

*Failing Heart:
A Challenge in Healthcare*

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**Organizations do not change
until the people within them
change and decide to change
the organization.**

“People change what they do less because they are given an analysis that shifts their thinking than because they are shown a truth that influences their feeling.” - Kotter

The reason to change is to create a better future but.....

Change

- **Is stressful**
- **Is draining**
- **Strains relationships**
- **Is associated with loss**

**The feelings most commonly
generated by change
are fear and a sense of loss.**

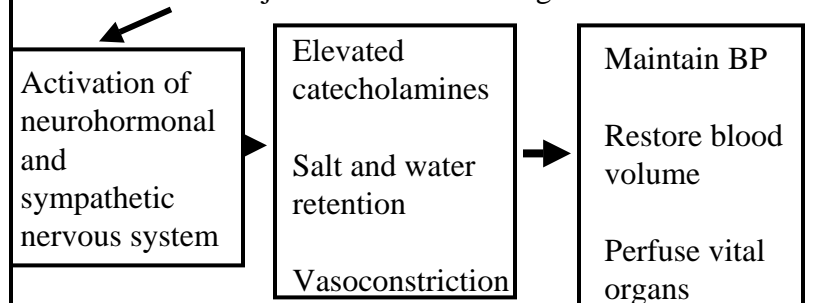
Reflex response

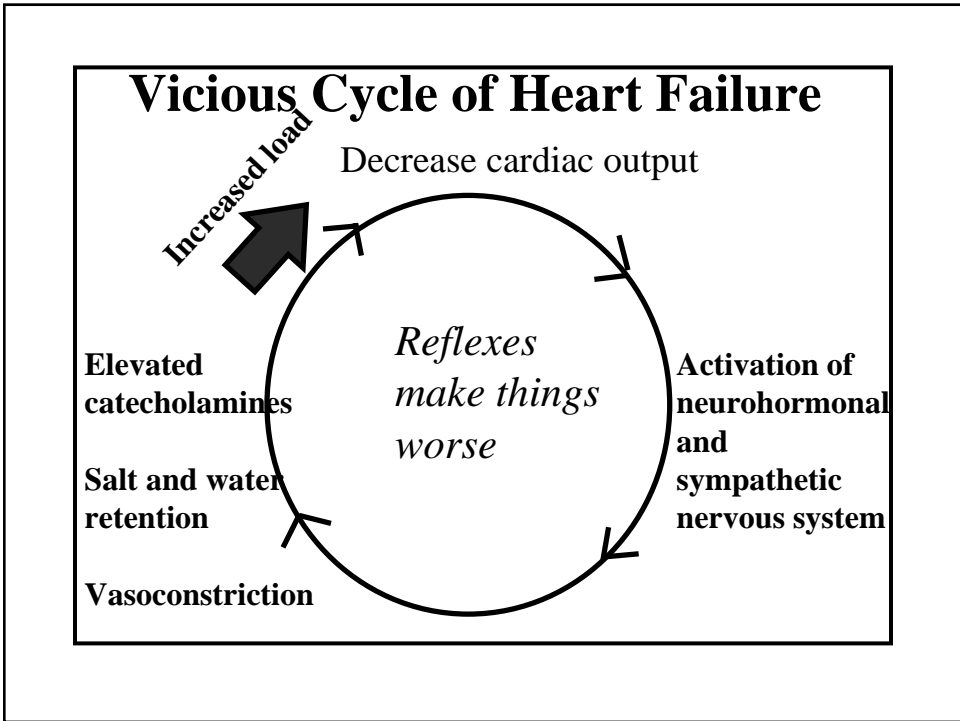
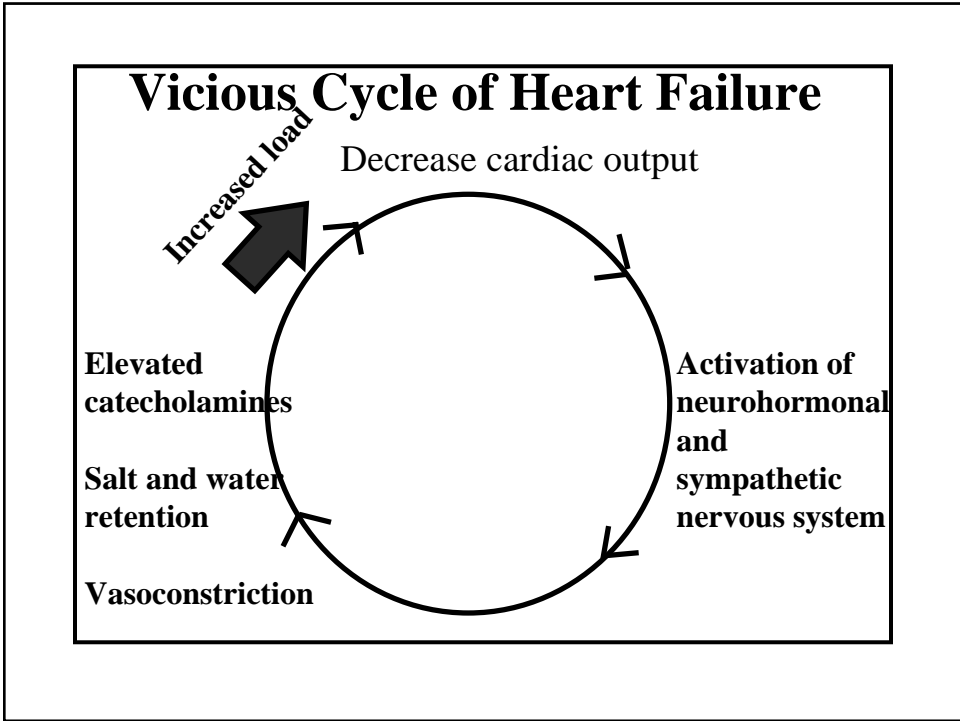
change => fear and a sense of loss

Reflex to protect against change in cardiac output

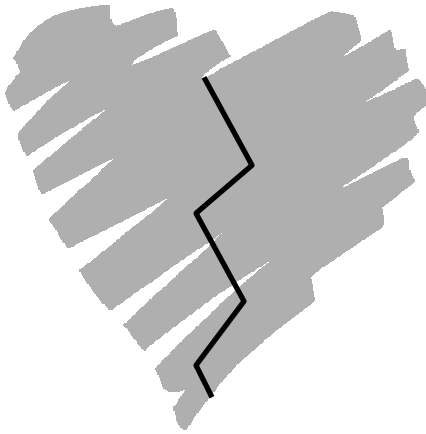


Major threat = hemorrhage



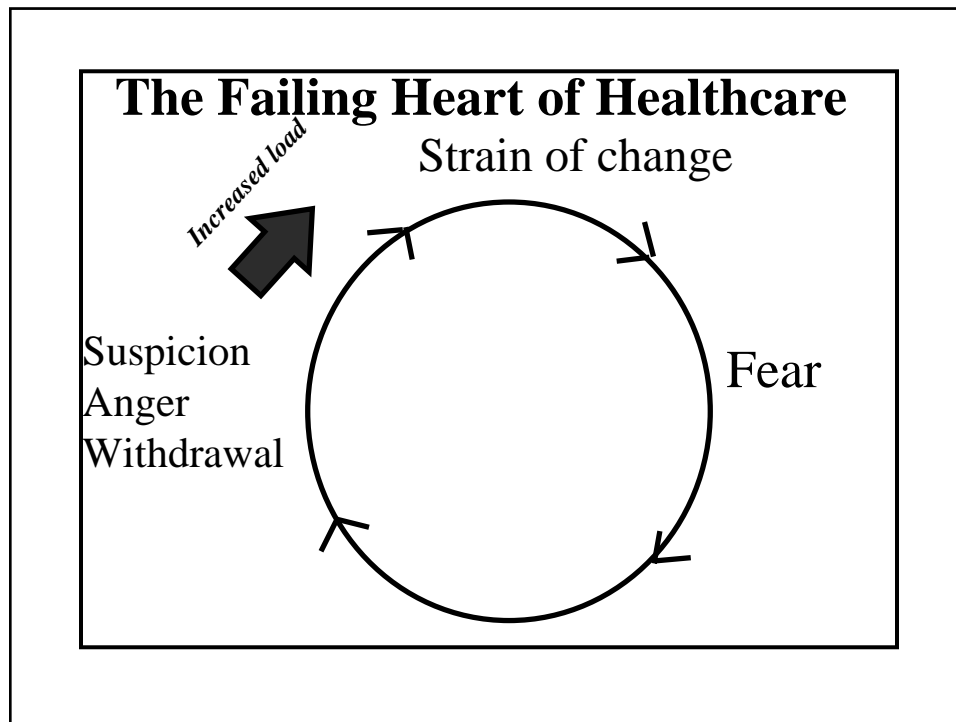


The Heart of Healthcare is Relationship



Relationships are Strained

- | | | |
|-------------------------------|---|-----------------------------|
| • Emphasis on context | → | • Productivity |
| • Meaningful/rewarding | → | • Draining |
| • Trust | → | • Suspicion |
| • Connection | → | • Fragmentation |
| • Infinite potential | → | • Finite resources |
| • Advocacy | → | • You're on your own |
| • Collegiality | → | • Competition |



- A Patient's Fear**
- **What is wrong with me?**
 - **Will I be in pain?**
 - **Am I going to die soon?**
 - **Will I get the time and attention I need?**
 - **Is my doctor competent?**
 - **How will I pay for all this?**

A Patient's Suspicion, Anger and Withdrawal

- **I am on my own.**
- **Nobody talks to me.**
- **I don't trust doctors.**
- **I want all the tests my insurance will pay for.**
- **I want guarantees.**
- **If something goes wrong I'll sue.**
- **The real answer is being withheld from me.**

Evidence of more strain

- **Seek information from questionable sources.**
- **Demand more tests.**
- **Psychosocial needs become "medicalized."**
- **Distraction from life's tasks.**

A Doctor's Fear

- **Can I keep up with the pace?**
- **I have given up control but still have all the responsibility.**
- **Will I have to work harder to make less money?**
- **What will be reimbursed? How can I do more of that?**
- **Will I have adequate staff support?**
- **Should I practice defensive medicine?**
- **What will my colleagues think of me?**

A Doctor's Suspicion, Anger, and Withdrawal ▪

- **I am exhausted and have nothing left for my family.**
- **I can't hear another sad story.**
- **I have no control over my life.**
- **I do not find my work meaningful.**
- **I feel like a widget.**
- **I made a mistake in becoming a doctor.**
- **I don't know who to trust.**
- **Who has time or energy for committee meetings?**
- **Oh please, not another management theory!**
- **I feel unappreciated.**
- **I don't care anymore.**
- **Do I have enough money saved to quit?**

Evidence for more strain

- **I want more money, time and control.**
- **I am angry all the time.**
- **I have given up on the organization.**
- **I will ignore my personal needs and just try to endure it.**
- **I quit.**

An Administrator's Fear

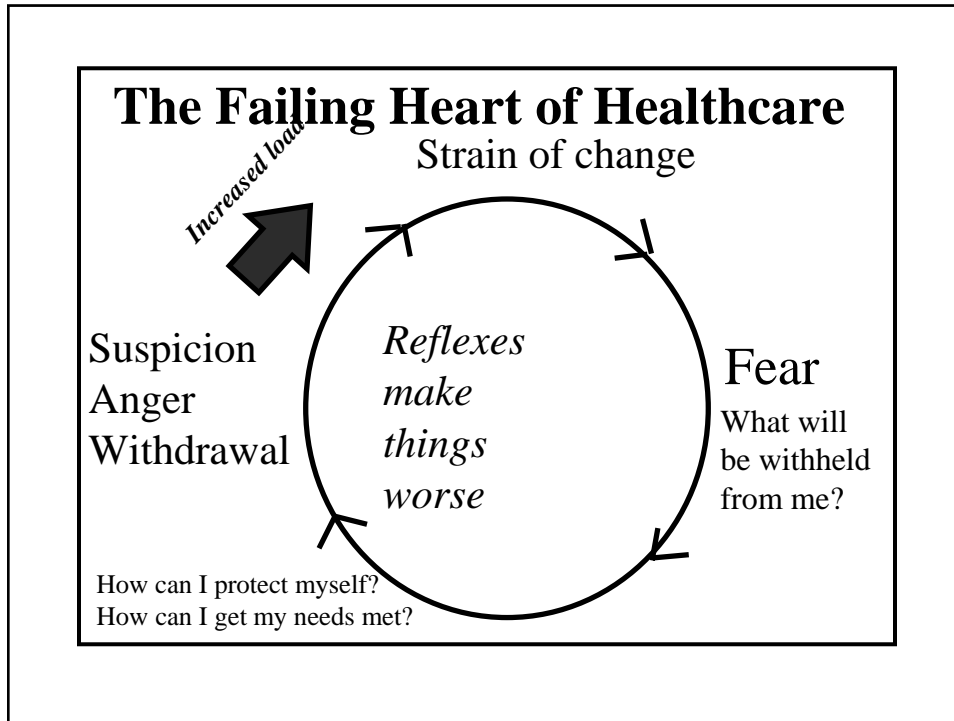
- **How can I ask people to do more ?**
- **How do we recruit and retain great people?**
- **How do we build the capacity to meet the future demands?**
- **How do I help the people I work with face new realities?**

An Administrator's Suspicion, Anger and Withdrawal

- **Everyone feels entitled to have everything their way.**
- **Everyone wants something from me.**
- **Nobody understands what I do.**
- **I need to keep the lights on today. The future will have to wait.**
- **Maybe we just need to cut programs or people.**
- **I give up trying to get my colleagues to come to meetings. I'll just make a decision.**

Evidence of more strain

- **Communication breaks down.**
- **Opportunities are missed.**
- **Crisis management overwhelms strategic planning.**
- **The organization is constantly reactive.**
- **Lots of money is spent but the same problems remain and reoccur.**



- ## Reflexes
- **Reflexes make things worse**
 - **Reflex response is exaggerated by the pace, chronicity and permanence of change**

**Recognize that our “reflexes”
may thwart us.**



Fear.....
in your work group??

Fear

- **Old Thought**
- **Fear means I feel at risk. Something is wrong. I must escape and seek safety to lower my distress => suspicion, anger and withdrawal.**
- **New Thought**
- **Fear is a signal in response to the strain of change. Seek to understand what losses are in the balance. Engage in creating new reality.**

Courage

- **the state or quality of mind or spirit that enables one to face fear with resolution**
- **derived from the word “kerd” which means heart**

Do we have courage to think in new ways about how we deliver care?

How is CHF a good example of what needs to happen?

Challenges Occur at Multiple Levels

- **Patient**
- **Practitioner**
- **Health care institution**
- **Information technology**
- **Payment**
- **Performance measurement**

Congestive Heart Failure

- **A common chronic disease**
- **An expensive chronic disease**
- **A condition where good care can make a huge difference in morbidity and mortality**
- **Care in many settings**
- **Lots of opportunity for things to fall between the cracks**
- **Lessons learned in CHF care could be generalized to many conditions**

Think in new ways about old problems

- **Patients and family not adequately prepared for care transitions**
- **Conflicting advice and unclear priorities for CHF management**
- **Who is in charge? Inability to reach or identify the right practitioner**
- **Important tasks left undone - e.g. evaluate for CAD in CHF patients**

- **Various settings for care**

Patient Level

- **Institutions fosters dependency and complacency**
- **This changes abruptly on transfer when expected to assume major role in self-care**
- **Rising prevalence of cognitive impairment intensifies this challenge**

Practitioner Level

- **Rare for one clinician to orchestrate care across multiple settings**
- **Many practitioners have never practiced in settings to which they transfer patients**

Information Technology

- **Health Information Technology aka EMR**
 - **infrequently extends from hospital or clinic to post-acute care settings and long-term care settings**
- **Widespread interoperability worthy goal but remains on the horizon**
- **Only a tool!!**

Payment

- **Perceived as providing little financial incentive for collaboration across settings**
- **Most prevailing payment approaches do not exact financial penalties for poorly executed transfers**

Institute of Medicine Six Aims

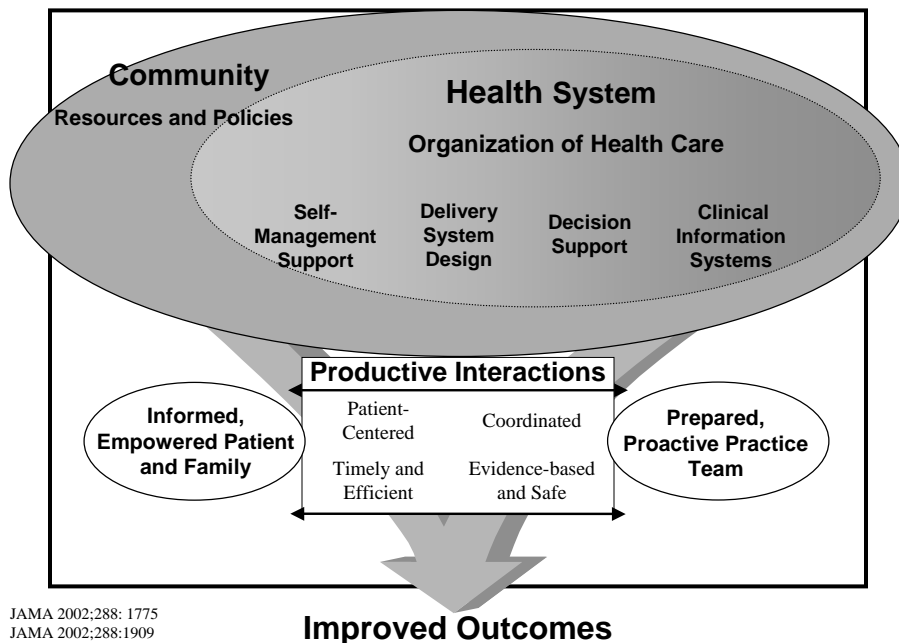
- **Safe**
- **Effective**
- **Efficient**
- **Equitable**
- **Timely**
- **Patient Centered**

Relationship Centered Care

- Health care is an activity that involves many people—patients, families, caregivers, organizational managers, community leaders, etc.—within a complex matrix of personal, professional, and community relationships.
- It is not a grand machine, a complex of physical facilities, advanced pharmaceuticals, surgical techniques, or an administrative system, however wonderfully conceived.
- It is instead an essentially human activity, undertaken and given meaning by people in relationships with one another and their communities, both public and professional.

Tresolini CP and Pew-Fetzer Task Force. Health Professions Education and Relationship-Centered Care. San Francisco, California: Pew Health Professions Commission, 1994.

Wagner Chronic Care Model



Mending (or at least Tending) the Broken Heart of Healthcare

- **Making intentional new choices in the face of fear**
- **Requires courage to consider relationships as most important**
- **CHF as a model for chronic disease care**
- **Think about elements of a chronic care model**
- **Innovate in ways that are meaningful for your “system” but consider a broad definition of system considering all the sites of care**
- **Hard work, no quick fixes, constant change**

“It’s not the strongest of the species that survive, nor the most intelligent, but the one most responsive to change.”

Charles Darwin