Pain management</td>
<td>10%</td>
<td>61%</td>
</tr>
<tr>
<td>Quiet at night</td>
<td>5%</td>
<td>31%</td>
</tr>
<tr>
<td>Staff responsiveness</td>
<td>4%</td>
<td>40%</td>
</tr>
<tr>
<td>Discharge information</td>
<td>33%</td>
<td>97%</td>
</tr>
</tbody>
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Source: Centers for Medicare & Medicaid services

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Success of the CC Model

HCAHPS Scores

Overall ranking in CMS survey of patient satisfaction went from average to among the top 8% of 4,600 hospitals included

Overall Hospital Rating

Would Recommend Hospital

Worldwide Recognition

- Recipient of University Healthsystem Consortium(UHC) Rising Star Award by by improving inpatient centeredness, mortality, equity, efficiency, effectiveness and safety
- 2013 US News & World Report: #4 Hospital Nationwide; #1 for Cardiology & Heart Surgery
- Hospital Execs from all over the world come to CC to learn how it transformed its system
Healthcare organizations can look to CC’s Patient First! Model to guide simple solutions that will create a patient-centric environment.
Thank you very much for your attention!
Sources

- Cleveland Clinic, Spring 2010. *Focus on the Patient Experience.* clevelandclinic.org