A Systems Approach to Primary Care Redesign
“Every system is perfectly designed to produce the results it gets”
“All models are wrong, but some are useful”

George Box - British statistician; quality control guru
A look at my practice as a step toward a redesigned primary care system through these elements

• Principles/Vision
• Leadership
• Tools
• Employees/people
“Where do you get your ideas?”
Principles - “self evident, self validating laws that govern our behavior - provide the why”

• Rigorously standardized use of the Problem Oriented system
• Utilize the Quality Management (TQM) system of management
• Standardization of care with flexibility - use of Problem Knowledge Couplers
• Allow all staff to participate in all phases of medical action where competence can be demonstrated by performance audit
• Apply the principles of highly reliable organizations
Principles

• Being a superior organization is a total team effort. We do not support/recognize differences in status (MD, Nurse Practitioner, RN), management and support staff, but people are recognized for the quality of their contribution and skills. Indeed, these lines will become more blurred as the entire office team focuses on superior service and outcomes.
“It’s called ‘the divine right of kings.’ You should have your people look into it.”
“A leader is best when people barely know he exists. Not so good when they praise him. Worse yet when they despise him. But of the wise leader, when the work is done and the goals achieved, they will say “we did it ourselves.” Tao Te Ching
“Ryan’s a late adopter.”
Why Tools

“Man is a tool using animal. Nowhere do you find him without tools. Without tools he is nothing; with them he is everything.” Thomas Carlyle
Why we are “predictably irrational” - unconscious bias’s influencing our decisions

• Confirmation bias - making an immediate judgement and ignoring information negating that decision

• Anchoring bias - tendency to select options for which the probability is known rather those for which it is unknown

• Availability bias - the last diagnosis for of a problem increases our tendency to pull that up again first

• Base rate neglect - failure to incorporate the true prevalence of a disease into diagnostic reasoning
Oh yes, not to mention –

- Fatigue
- Interruptions
- Missing information in the record
- Emotional upset
- Inadequate time
- Information overload
- Inability to keep abreast with medical literature
Problem Knowledge Couplers - stop trying to be an “intellectual John Henry.”
Goal: make quality the constant and time the variable

- Computerized clinical decision tools
- Clinical knowledge continuously updated
- Standardized inputs - not left to the idiosyncratic minds of providers
- Encompass both diagnosis and management
- Provider and patient presented with array of options and a path for sorting them out
- Raises the level of function of everyone - PSR, Medical Assistants, Nurses, Nurse Practitioners and Physicians
“So, does anyone else feel that their needs aren’t being met?”
What Motivates Knowledge Workers?
Daniel Pink. “Drive” Riverbed Books 2009

- Autonomy - control over their work lives
- Self Mastery
- Higher purpose
Selection and Training

• Hire character and teach the skills
• Training is skill and performance based
• Cross train as much as possible - internal redundancy fosters resiliency
• Individual coaching model - speed to proficiency
• Challenges to scope of practice - education vs skills training
• Inclusion in all major decisions
• A complex adaptable team that self organizes around problems
Principles for a new system

- Develop patients as partners/collaborators in care and have them assume as much responsibility for managing their care as they are willing or able.

- Move care out of the office and to a time and place convenient to the patient.

- Inputs to managing and solving problems should be standardized and based on the latest medical information.
Principles for a new system

• Use modern information tools that bring all patient information to bear on each medical problem creating care plans unique to the individual

• Roles should be skill and performance based and not necessarily education levels. Individuals are then audited on the thoroughness, reliability, efficiency and analytic sense with which they perform their tasks within the system

• The rules for the use of medical information should be standardized similar to those for the GAAP rules for accounting

• System development should follow principles of highly reliable organizations
Principles for a New System

• Build diversity and collaboration into all systems
“It ought to be remembered that there is nothing more difficult to take in hand, more perilous to conduct, or more uncertain in its success, than to take the lead in the introduction of a new order of things. Because the innovator has for enemies all those who have done well under the old conditions, and lukewarm defenders in those who may do well under the new. This coolness arises partly from fear of the opponents, who have the laws on their side, and partly from the incredulity of men, who do not readily believe in new things until they have had a long experience of them.”

— Niccolò Machiavelli, *The Prince*