From Contemplation to Action: Keys to Getting Started and Scaling Efficiently

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Pre-requisites

- Promising prototypes
- Attention from influential leaders and stakeholders
- Conducive context

OP-ED COLUMNIST

Obamacare: The Rest of the Story

By BILL KELLER
Published: October 13, 2013 | 630 Comments

Unless you've been bamboozled by the frantic fictions of the right wing, you know that the Affordable Care Act, familiarly known as Obamacare, has begun to accomplish its first goal: enrolling millions of uninsured Americans, many of whom have been living one medical emergency away from the poorhouse. You realize those computer failures that have hampered sign-ups in the early days — to the smug delight of the critics — confirm that there is enormous popular demand. You have probably figured out that the real mission of the Republican extortionists and their big-money backers was to scuttle the law before most Americans recognized it as a godsend and rendered it politically untouchable.

What you may not know is that the Affordable Care Act is also beginning, with little fanfare, to accomplish its second great goal: to promote reforms to our overpriced, underperforming health care system. Irony of ironies, the people who ought to be most vigorously applauding this success story are Republicans, because it is being done not by government decree but almost entirely with market incentives.

Using mainly the marketplace clout of Medicare and some seed money, the new law has spurred innovation and

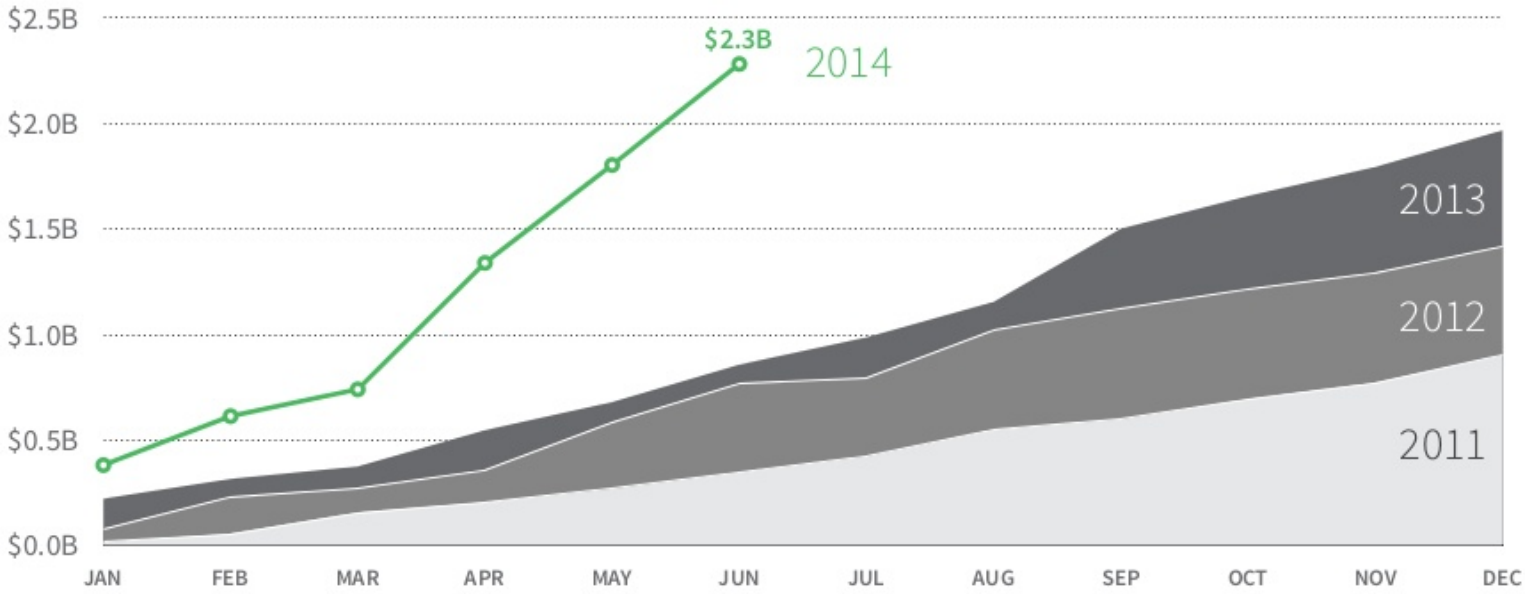
MOST E-MAILED RECOMMEND

1. 5/28/2012 Op-Ed Contributor: In Medic Fake Innovation
2. 4/24/2013 A Health Provider Strives to K Beds Empty
3. 11/9/2012 States Face Tight Health Care
4. 1/1/2013 Employers Must Offer Family Affordable or Not
5. 6/27/2012 How the Number of Uninsure Change With and Without the Law
6. 7/24/2012 Effects of the Supreme Court' Decision
7. 7/17/2013 The Cost of Individual Insura York State
8. 8/10/2013 Public Unions Fight New Yor Curb Health Costs
9. 9/26/2013 Obama Discusses Health Care

Digital health funding in 2014 has broken previous records, with funding through the first half of the year exceeding the 2013 total

OBLITERATING RECORDS

Venture funding of digital health companies (2011-2014 YTD)



Source: Rock Health funding database
Note: Only includes deals >$2M

So…

How do we seize the moment? Where do we go from here?

Case Examples from Many Sectors

- Infectious disease
- Public health
- Patient safety
- Corrections
- Homelessness
- Sex trafficking

"I think when people look back at our time, they will be amazed at one thing more than any other. It is this – that we do know more about ourselves now than people did in the past, but that very little of this knowledge has been put into effect."

Doris Lessing

Some Challenges…

- Crowded marketplace of ideas
- The myth of natural diffusion
- Conflicting values
- Inertia (business as usual)
- Resignation
- Competition
- Fear

Typical v. Exceptional

Typical	Exceptional
Comprehensive strategy development	

Typical v. Exceptional

Typical	Exceptional
Comprehensive strategy development	Bias toward starting

What About Complexity?

- Complexity actually means that excessive strategy is wasteful (even absurd).
- Complexity means that engaging with the world is the only way to know what will work – and when - for each context (the nature of social interventions).
- Complexity means there is no silver bullet solution and so we must get started somewhere.

Source: Auspos, et al., Aspen Institute

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General goals for expansion	

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How Much/By When

- Some is not a number. Soon is not a time…
- What does full scale look like?
- How much can we reasonably expect to reach in the next phase of expansion? (Rule of 5x-10x)

Millennium Development Goals

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Design for success	

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Attributes of an Idea that Facilitate Adoption

Relative Advantage

Simple

Compatible

Trialable

Observable

Source: Rogers, 1995

Infrastructure Requirements

- Human resources
- Financial resources
- Physical space
- Equipment and supplies
- Data collection
- Technology
- Logistics
- Oversight

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Broad knowledge of audience	

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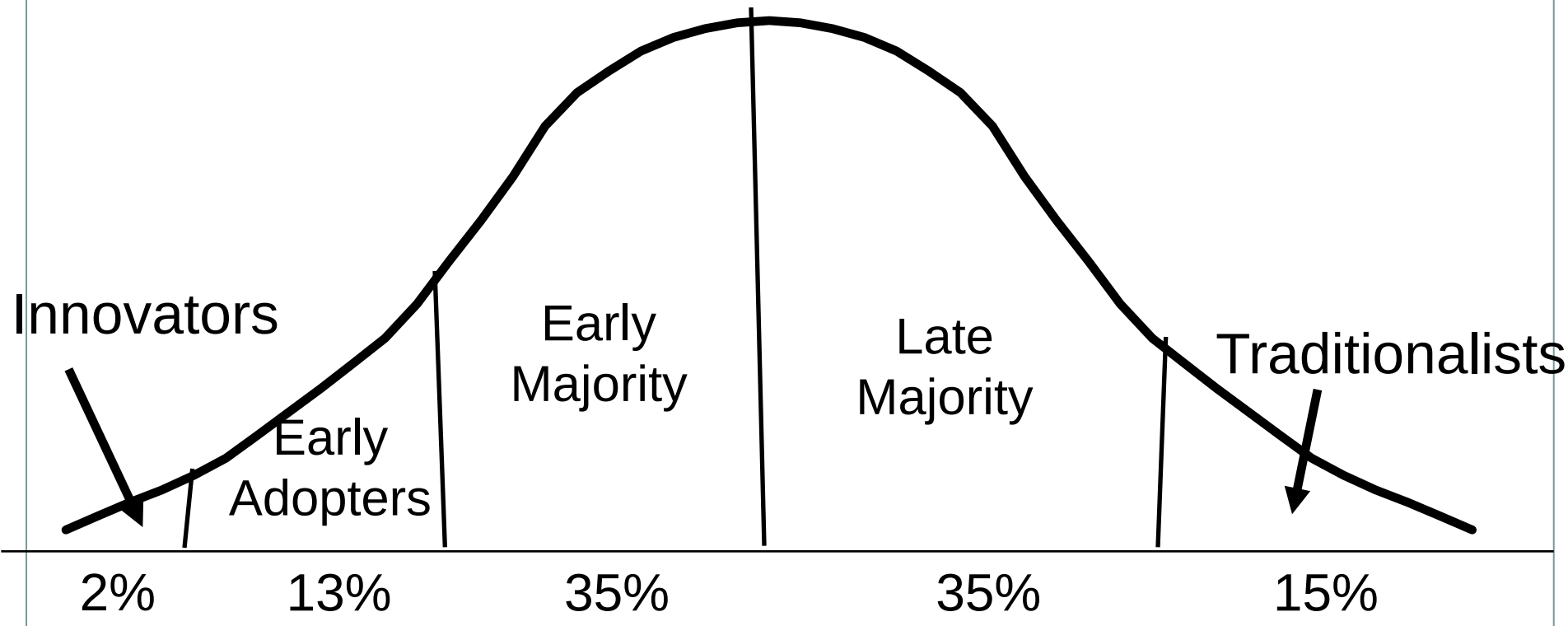
Types of Adopters



Source: Rogers, 1995

Other Possible Segmentations

- Readiness (experienced, intermediate, novice)
- Geography (country, state, region, district)
- Type of facility (tertiary, secondary, primary)
- Profession (administrator, doctor, nurse, community health worker)

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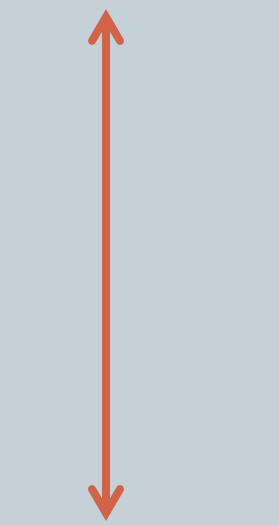
Stimulants

- Emotional connection
- Recognition
- Sensemaking
- Empowerment
- Collaboration
- Enjoyment
- Evidence base
- Payment
- Transparency
- Regulation
- Punishment



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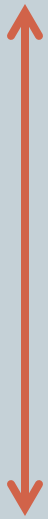
POSITIVE - 80%



NEGATIVE – 20%

Ed Givens (Before)

Ed Givens (After)

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Weak Hypotheses

- Papers
- Pamphlets
- Courses
- Web sites
- Conferences

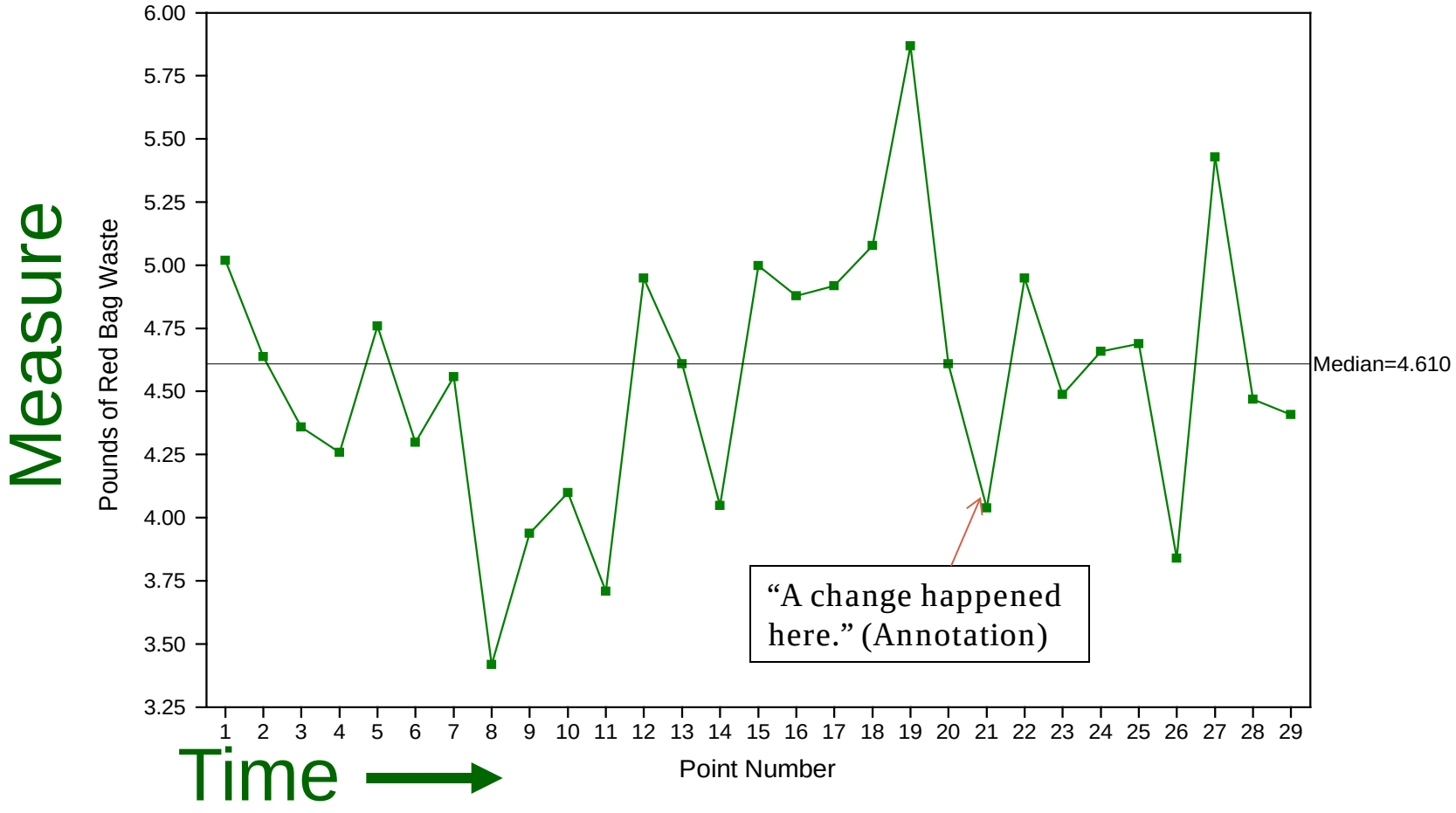
Methods for Spread

- Extension agents
- Breakthrough Series Collaborative model
- Campaign model
- Grassroots organizing
- Wave sequence (wedge and spread)
- Parallel processing (broad and deep)
- Et al.

Core Principals

- Regardless of the method we use, we need hands-on application and *rhythm*.
- Participants must be testing new ideas and assessing their progress <u>every day</u>.

Example Run Chart



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Replication	

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Replication	Adaptation


CBS

The Patient Safety Movement

1. Accreditation/standards
2. Landmark reports
3. Media attention and public attention
4. Pockets of prototypes
5. Simple interventions for a large group of hospitals (e.g., 100,000 Lives Campaign)
6. Major attention from Departments of Health
7. New payment rules
8. Successes at all-cause harm reduction and system and state levels
9. Major national initiatives, involving employers and payers

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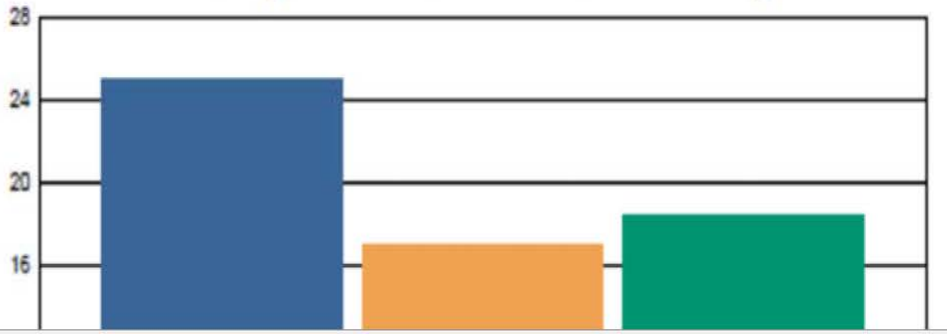
Philadelphia

100,000 Homes Campaign
September 2012 Housing Placement Report

September 2012 Housing Placement Target	17
September 2012 Actual Housing Placements	25
Total Housed to Date	578
Total Remaining to be Housed	556
Monthly Number Needing to be Housed to Meet 2.5% Target	18
October 2012 Housing Placement Target	17
November 2012 Housing Placement Target	18

Housing Placements: Actual vs. Target



"BUESO ARIAS"
Abril - Mayo
Atenciones Niño < de 5 años
250
200
150
100
50
0
CR SR CA SJ Otros
Año 2012 40 200 32 9 15
Año 2013 54 228 28 6 14
Atenciones del Adulto
600
500
400
300
200
100
0
CR SR CA SJ Otros
Año 2012 172 444 127 13 84
Año 2013 156 481 112 31 48
Atenciones Generales
800
700
600
500
400
300
200
100
0
CR SR CA SJ Otros
Año 2012 212 644 159 22 99
Año 2013 210 709 140 37 62
Partos por Municipio
Abril - Mayo
Referencias Maternas al HRO
Otras Referencias al HRO
Total de Referencias al HRO
C.H.M.B.A.
G # 16: % de niños <5 años de edad con diagnostico de Diarrea que fueron manejados de acuerdo a
G # 17: Numero de muertes maternas

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How Progress Gets Reported

SCENARIO A

- District representatives submit reports to the central office.
- Central office rewards timely submission.
- Central office occasionally reviews data and ranks performance.
- Underperformers are called in.

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SCENARIO B

- Senior officials visit districts and facilities on a rotating basis.
- They spend 25% of their time reviewing progress together, on the same side of the table.
- They spend the rest of time: (1) identifying specific barriers that leadership will remove by the next visit, and (2) identifying new tests that local owners will run.

The John Cusack Rule

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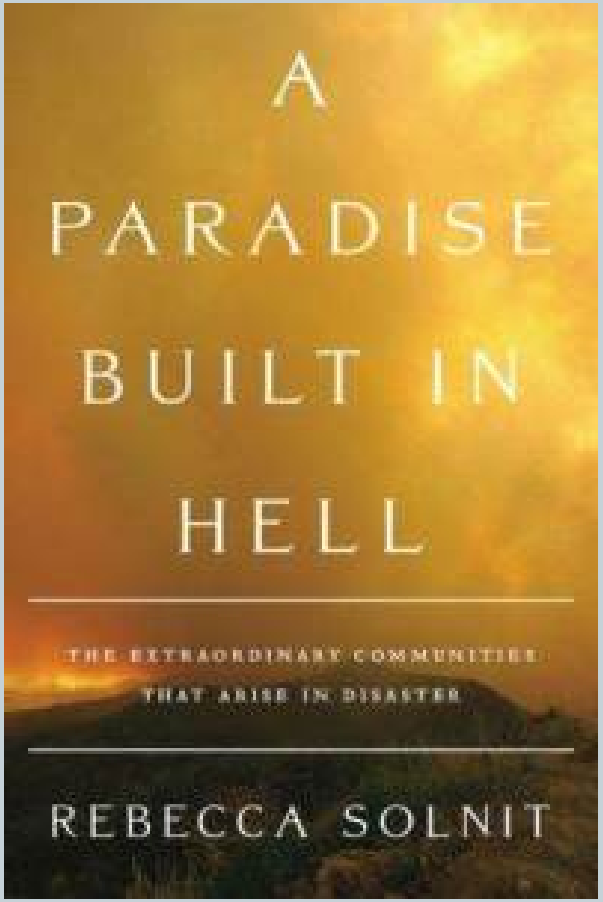
A
PARADISE
BUILT IN
HELL
THE EXTRAORDINARY COMMUNITIES
THAT ARISE IN DISASTER
REBECCA SOLNIT