Failing Heart: 
A Challenge in Healthcare

Val Ulstad MD, MPA, MPH, FACC
Stratis Health Web Ex July 2006

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

Activation of neurohormonal and sympathetic nervous system

Elevated catecholamines
Salt and water retention
Vasoconstriction

Maintain BP
Restore blood volume
Perfuse vital organs
Vicious Cycle of Heart Failure

Decrease cardiac output

- Activation of neurohormonal and sympathetic nervous system
- Elevated catecholamines
- Salt and water retention
- Vasoconstriction

Reflexes make things worse
The Heart of Healthcare is Relationship

- Emphasis on context
- Meaningful/rewarding
- Trust
- Connection
- Infinite potential
- Advocacy
- Collegiality
- Productivity
- Draining
- Suspicion
- Fragmentation
- Finite resources
- You’re on your own
- Competition
The Failing Heart of Healthcare

Strain of change

Increased load

Suspicion
Anger
Withdrawal

Fear

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.
The Failing Heart of Healthcare

Strain of change

Increased load

Suspicion
Anger
Withdrawal

Reflexes make things worse

Fear
What will be withheld from me?

How can I protect myself?
How can I get my needs met?

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 to fear

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.

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