



**28<sup>th</sup> Annual Oregon Rural Health Conference  
Bend, OR, September 22, 2011**

***Bringing Health Home: Oregon's Triple Aim,  
"Better Health, Better Care, Lower Costs for  
Everyone"***

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# Where are you?

- **How are you feeling about healthcare today?**
- **How are you feeling about healthcare reform?**
- **How are you feeling about the implications or impact on rural health?**

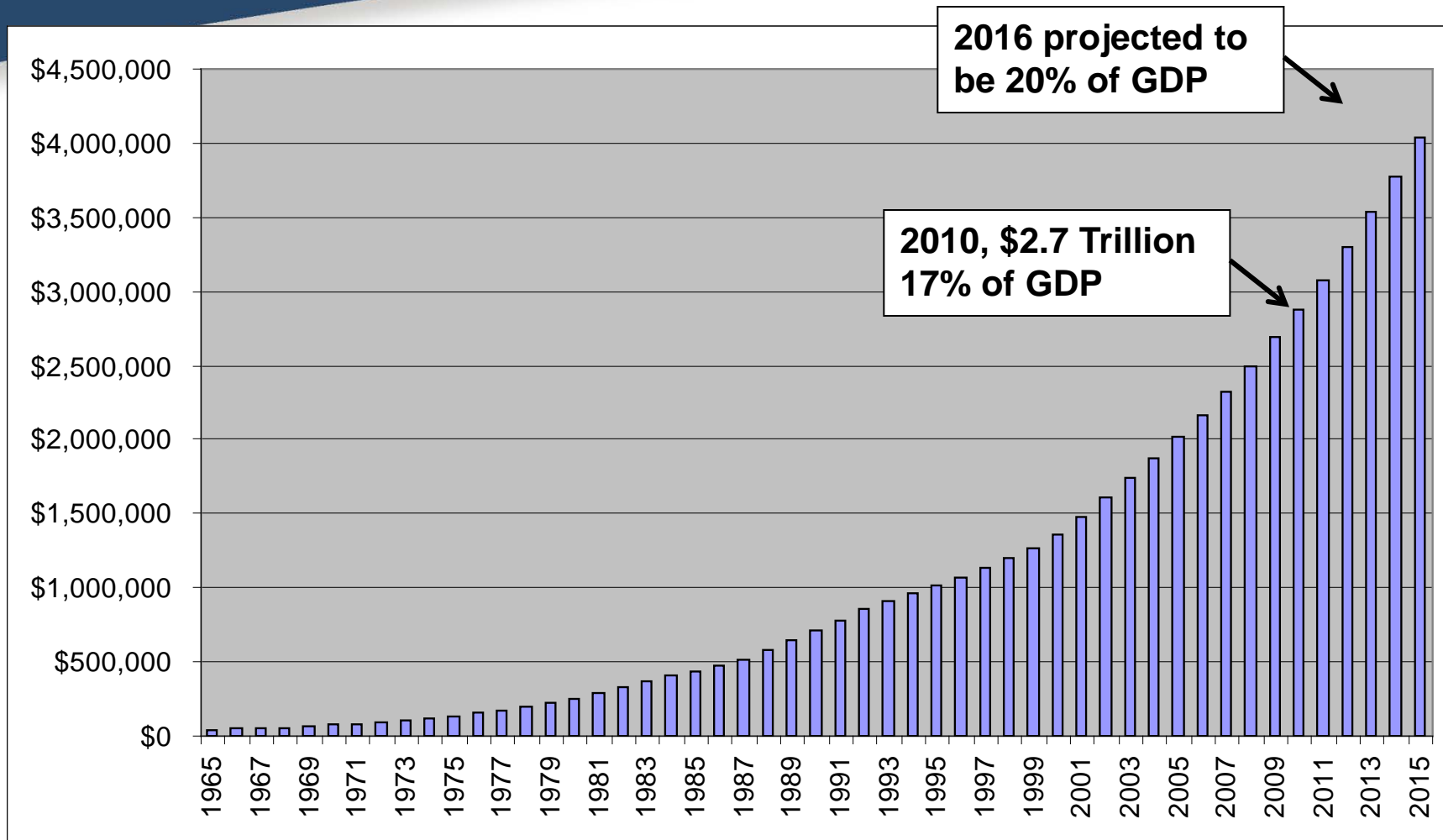
# The Triple Aim

- 1. Improve quality – individual and population**
- 2. Improve patient experience**
- 3. Reduce total costs of care**

# The Imperative for Convergent Leadership

1. Current Outcomes: **Aggregate Health Harm**
2. Reflection: **The Challenge of Role Definition**
3. The Solution: **Convergent Leadership**

# National Health Expenditures (\$ Millions)



Centers for Medicare and Medicaid Services



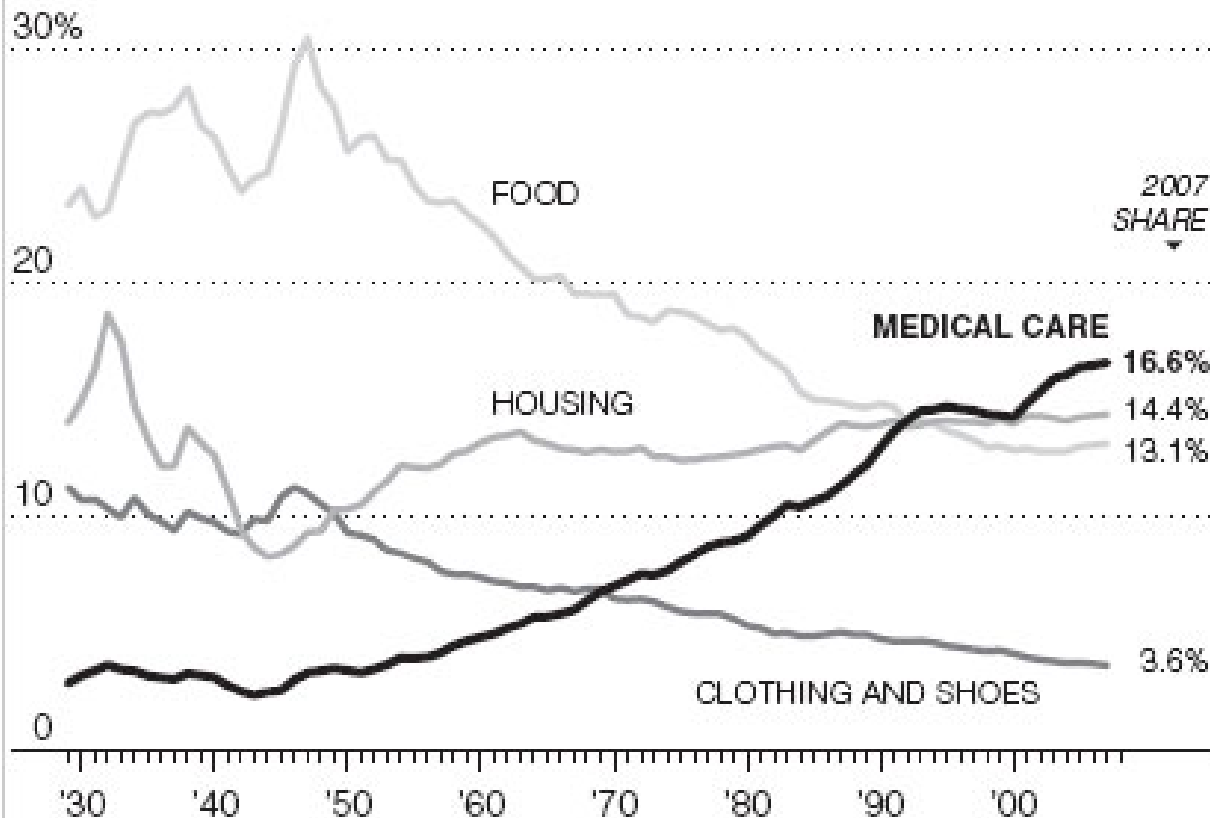
# Potential Harms from Healthcare

- **Direct Harm: Harm of Commission**
  - Physical harm
  - Emotional harm
- **Indirect Harm: Harm of Omission**
  - **Opportunity Cost: adverse effects of health care expenditures on other investments**
  - **Spillover Effect: adverse effects of uninsured on health of the community**

# The Mounting Burden for Health Care

Spending on health care, which takes up more of consumers' income than housing, food or clothing, has risen significantly since 2000. As the economy slows and medical costs continue to rise, millions of people may be unable to afford care.

## SHARE OF DISPOSABLE PERSONAL INCOME SPENT ON:



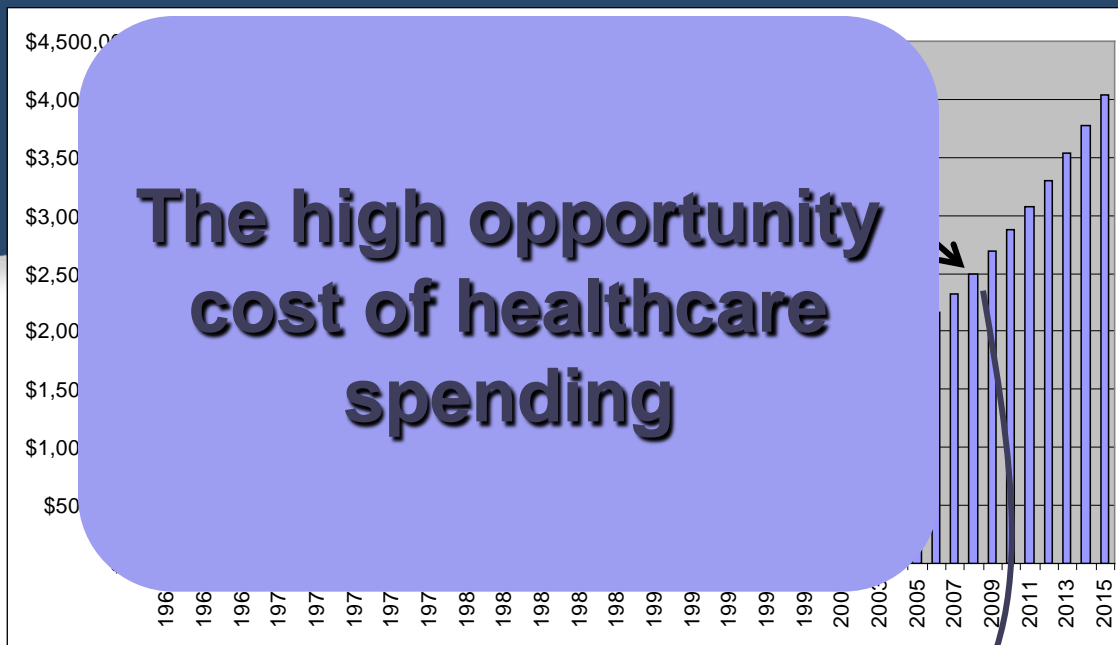
Sources: Bureau of Economic Analysis;  
Deloitte Center for Health Solutions Analysis

THE NEW YORK TIMES

46% of personal bankruptcies in 2001 were related to healthcare costs

# What determines our health?

**The high opportunity cost of healthcare spending**



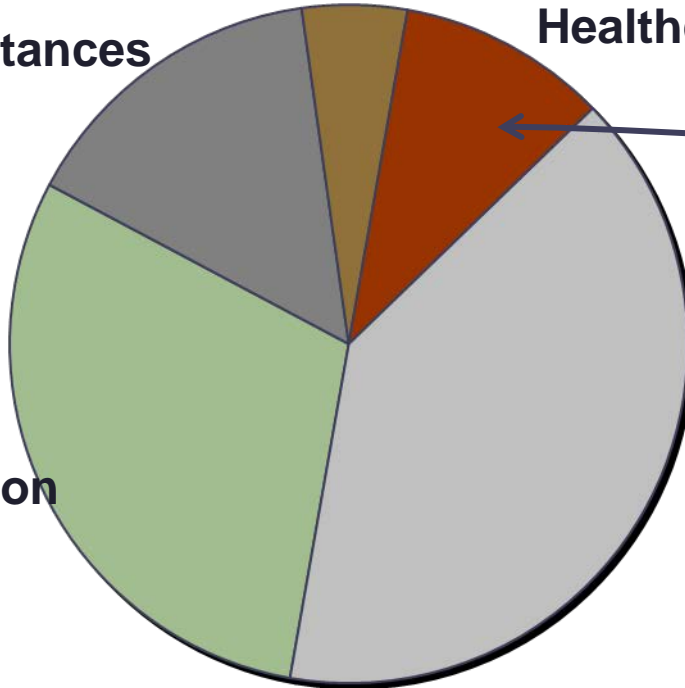
**Environmental Exposure 5%**

**Social Circumstances 15%**

**Healthcare 10%**

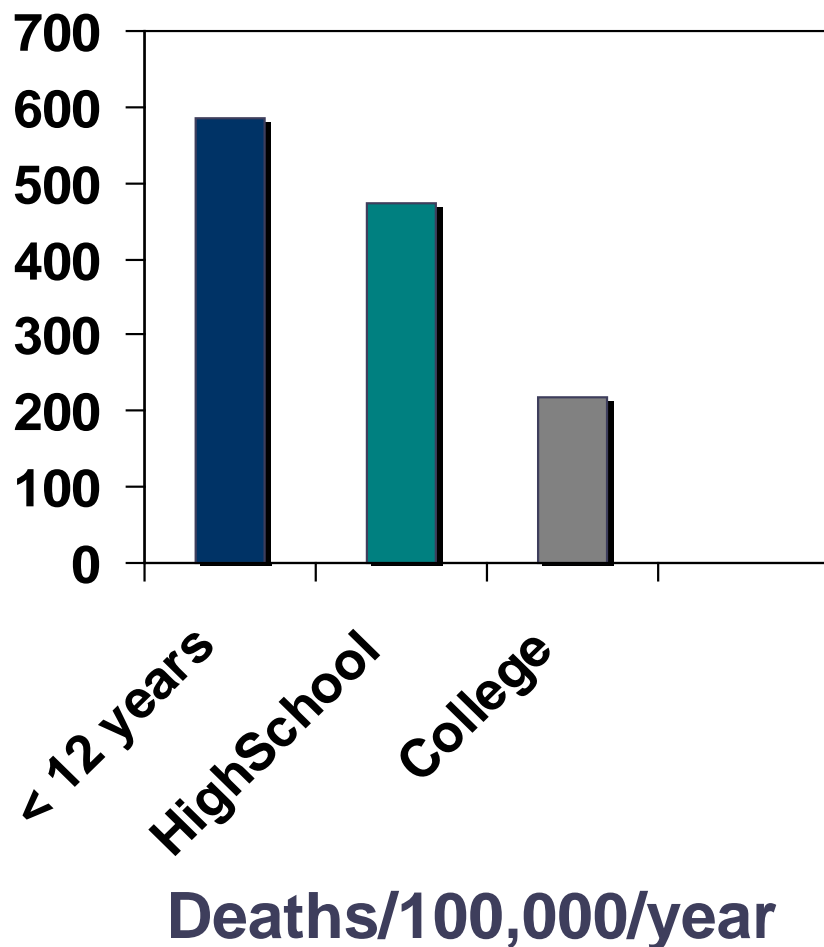
**Genetic Predisposition 30%**

**Behavioral Patterns 40%**





# Opportunity Cost: Education



- Mortality rates for Americans ages 25-64 are over twice as high for those who failed to complete high school compared with those attending college
  - Lyert and Arias, National Vital Statistics Reports 49, no. 8, 2001
- For every life saved by biomedical advances, 8 lives would be saved if adults with lesser education experienced the mortality rates of college educated adults
  - Woolf, JAMA 2007;297:523-6

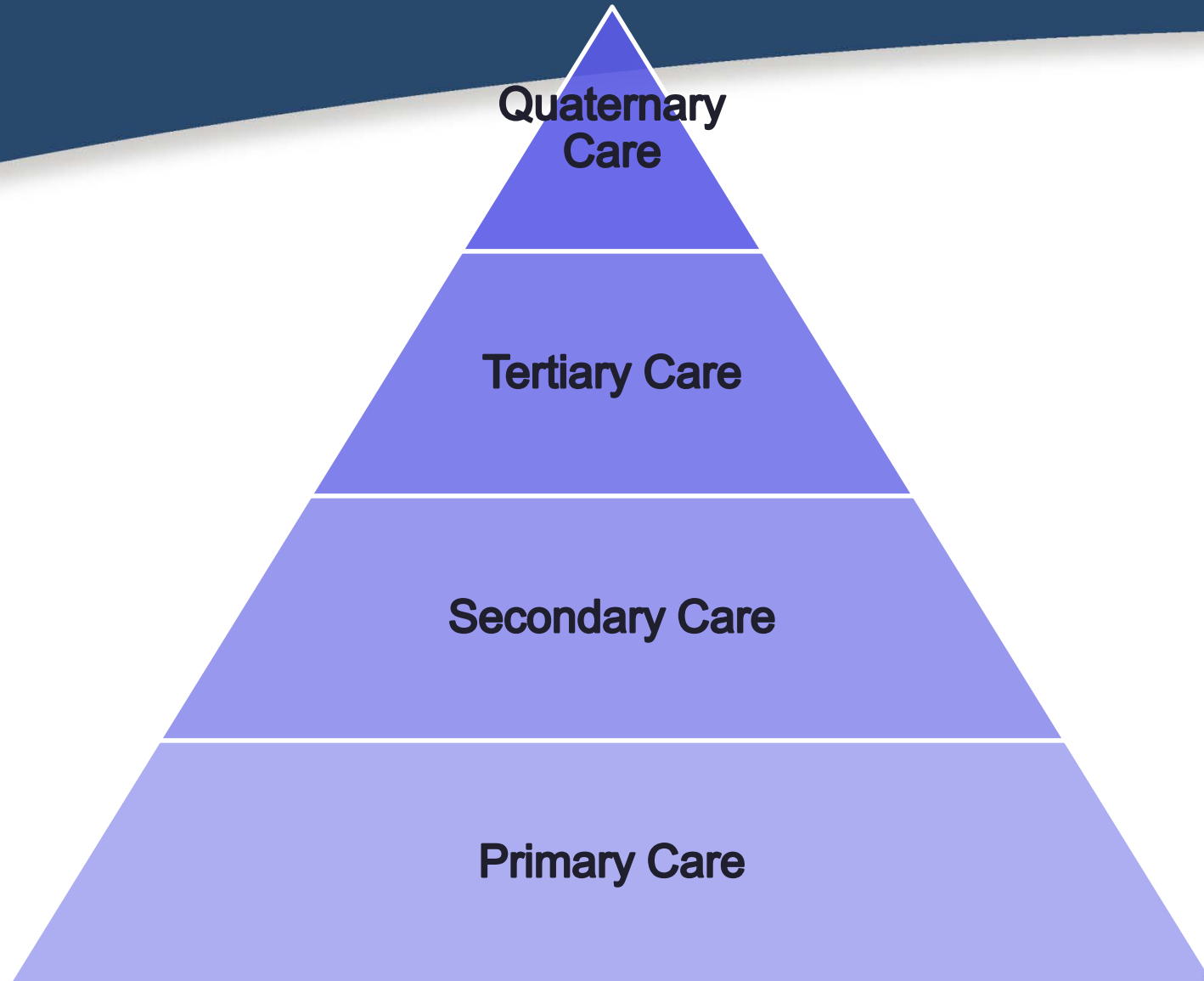
# Conclusions: Health Harm?

- **A significant amount of healthcare is either unnecessary or of dubious or unproven value.**
- **Even when health care services are effective, non-healthcare social policy (increasing family income, providing better education) may be more effective in improving population health**
- **By spending so much on health care, we are unable to spend on areas where the ROI would be much better both for health and for a variety of desirable things that impact upon our health**

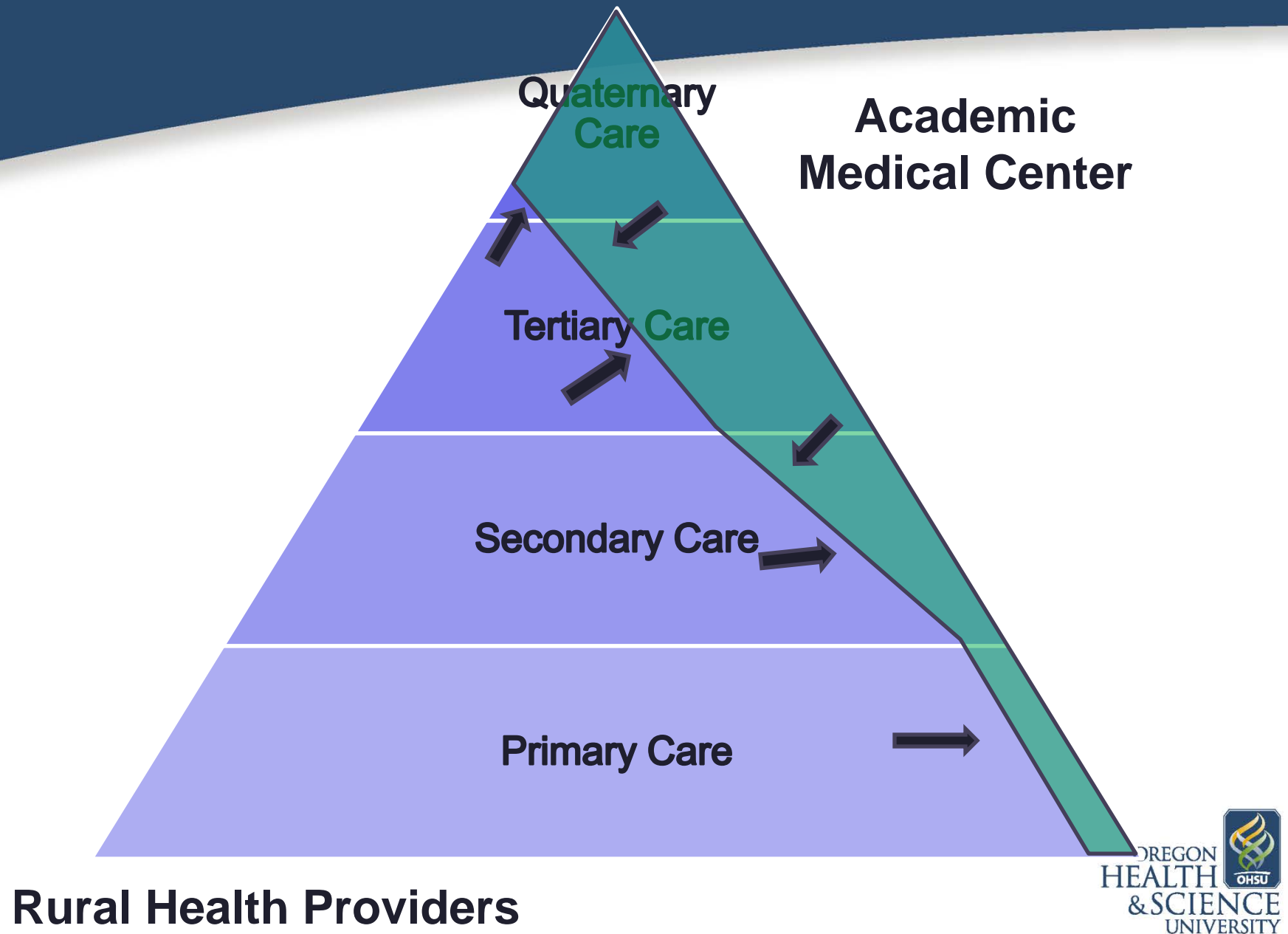
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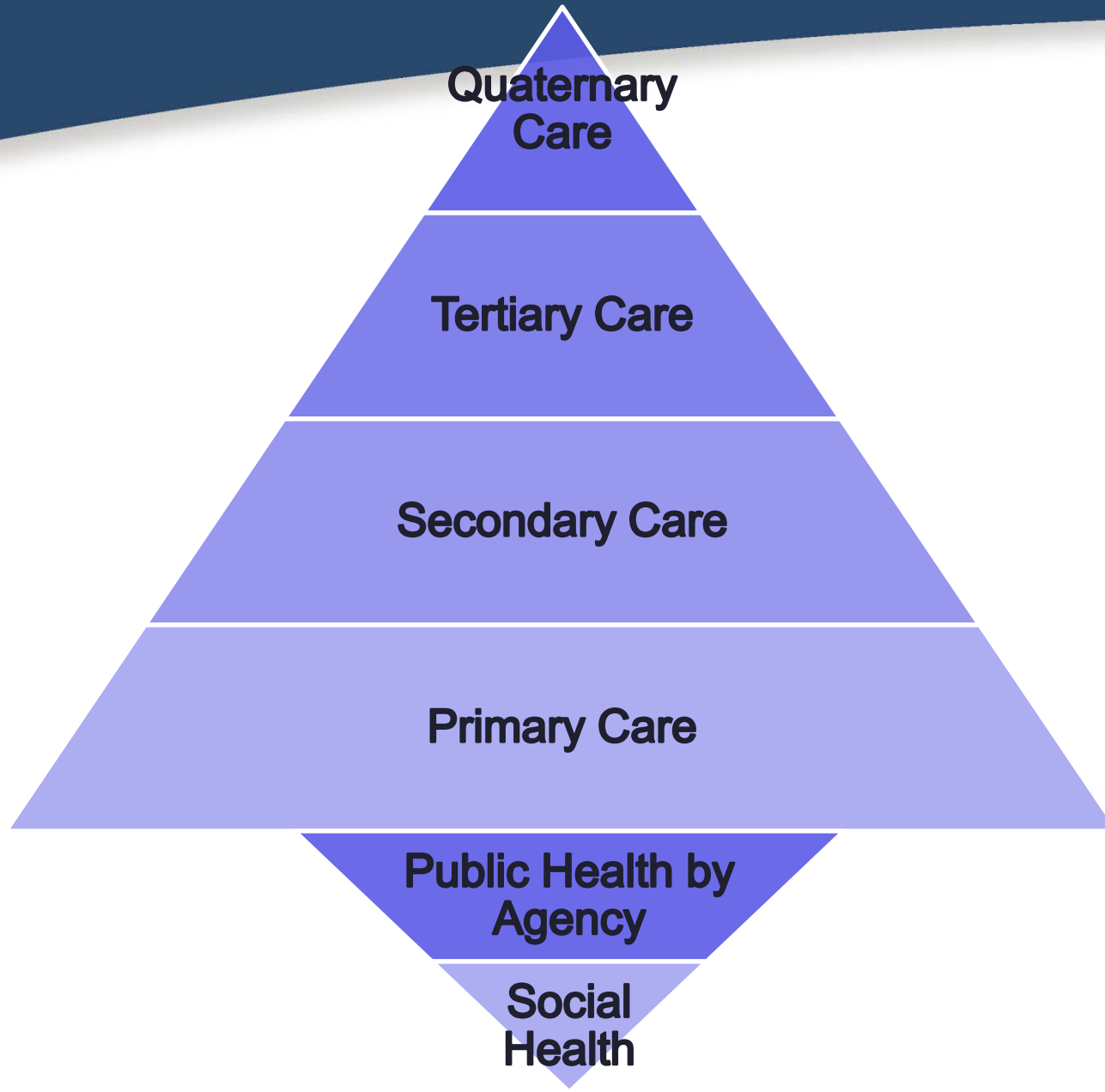
# The Challenge of Role Definition in Healthcare



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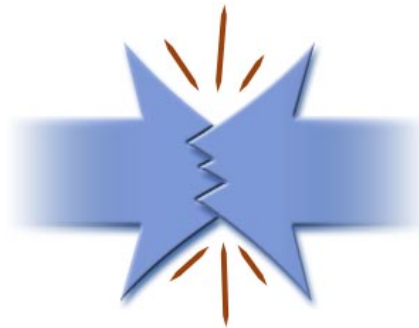


# The Challenge of Role Definition in Healthcare



# Cognitive Dissonance

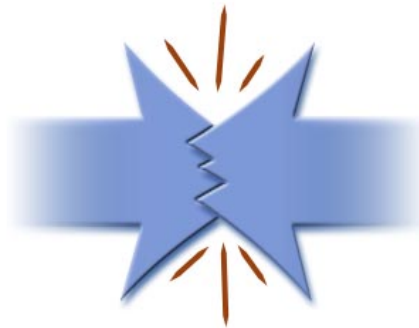
**One  
Reality**



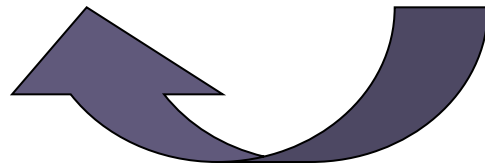
**Conflicting  
Reality**

# Cognitive Dissonance

**Perceived  
Reality**



**Conflicting  
Reality**



**Self Justification...  
justify the perceived reality**



**“No Money, No Mission”**

# A Town of 150,000 Gets a New \$500M Hospital



**“It’s phenomenal — the science and technology,” says [name], director of ethics for [health system]. “It will provide more access and a variety of services we weren’t able to provide before.”**

# No Money, No Mission

*translates to ?*

- 1. More Money, More Mission**
- 2. Money is the mission**
- 3. My mission is more important than your mission**

# The Imperative for Convergent Leadership

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# Healthcare Reform: Critical Observations

## Reform efforts suffer from

- A culture of divergence
- Lack of shared principles
- Lack of common vision for health system design
- An irrational financing system
- Non-evidence based attempts at reform

## Healthcare professionals use self-justification

- Externalize blame to minimize cognitive dissonance
- Persist in divergent behavior
- Focus on their organization, not on health

# Primary Care Oriented Health System



# Recommendations: Convergent Leadership

## The Triple Aim

1. Improve quality – individual and population
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## Our communities need us to lead

- Let's work to serve your needs and those of your community
- Deploy knowledge to you
- Coordinate care
- Collectively drive resource use down
- Let's focus on building health in your community