Getting to Great: Using Innovation to Strengthen the Healthcare Neighborhood

Presented by:
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Today’s Goals

**Challenges**
- Understand international comparisons on health care spending and outcomes and how this impacts the Quadruple Aim.
- Be able to identify current gaps in care coordination and integration

**Trends**
- Understand current trends in health care delivery, including Patient-Centered Medical Homes, Health Care Homes and the medical neighborhood

**Solutions**
- Develop a framework for strategies to optimize the health care delivery system through innovation and creative, outside of the box solutions
Overview

• Percent of United States (USA) physicians practicing alone fell from 41% to 17% between 1983 & 2014
• This trend is occurring across developed nations
• Health care in USA shifts from volume to value-based drivers and larger health systems with more accountability

The need to engage the entire medical neighborhood in the care of patients has become increasingly essential.

Overview

• Care coordination and integration of primary care with hospital, specialty, diagnostic, pharmacy, social, behavioral, allied health and ancillary services has never been more important.
• Many technologies and solutions have been offered to address system shortcomings, in many cases, such approaches have fallen short of expectations.
Overview

**Quadruple Aim:**
Improving the health of populations, demonstrating cost savings, optimizing the experience and satisfaction of the care team, and delivering a better experience of patients

**How can we ensure the patients get the best out of any healthcare system?**
**How do we move from good, where we are now, to great?**

Objectives

**In this session, participants will:**
1. Understand current trends in health care delivery, including Patient-Centered Medical Homes, Health Care Homes and the medical neighborhood
2. Understand international comparisons on health care spending and outcomes and how this impacts the Quadruple Aim
3. Be able to identify current gaps in care coordination and integration
4. Develop a framework for strategies to optimize the health care delivery system through innovation and creative, outside of the box solutions
Can I Let You in on a Dirty Little Secret?

Health Care’s ‘Dirty Little Secret’: No One May Be Coordinating Care

Betsy Gabay saw a rotating cast of at least 14 doctors when she was hospitalized at New York Hospital Queens for almost four weeks last year for a flare-up of ulcerative colitis. But the person she credits with saving her life is a spry, persistent 75-year-old with a vested interest — her mother.

Illustration by Arthur Grace

Can We Agree on Something First?

It gives me no comfort that the hole is on your side of the canoe...
If Restaurants Behaved like Health Care
What does it feel like?

What If Restaurants Were Run Like Healthcare: A Tongue In Cheek Look At Ourselves

https://www.youtube.com/watch?v=4M0ooFlJmfk

An International Look:
The 2017 Mirror, Mirror Report

**Exhibit 1**

Health Care Spending as a Percentage of GDP, 1980 – 2014

GDP refers to gross domestic product. Data in legend are for 2014.

Source: OECD Health Data 2016. Data are for current spending only, and exclude spending on capital formation of health care providers.

**Exhibit 2**

Health Care System Performance Rankings

Source: Commonwealth Fund analysis.

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**OVERALL RANKING**

<table>
<thead>
<tr>
<th></th>
<th>AUS</th>
<th>CAN</th>
<th>FRA</th>
<th>GER</th>
<th>NETH</th>
<th>NZ</th>
<th>NOR</th>
<th>SWE</th>
<th>SWIZ</th>
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<td>2</td>
<td>9</td>
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<td>4</td>
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<td>6</td>
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<td>Care Process</td>
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<td>6</td>
<td>9</td>
<td>8</td>
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<td>Administrative Efficiency</td>
<td>1</td>
<td>6</td>
<td>11</td>
<td>6</td>
<td>9</td>
<td>2</td>
<td>4</td>
<td>5</td>
<td>8</td>
<td>3</td>
<td>10</td>
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<tr>
<td>Equity</td>
<td>7</td>
<td>9</td>
<td>10</td>
<td>6</td>
<td>2</td>
<td>8</td>
<td>5</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>11</td>
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<tr>
<td>Health Care Outcomes</td>
<td>1</td>
<td>9</td>
<td>5</td>
<td>8</td>
<td>6</td>
<td>7</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>10</td>
<td>11</td>
</tr>
</tbody>
</table>

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Higher Performing

Eleven-country average

Lower performing

Exhibit 5

Health Care System Performance Compared to Spending

Higher health system performance

Eleven-country average

Lower health system performance

Lower health care spending

Higher health care spending

Note: Health care spending as a percent of GDP.
Source: Spending data are from OECD for the year 2014, and exclude spending on capital formation of health care providers.

Which begs the question...
Why did AGPAL invite me?

My patient and her mother
Erica’s Story

- 33 year old married African-American woman
- G2P1 having multiple complications of her current pregnancy
- Works as an executive in a busy health care firm
- Has limited time off of work and intently planned to work until she delivered her child
- First child is 2.5 years old, in full-time day care
- First pregnancy was uncomplicated

A snapshot

- PCP saw Erica in office and sent her to ED for SOB and chest pain at 20 weeks. High D dimer, tachycardia and low O2 sat.
  - ED unable to rule out PE and given pregnancy, admitted for further evaluation
- Undergoes Echo, CT scan, VQ scan, serial D-dimers, telemetry. Discharged home on Day 3 with Cardiology f/u.
  - Goes to local Cardiology visit with her Mom and Cardiologist asks for details on admission. Erica’s Mom believes records were sent.
- Erica’s mother goes to original hospital and obtains Erica’s medical records and copies of all imaging. Asks for copy to go to PCP/Ob.
  - Cardiologist unable to get medical records in time and schedules follow up, but also refers to high risk Ob cardio at large academic centre
  - Second TTE averted, Erica started on low dose beta blocker and advised to follow up in two weeks, use home Holter monitor, to be ordered by PCP.
- They visit high risk Cardiology and records were not there, so Erica’s mother shared them. Cardio ordered a TTE – Erica’s Mom asked why another was needed.
  - Erica and her husband go to the PCP for follow-up – none of the information got to the PCP and PCP unclear why she needs to order Holter.
Erica has a total of 10 hospital admissions during the pregnancy, as well as home care, PPN and visiting nurse services.

At follow up visit, Cardio tells Erica and her husband she was not supposed to take Beta blocker while using Holter – test is invalid.

Erica misses 6 days of work with this episode and over 4 months of work overall.

Insurance company would not cover the cost of the second Holter, not deemed medically necessary. Both PCP and Cardio felt the other should battle with them.

PCP orders Holter and requests copy to academic Cardio.

Erica goes to pick up beta blocker and it was not in the pharmacy. Calls the cardio office to order again.

Erica takes beta blocker and starts Holter monitor. Erica needs work note and calls Cardio. He advises her to call her PCP.

Erica has a 2 year old child at home who loves playing outside. Erica’s mother moved closer to help them.

PCP gets records from academic and local Cardio, ED and hospital and sends Holter results to Cardio.

Erica needs work note and calls Cardio. He advises her to call her PCP.

At follow up visit, Cardio tells Erica and her husband she was not supposed to take Beta blocker while using Holter – test is invalid.

Erica has a 2 year old child at home who loves playing outside. Erica’s mother moved closer to help them.

Is this just an American problem?
All Nations Face Challenges Coordinating Care

Doctors in every country in a 10-nation survey reported that their practices struggled to coordinate care and communicate with other health providers, which is key to managing patients with complex care needs.

Percent of primary care doctors who report they always receive notification when patient:
- Is seen in ED
- Is discharged from hospital

Source: 2015 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.

Poor Communication  Poor Integration
Poor Systems

Respect  Assumption  Competing Goals
“If you could get all the people in an organisation rowing in the same direction, you could dominate any industry, in any market, against any competition, at any time.”

- Patrick Lencioni

What the Healthcare System Feels Like for Patients and Their Clinicians

If there is a process or a transition, there is an opportunity to fail.
A boat does not go forward if each one is rowing their own way.

So the target must be in the same direction. Group purpose must be the same.

How is the transition and referral process described?

“often incomplete and needlessly inefficient”
- Kunkle 1964

“often falls short of its goals”
- Lee, Pappius and Goldman 1983

“not consciously designed and leaves much to be desired”
- Gandhi et al 2000

“perilous journey through the health system”
- Bodenheimer 2008

“long-standing source of frustration among physicians”
- Mehrotra, Forrest and Lin 2011
How Do We Go From Pretty Good to Bloody Great?
Why do we need the healthcare home?

Community Agencies  
Specialists  
Allied Health Providers  
Health Care Payers and Insurers  
Primary Networks  
Hospitals

What PCMH and HCH Remind Us

Patients are “patients” for a fraction of their lives

Think comprehensively about the full lived experience of patients and their roles in their families, communities, employment, social networks

The Health Care Home draws incredible power from teams that:

- Put patients in the center and understand the patients priorities and needs
- Coordinate care in the larger neighborhood in a way that patients do not get lost, frustrated, or confused
- Minimize the fail points in the various transitions patients experience
- Respect and attend to the full spectrum of the patient
Adult Care: Projected Generalist Physician Supply vs Demand

**Shortage of 40,000 by 2020**

**Shortage of 52,000 by 2025**

Sources:

The average primary care physician...

1. Manages a panel of **2300** patients.
2. Interacts with at least **229** other physicians in **117** practices.
3. Would spend **21.7** hours a day completing evidence based preventive, acute and chronic care for their panel.
The average primary care physician . . .

### Burned Out Physicians (%) in Selected Specialties

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pathology</td>
<td>50%</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>50%</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>50%</td>
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<tr>
<td>Pediatrics</td>
<td>50%</td>
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<tr>
<td>Rheumatology</td>
<td>50%</td>
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<tr>
<td>Dermatology</td>
<td>50%</td>
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<tr>
<td>Urology</td>
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<tr>
<td>Neurology</td>
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<tr>
<td>General Surgery</td>
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<tr>
<td>Anesthesiology</td>
<td>50%</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>50%</td>
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<tr>
<td>OB/GYN</td>
<td>50%</td>
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<tr>
<td>Family Medicine</td>
<td>50%</td>
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<tr>
<td>Critical Care Med</td>
<td>50%</td>
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<tr>
<td>Emergency Med</td>
<td>50%</td>
</tr>
</tbody>
</table>

### NerdWallet’s Top 15 Medical Specialties

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Average Salary</th>
<th>Percent Time on Administrative Tasks</th>
<th>Patient Visits/week</th>
<th>Total Hours Worked/Week</th>
<th>Percentage That Would Choose the Same Specialty</th>
<th>Percentage That Would Choose a Career in Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gastroenterology</td>
<td>$342,000</td>
<td>20%</td>
<td>73</td>
<td>56</td>
<td>58%</td>
<td>44%</td>
</tr>
<tr>
<td>2. Orthopedics</td>
<td>$405,000</td>
<td>24%</td>
<td>83</td>
<td>55</td>
<td>56%</td>
<td>37%</td>
</tr>
<tr>
<td>3. Radiology</td>
<td>$349,000</td>
<td>19%</td>
<td>57</td>
<td>43</td>
<td>51%</td>
<td>33%</td>
</tr>
<tr>
<td>4. Oncology</td>
<td>$278,000</td>
<td>24%</td>
<td>67</td>
<td>55</td>
<td>57%</td>
<td>51%</td>
</tr>
<tr>
<td>5. Cardiology</td>
<td>$357,000</td>
<td>20%</td>
<td>79</td>
<td>60</td>
<td>54%</td>
<td>40%</td>
</tr>
<tr>
<td>6. Emergency</td>
<td>$270,000</td>
<td>20%</td>
<td>84</td>
<td>46</td>
<td>41%</td>
<td>32%</td>
</tr>
<tr>
<td>7. Anesthesia</td>
<td>$337,000</td>
<td>16%</td>
<td>49</td>
<td>55</td>
<td>46%</td>
<td>39%</td>
</tr>
<tr>
<td>8. Pulmonary</td>
<td>$263,000</td>
<td>23%</td>
<td>75</td>
<td>59</td>
<td>39%</td>
<td>59%</td>
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<tr>
<td>9. Neurology</td>
<td>$266,000</td>
<td>25%</td>
<td>62</td>
<td>55</td>
<td>60%</td>
<td>43%</td>
</tr>
<tr>
<td>10. OB/GYN</td>
<td>$242,000</td>
<td>22%</td>
<td>79</td>
<td>51</td>
<td>37%</td>
<td>53%</td>
</tr>
<tr>
<td>11. General surgery</td>
<td>$279,000</td>
<td>22%</td>
<td>55</td>
<td>58</td>
<td>47%</td>
<td>41%</td>
</tr>
<tr>
<td>12. Psychiatry</td>
<td>$386,000</td>
<td>25%</td>
<td>51</td>
<td>46</td>
<td>50%</td>
<td>47%</td>
</tr>
<tr>
<td>13. Pediatrics</td>
<td>$173,000</td>
<td>24%</td>
<td>78</td>
<td>47</td>
<td>44%</td>
<td>54%</td>
</tr>
<tr>
<td>14. Family</td>
<td>$175,000</td>
<td>24%</td>
<td>85</td>
<td>49</td>
<td>28%</td>
<td>62%</td>
</tr>
<tr>
<td>15. Internal medicine</td>
<td>$465,000</td>
<td>16%</td>
<td>73</td>
<td>54</td>
<td>37%</td>
<td>57%</td>
</tr>
</tbody>
</table>

Why are we so burned out?

What Are the Causes of Burnout?

- Too many bureaucratic tasks
- Spending too many hours at work
- Frequent and future impact of Affordable Care Act
- Feeling like just a cog in the wheel
- Income not high enough
- Lack of professional fulfillment
- Inability to provide patients with quality care they need
- Too many difficult patients
- Increasing computerization of practice
- Difficult colleagues or staff
- Compassion fatigue
- Difficult employer

1 = Not at all important
7 = Extremely important

Source:

Graphic © Medscape Physician Lifestyle Report 2013

"I'm sorry, the doctor no longer makes diagnoses."
“Every system is perfectly designed to get the results it gets.”
- Paul Batalden, MD to Don Berwick, MD, circa 1996

Panel Sizes

- Panel sizes too large and can’t be reduced

Systems and Process

- Inefficient systems and processes make care coordination and access challenging

Less Joy

- Less joy in practice, more burnout, lower quality care, patient frustration

Less Attractive

- Primary care less attractive to medical students and residents

New Models

- New models and systems needed!

From Triple Aim to Quadruple Aim

In visiting primary care practices around the country, the authors have repeatedly heard statements such as,

“We have adopted the Triple Aim as our framework, but the stressful work life of our clinicians and staff impacts our ability to achieve the 3 aims.”

Rethinking it all…

What would great look like if we saw it?

10 Building Blocks of High-Performing Primary Care

1 Engaged Leadership
2 Data-driven improvement
3 Empanelment
4 Team-based care
5 Patient-team partnership
6 Population management
7 Continuity of care
8 Prompt access to care
9 Comprehensive and Care Coordination
10 Template of the future

Adult Primary Care: Capacity vs. Demand

Demand for care = Capacity to provide care

Share the care

Self care

Patient self-care reduces demand

Sharing the care adds capacity

Maybe the answer is not in health care at all?
Erica and her mother: their journey to the center
Getting closer and closer to the consumer at the center

Centralizing

Transferring Money

Erica's Mother

Erica

Planning Travel

Erica's Mother

Erica

Bookings Travel

Erica's Mother

Erica

Getting Around

Erica's Mother

Erica

Getting closer and closer to the consumer at the center
Centralizing

Getting closer and closer to the consumer at the center

Are we centralizing in the medical home?
How about the health care neighborhood?

Clearly innovation is necessary
What Does Successful Innovation Look Like?
The Ford Assembly Line

1913
Ford's assembly line starts rolling

On this day in 1913, Henry Ford installs the first moving assembly line for the mass production of an entire automobile. His innovation reduced the time it took to build a car from more than 12 hours to two hours and 30 minutes.

Ford's Model T, introduced in 1908, was simple, sturdy, and relatively inexpensive—but not inexpensive enough for Ford, who was determined to build "motor cars for the great multitude." When asked "How much will they cost?" he said, "When I'm through, everybody will have one." In order to lower the price of his cars, Ford realized he would have to find a way to build them more efficiently.

The Ford Story

Model T introduced in 1908
Described as sturdy and simple

Henry Ford vision
"Motor cars for the great multitude"

Challenge
To lower price of cars, needed to build them more efficiently
Many attempts at efficiency

For Model N cars arranged the parts in a row on the floor, put the under-construction auto on skids and dragged it down the line as they worked.

Hired motion-study expert Frederick Taylor to make jobs even more efficient.

Ford broke the Model T’s assembly into 84 discrete steps and trained each of his workers to do just one.

Built machines that could stamp out parts automatically.

The Efficiency Crusade Victory

Inspiration:

• Continuous-flow production methods used by flour mills, breweries, industrial bakeries
• Disassembly of animal carcasses in Chicago’s meat-packing plants

"Whether you think you can, or you think you can’t, you’re right."
— Henry Ford
Result – production time reduced from 12 hours to 2.5 hours per car!

Continued improvements over the next few years...

- Improved speed & output
- Specialized roles
- Ongoing learning
- Reduced cost
Key Lessons on Successful Innovation

<table>
<thead>
<tr>
<th>Lesson</th>
<th>Case in Point</th>
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</thead>
<tbody>
<tr>
<td>• Innovation is a team sport</td>
<td>• Ford did not conceive the idea alone</td>
</tr>
<tr>
<td>• Be willing to try new things and fail</td>
<td>• Various attempts at efficiency were unsuccessful</td>
</tr>
<tr>
<td>• Collaboration powerful among contemporaries AND across generations</td>
<td>• Multiple voices with multiple experiences in the process</td>
</tr>
<tr>
<td>• Requires a wide array of “specialists” or expertise</td>
<td>• Expanded expertise engaged in the process – nailer was as important as the visionary</td>
</tr>
</tbody>
</table>

The Innovators, Walter Isaacson The History Channel, This Day in History

Back to the healthcare neighborhood
My Access Experience in Two Systems Caring for the Underserved

San Francisco Health Network (SFHN)

SF Health Network Services
- Comprehensive ambulatory, specialty and diagnostic services
- 331,000 Visits/Year
- Behavioral Health Services
- Acute and Trauma care
- Jail Health Services
- Long-term Care

14 primary care health centers
70,000 primary care patients

SF Health Network Demographics
- 123,500 patients
- 10% uninsured; 58% Medicaid; 10% Medicare
- 23% White; 17% Black; 28% Hispanic, 23% Asian
- 40-50% low health literacy
- 35-40% limited English proficiency

10 independent primary care clinics
87,000 primary care patients
Problem: inefficient referral process with poor specialty access

- Paper, telephone, and fax based referral system
- Clerical process of first referred, first scheduled
- Significant inefficiencies
  - referral to wrong clinic
  - unnecessary referrals
  - premature referrals
  - inability to discern referral question
- **Poor Access: Wait times** up to 11 mo

Vision: Since 1972, Community Health Center, Inc. has been building a world-class primary health care system committed to caring for underserved and uninsured populations and focused on improving health outcomes, as well as building healthy communities.

CHC Inc. Profile:
- Founding Year – 1972
- Primary Care Hubs – 13
- No. of Service Locations – 218
- Medicaid/Uninsured – 60%/25%
- Organization Staff – 500+
- Patients who consider CHCI their health care home – 130,000
- Health care visits – 410,000 per year

Innovations
- Integrated medical, dental and behavioral health services
- Fully integrated E.H.R
- Patient portal and MyE
- Extensive school-based care system
- “Wherever You Are” Health Care
- Level 3 PCMH-NCDQA
- Joint Commission PCMH
- Centering Pregnancy model
- Residency training for new nurse practitioners and post doc psychologists

Another Setting, Same Access Challenges
Access Challenges in Both Integrated and Non-Integrated Systems

“Every system is perfectly designed to get the results it gets.”
A Solution: eCRs?

Single portal of entry for referring providers; does not require providers to distinguish referrals from consultations.

All submissions are reviewed by a specialist.

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**eREFERRAL**

- Technology enabled
- Expectation that patient will be seen by specialist
- Efficient referral management/tracking & review by specialist

**eCONSULT**

- Technology enabled
- Request for a patient’s condition/treatment to be evaluated by a specialist; does not carry the expectation that a specialist will see the patient
- Focus on bi-directional communication

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**Illustrative eConsult Process**

1. PCP submits electronic consult
2. Consult reviewed electronically by specialist
   - Includes all relevant clinical data & consult question
3. Appropriate specialty consult AND consult question clear, workup complete
4. Non-urgent, needs in person
   - PCP refers for specialty visit using usual protocols
5. Urgent
   - PCP refers for urgent specialty care
6. More information requested from specialist
7. Consult question unclear
   - Work-up incomplete
8. PCP cannot manage
9. Scheduled for specialist in-person visit
10. PCP can manage
    - Not scheduled for in-person specialist visit

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Enhancing access to specialty care

93% of new eConsults had a response within 3 business days

Adapted from Chen AH, NEJM, 2013.
“This evolution of focus — from access to specialty visits to access to specialty expertise — has had several benefits”
- Chen AH, NEJM 2013

eConsults & the Quadruple Aim

- Lower Costs
  - 69% of specialty referrals resolved w/o face to face; lower ED utilization
  - eConsults for Cardiology demonstrate significant total cost savings
    (Evidence: Shapiro et al, AME 2013)
  - Average wait times dropped from 112 days to 49 days after 9-month implementation
    (Shen, NEJM 2013)
  - 6 days for eConsult vs. 24 days
    (Evidence: Anderson, Olayiwola et al, AJMC 2018)

- Patient Care Experience
  - Patients perceive improved communication between their providers
    (Evidence: Tuot et al, HSR 2017)
  - Significant system efficiencies gained for clinics and patients
    (Evidence: Olayiwola, Anderson, Ann Fam Med, 2016)

- Care Team Experience
  - Care providers report high quality specialist communication
    (Kim-Huang JGIM 2010)

- Population Health
  - Better specialist understanding of clinical questions
    (Evidence: Tuot, Healthcare, 2015)

Patients perceive improved communication between their providers
(Shapiro, et al, AME, 2013).

Significant system efficiencies gained for clinics and patients

Average wait times dropped from 112 days to 49 days after 9-month implementation
(Shen, NEJM, 2013).

6 days for eConsult vs. 24 days

Patients perceive improved communication between their providers

Better specialist understanding of clinical questions
(Kim-Huang, JGIM, 2010).

Significant system efficiencies gained for clinics and patients

Average wait times dropped from 112 days to 49 days after 9-month implementation
(Shen, NEJM, 2013).

6 days for eConsult vs. 24 days

Patients perceive improved communication between their providers

Better specialist understanding of clinical questions
(Kim-Huang, JGIM, 2010).
Successful innovation will spread!

1908 – Ford introduced Model T

1913 – Ford introduced moving-chassis assembly line

1914 – Ford introduced mechanized assembly line

1924 – 10-millionth Model T rolled off the Highland Park assembly line

Growing Telehealth Innovation and Ability to Centralize Medicine

Source: THINK-Health curated list of telehealth companies, 24 September 2015
eCR adoption/spread across U.S.

And still spreading
We’ve always thought of the healthcare portal of entry as healthcare.

Healthcare triggers healthcare

Primary care

Specialty Care

Hospital Care

Allied Health, Nursing, Pharmacy

Life, School, Work

10% of patients experience dominates the 90%
Disrupting the Healthcare Paradigm

New Solutions to Old Problems

- Human Resources
- Technology
- Workflow and Processes
What if the 90% dictated the 10%?

Why
When
Where
How
What

Patients → Who

and triggers or inputs could be...

Sickness
Wellness
Desires

Education
Comfort
How Do We Go From Pretty Good to Bloody Great?

There is a great healthcare system that is waiting to be designed

- Air Travel Like Healthcare
  https://www.youtube.com/watch?v=5J67xJKp86c

- If Restaurants Behaved Like Healthcare
  https://www.youtube.com/watch?v=4M0ooFJlvmfK

- Innovate UK Future Healthcare
  https://www.youtube.com/watch?v=y4n01MrNvMk
“If I had asked people what they wanted, they would have said faster horses.”
- Henry Ford

Thank you!

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